

PUBLIC NOTICE
Metropolitan Development and Housing Agency
Notice of Request for Public Comment
Amendment Seven to the Metropolitan Government of Nashville and Davidson County 2010
Community Development Block Grant Disaster Recovery (CDBG-DR) Action Plan

Public Comment Period: Beginning Friday, March 28, 2025, the Metropolitan Development and Housing Agency (MDHA) will make draft Amendment Seven available for public examination and comment. Members of the public may access copies in the following ways:

- Download from MDHA's website at bit.ly/CDBGDR07.
- Request copies by contacting the MDHA, Community Development Department at 615-252-8505 or Telecommunications Device for the deaf (TDD) at 615-252-8599.

MDHA will receive written comments until 4 p.m. CDT Tuesday, April 29, 2025, in the following ways:

- Electronically to consolidatedplan@nashville-mdha.org (subject: Disaster Recovery Plan);
- Faxed to 615-252-8533 (attention: Disaster Recovery Plan);
- Mailed to the MDHA, Community Development Department, (attention: Disaster Recovery Plan) P.O. Box 846, Nashville, TN 37202.

Purpose and Summary: Amendment Seven proposes to transfer program income received from CDBG-DR funded Homeowner Rehab Loan & Grant and Purchase/Repair Programs received as of March 17, 2025, totaling \$2,094,658.86 plus additional amounts estimated not to exceed \$30,000 (based on amortized loan repayments) to be received prior to the CDBG-DR grant closeout estimated to be no later than June 30, 2025, to Metropolitan Nashville-Davidson County's CDBG Entitlement grant. Program income received after the CDBG-DR grant is closed out will be recognized directly to the CDBG Entitlement grant. The table below reflects current program income on hand, program income estimated to be received prior to CDBG-DR grant closeout and amounts to be transferred for use in the Metropolitan Nashville-Davidson County's CDBG Entitlement Program.

CDBG-DR Grant Project Title	CDBG-DR Grant Activity Title	Current Program Income Budget	Proposed CDBG Entitlement Grant Budget	Proposed Changes
Housing	Homeowner Rehab Loan & Grant Program	\$516,814.13 - received as of March 17, 2025	\$516,814.13	Transfer to eligible CDBG Entitlement activities to be identified in the 2025-2026 Action Plan
Housing	Homeowner Rehab Loan & Grant Program	Estimated not to exceed \$2,094,658.86 - estimated to be received prior to estimated CDBG-DR Grant Closeout no later than June 2025	Estimated not to exceed \$2,400,000	Transfer to eligible CDBG Entitlement activities to be identified in the 2025-2026 Action Plan
Housing	Purchase/Repair Program	\$1,387,612.73	\$1,387,612.73	Transfer to eligible CDBG Entitlement activities to be identified in the 2025-2026 Action Plan
Housing	Purchase/Repair Program	Estimated not to exceed \$25,701.00 - estimated to be received prior to estimated CDBG-DR Grant Closeout no later than June 2025	Estimated not to exceed \$27,600.00	Transfer to eligible CDBG Entitlement activities to be identified in the 2025-2026 Action Plan
Admin	Program Administration - MDHA	\$100,232.00	\$100,232.00	Use up to 5% of CDBG-DR Admin until closeout then transfer the balance to be used for eligible CDBG Entitlement activities to be identified in the 2025-2026 Action Plan
Total		\$2,092,457.86	\$2,034,658.86	

Request for Accommodations: MDHA makes every effort to provide reasonable accommodations to assist persons with disabilities. Any person needing assistance in accessing this information or who has other needs that require special accommodations may contact 615-252-8562 or TDD at 615-252-8599.

Para asistencia en Español llame al 615-252-8505.

