

GRANT SUMMARY SHEET

Grant Name: Immunization 21-26

Department: HEALTH DEPARTMENT

Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Pass-Through Grantor
(If applicable):** TENN. DEPT. OF HEALTH

Total Award this Action: \$6,473,474.00

Cash Match Amount: \$0.00

Department Contact: Brad Thompson
340-0407

Status: CONTINUATION

Program Description:

To promote the proper use of all recommended vaccines and respond to vaccine preventable diseases, in collaboration with the CDC and other partners and to ensure that Tennessee meets or exceeds the federal Department of Health and Human Services Healthy People 2020 objectives for immunization coverage.

Plan for continuation of services upon grant

The services would be discontinued.

Grants Tracking Form

Part One

| Pre-Application <input type="radio"/> | | Application <input type="radio"/> | | Award Acceptance <input checked="" type="radio"/> | | Contract Amendment <input type="radio"/> | |
|---|--|--|-------------------------------------|---|---------------|--|----------|
| Department | HEALTH DEPARTMENT ▼ | Dept. No. | 038 | Contact | Brad Thompson | Phone | 340-0407 |
| Grant Name: | Immunization 21-26 | | | | | | |
| Grantor: | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ▼ | | | | | Other: | |
| Grant Period From: | 07/01/21 | (applications only) Anticipated Application Date: | | | | | |
| Grant Period To: | 06/30/26 | (applications only) Application Deadline: | | | | | |
| Funding Type: | FED PASS THRU ▼ | Multi-Department Grant <input type="checkbox"/> | | If yes, list below. | | | |
| Pass-Thru: | TENN. DEPT. OF HEALTH ▼ | Outside Consultant Project: <input type="checkbox"/> | | | | | |
| Award Type: | FORMULA ▼ | Total Award: | \$6,473,474.00 | | | | |
| Status: | CONTINUATION ▼ | Metro Cash Match: | \$0.00 | | | | |
| Metro Category: | Est. Prior. ▼ | Metro In-Kind Match: | \$0.00 | | | | |
| CFDA # | 93.268 | Is Council approval required? | <input checked="" type="checkbox"/> | | | | |
| Project Description: | Applic. Submitted Electronically? <input type="checkbox"/> | | | | | | |
| To promote the proper use of all recommended vaccines and respond to vaccine preventable diseases, in collaboration with the CDC and other partners and to ensure that Tennessee meets or exceeds the federal Department of Health and Human Services Healthy People 2020 objectives for immunization coverage. | | | | | | | |
| Plan for continuation of service after expiration of grant/Budgetary Impact: | | | | | | | |
| The services would be discontinued | | | | | | | |
| How is Match Determined? | | | | | | | |
| Fixed Amount of \$ | | or | | % of Grant | | Other: <input type="checkbox"/> | |
| Explanation for "Other" means of determining match: | | | | | | | |
| For this Metro FY, how much of the required local Metro cash match: | | | | | | | |
| Is already in department budget? | | | | Fund | Business Unit | | |
| Is not budgeted? | | | | Proposed Source of Match: | | | |
| (Indicate Match Amount & Source for Remaining Grant Years in Budget Below) | | | | | | | |
| Other: | | | | | | | |
| Number of FTEs the grant will fund: | | 4.50 | | Actual number of positions added: | | 0.00 | |
| Departmental Indirect Cost Rate | | 24.82% | | Indirect Cost of Grant to Metro: | | \$1,608,956.66 | |
| *Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No | | % Allow. | | 7.50% | | Ind. Cost Requested from Grantor: | |
| | | | | | | \$32,000.00 in budget | |
| *(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions) | | | | | | | |
| Draw down allowable? <input type="checkbox"/> | | | | | | | |
| Metro or Community-based Partners: | | | | | | | |