如需需要本通知的中文翻译，请打电话 615-252-8505

Để nhận một bản dịch Tiếng Việt của thông báo này, vui lòng gọi: 615-252-8505

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Haddi ad rabto qoraalkaan oo af-Soomaaliga lagu tarjuma haddi aad baayisno fadlan naga soo wac: 615-252-8505

Statement of Non-Discrimination: MDHA does not discriminate on the basis of age, race, sex, sexual orientation, gender identity, genetic information, color, national origin, religion, disability or any other legally protected status in admission to, access to, or operations of its programs, services, or activities.



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The Trump Administration's Impact in Botswana

By Rev. Jennifer S. Leath, Ph.D.



Botswana's President speaks his mind about fellow Africans Leaders and Trump. (Photo from bloomberg.com)

On Inauguration Day, 20 January 2025, Donald J. Trump signed an executive order that immediately halted almost all U.S. foreign aid – including health and food resources. Since that point, Trump has systematically gutted USAID. Trump plans to reduce this United States government agency from 10,000 to 611 employees and shut down its management and distribution of billions in funding provided for those in need around the world. In 2023, of the \$68 Billion the United States distributed in international aid, USAID was responsible for about \$40 Billion.

On 30 January 2025, Rev. Jennifer S. Leath, Ph.D. spoke with the Rev. Chantel Fortuin, pastor of Lorwana African Methodist Episcopal Church (in the Southern District of Botswana), about the current state of affairs in Botswana – and the Lobatse, Hukutsi, and Gaborone Presiding Elder Districts of the 18th Episcopal District. What follows are the Rev. Fortuin's responses to some of the Rev. Dr. Leath's inquiries.

What has the impact of the Trump Administration been on you, your community, and the AME church in Botswana thus far?

You know the saying, "When two elephants fight, the grass suffers?" It reminds me of Matthew 23:4, where Jesus talks about leaders placing heavy burdens on people without helping them. That's exactly how it feels to deal with the impact of the Trump administration here—it's still unfolding, but we're already feeling it in so many ways.

Many people's work is left hanging because NGOs had to stop or cut back their programs, and that's hit hard, especially when it comes to HIV, Malaria, TB support, and programming. Government clinics still have meds, but they don't provide the same kind of care that NGOs did—like helping people avoid stigma or ensuring that undocumented folks still get treatment.

And then there's the mental health side of things. Anxiety and depression are creeping in, especially for people worried about losing access to meds or keeping their jobs.

Lastly, it is fertile ground for the peddling of misinformation and pushing propaganda, theological, and gender ideologies that are harmful and affect mostly marginalized communities.

Since the AME Church is part of the community, we feel it, too. Our people are affected, whether by their jobs, health, or just dealing with all this uncertainty.

As you have shared with me, Botswana is among the top five countries with the highest rates of HIV/AIDS in the world. What are the implications of U.S. Aid cuts on this and other related areas of concern – like geopolitics, gender/sexual education, employment, healthcare, etc.?

I can't help but think back to the early 2000s. Back then, resources for

HIV/AIDS were scarce, stigma was everywhere, and so many people suffered in silence. I grew up as an orphan and lost a lot of family members. The thought of going back there? It's terrifying.

Botswana already has one of the highest HIV rates in Africa, and these funding cuts may push us further into crisis mode. Yes, government facilities still provide life-saving medication, but NGOs play a huge role in reaching people who fall through the cracks—like undocumented migrants and those facing stigma. Without them, we're looking at an increase in untreated cases, mental health struggles, and pressure on an already burdened public health system.

The same goes for children born with HIV who've been on medication their whole lives—what happens to them if the medicine supply gets disrupted? And it's not just HIV. What about malaria and TB? Malaria has also devastated Africa. Just last year, a malaria vaccine was created, but how many African countries will be able to administer it?

Tuberculosis (TB) is known as a catalyst of death for people living with HIV. Still with concern for people generally affected by TB, not just people living with HIV: How are people with TB going to get by now that these programs that offered treatment are taken away?

We can't afford to think of this as just a health issue; it's an intentional dismantling of progress.

Again, this isn't just about HIV/AIDS, Malaria, and TB funding being frozen. It's about power, race, and white supremacy. The global South—where Black and brown people live—is feeling the brunt of these cuts. Whether people admit it or not, part of this aid has always functioned as a kind of unspoken reparations, a way of addressing the historical injustices of colonialism and slavery.

And it is not just about health care. These cuts come hand-in-hand with attacks on sexual education, gender rights, and employment opportunities. Take Trump's "Diversity, Equity, and Inclusion" (DEI) bans. Those are not random. They're about maintaining power structures where whiteness remains dominant. When Trump says

things like "protecting family values," many African leaders latch onto it and twist it to mean something it never did. They use it to push this idea that an African family is only a man, a woman, and their children—ignoring the reality that African families have always been diverse in structure.

And then there's the wealth gap. Trump's alignment with billionaires like Elon Musk reinforces that wealth and power will stay concentrated among a select few while the majority—people like those in our congregations—struggle. Poor communities don't even have access to private health care, yet the decisions being made by the powerful are sending them deeper into crisis.

To your knowledge, are other countries facing similar outcomes due to Trump's new presidential administration?

Botswana isn't alone in this. Other African nations, Latin American countries, and some Asian nations are experiencing similar fallout. Anywhere that depended on U.S. aid for health care, gender programs, and education is now scrambling. This could set back years of progress in fighting HIV/AIDS.

And it's not just about HIV or healthcare—Trump's policies affect everything from trade to employment. Even within the U.S., marginalized communities are also struggling. It's all connected.

On the geopolitical side, countries that rely on U.S. aid for economic development or security partnerships might start looking elsewhere for support, such as China or Russia. This could shift power dynamics in ways we have yet to fully see.

In your opinion, what is the public perception of Trump in Botswana? What do clergy people believe about Trump?

Public opinion on Trump here is all over the place. Some people see him as a problem, a leader who makes life harder for Africans. Others—mostly those who lean conservative or who don't have much theological training—idolize him as some kind of "man of God." They hear the buzzwords like "family values" and "Christian leadership" and think he's doing the Lord's work. But they

don't see the bigger picture—that he's using religion as a weapon to uphold oppression.

Faith, gender, race, education, and fear-mongering all shape these views. And honestly, a lot of it comes from misinformation. People believe what they hear without questioning the agenda behind it. But if we take a step back and look at what's happening, it's clear: this isn't about upholding Christian values. It's about control.

Do you agree with these opinions and beliefs? Why or why not?

We are called to serve with love, not judgment, and we ought to focus on building bridges, not walls. The moment we start using faith to justify division and harm, we're scattering the Kingdom of God. And when people lose hope because of what we preach and practice, we push them away from God. I know this might sound controversial, but when that happens, in a way, God dies—Not because God ceases to exist, but because God's presence fades, at least in the hearts of those who need God the most.

We need to focus and redirect our attention to what Jesus actually taught: love, justice, and compassion. Judgment is God's job, not ours.

What are ways that U.S. allies of Botswanans who share your interests and concerns can be supportive?

First, we see you. We know this administration is also harming people in the U.S., and we stand in solidarity with you. This isn't just our fight—it's a shared struggle.

Now, what can be done?

Push Back in the U.S. – It would help if there were ways to challenge these policies legally, politically, or through activism. I don't know all the ins and outs of U.S. politics but reversing these cuts should be a priority. Recognize the Power Balance – The U.S. relies on Africa, too. There are raw materials and economic partnerships at stake. A functional international relationship should work for both sides. There has to be a way to prioritize American citizens without destroying lives elsewhere. Support Alternative Solutions—On the ground, churches and communities are trying to step in where aid is disappearing. If you can support community gardens, health initiatives, or educational programs, that would make a difference. Sometimes, the best resistance is creating something better in the spaces where others have left a void. Keep Us in Your Prayers—Prayer might sound simple but powerful. Pray for us as we pray for you.

At the end of the day, this is about more than just policy changes. It's about whether we choose to let power and greed dictate the future or if we stand up and fight for something better. As someone who has seen the impact of injustice firsthand, I refuse to sit back and stay silent.