Part Two

| Grant Budget | | | | | | | | | | |
|--------------|----------------------|-----------------|---------------|---------------|------------------|-------------------------|---------------------|-----------------------|------------------------|-----------------------------|
| Budget Year | Metro Fiscal Year | Federal Grantor | State Grantor | Other Grantor | Local Match Cash | Match Source (Fund, BU) | Local Match In-Kind | Total Grant Each Year | Indirect Cost to Metro | Ind. Cost Neg. from Grantor |
| Yr 1 | FY22 | \$6,167,674.00 | \$75,800.00 | | \$0.00 | | \$0.00 | \$6,243,474.00 | \$70,054.50 | \$16,000.00 |
| Yr 2 | FY23 | \$230,000.00 | \$0.00 | | \$0.00 | | \$0.00 | \$230,000.00 | \$108,609.67 | \$16,000.00 |
| Yr 3 | FY24 | \$0.00 | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 | \$1,430,292.48 | \$0.00 |
| Yr 4 | FY25 | \$0.00 | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Yr 5 | FY26 | \$0.00 | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | | \$6,397,674.00 | \$75,800.00 | \$0.00 | \$0.00 | | \$0.00 | \$6,473,474.00 | \$1,608,956.65 | \$32,000.00 |
| | Date Awarded: | | | 07/18/22 | Tot. Awarded: | \$6,473,474.00 | Contract#: | 34360-41222 | | |
| | (or) Date Denied: | | | | Reason: | | | | | |
| | (or) Date Withdrawn: | | | | Reason: | | | | | |

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

GCP RECEIVED 7/18/22

GCP APPROVED 07/18/22

VW



GOVERNMENTAL GRANT CONTRACT

(cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)

| | | | | | |
|---|----------------------------------|--|------------------------------|--------------|------------------------------------|
| Begin Date July 1, 2021 | End Date June 30, 2023 | Agency Tracking # 34360-41222 | Edison ID | | |
| Grantee Legal Entity Name Metropolitan Government of Nashville and Davidson County | | | Edison Vendor ID 4 | | |
| Subrecipient or Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Recipient | | CFDA # 93.268 Grantee's fiscal year end June 30 | | | |
| Service Caption (one line only) Immunization Services | | | | | |
| Funding — | | | | | |
| FY | State | Federal | Interdepartmental | Other | TOTAL Grant Contract Amount |
| 2022 | \$75,800.00 | \$6,167,674.00 | | | \$6,243,474.00 |
| 2023 | \$0.00 | \$230,000.00 | | | \$230,000.00 |
| TOTAL: | \$75,800.00 | \$6,397,674.00 | | | \$6,473,474.00 |
| Grantee Selection Process Summary | | | | | |
| <input type="checkbox"/> Competitive Selection | | | | | |
| <input checked="" type="checkbox"/> Non-competitive Selection | | | | | |
| As a local governmental entity, the State is obligated to work with this Metro partner in order to effectively fulfill our legal duties and efficiently provide services in this area of Tennessee. | | | | | |
| Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations. <i>Eric Buchholz</i> | | | CPO USE - GG | | |
| Speed Chart (optional) HL00018528 HL00017601 HL00017203 HL00016127 HL00000725 | | Account Code (optional) 71301000 | | | |

**GRANT CONTRACT
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF HEALTH
AND
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

This grant contract ("Grant Contract"), by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" or the "Grantor State Agency" and Grantee Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee," is for the provision of Immunization Services, as further defined in the "SCOPE OF SERVICES AND DELIVERABLES."

Grantee Edison Vendor ID # 4

A. SCOPE OF SERVICES AND DELIVERABLES:

A.1. The Grantee shall provide the scope of services and deliverables ("Scope") as required, described, and detailed in this Grant Contract.

A.2. Service Definitions.

- a. "ACIP" means Advisory Committee on Immunization Practices;
- b. "CDC" means the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services;
- c. "COVID-19" is a mild to severe respiratory illness that is caused by a coronavirus (Severe acute respiratory syndrome coronavirus 2 of the genus Betacoronavirus). COVID-19 is transmitted chiefly by contact with infectious material (as respiratory droplets) or with contact with objects or surfaces contaminated with the causative virus, and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure.
- d. "CVX" is a three-digit code which allows specification of a vaccine used at the vaccine administration level and identifies the type of vaccine product used;
- e. "DDL" means Digital Data Logger, an electronic device which automatically monitors and records environmental parameters over time, allowing conditions to be measured, documented, analyzed, and validated. The DDL contains a sensor to receive the information and a computer chip to store it.
- f. "DTaP" refers to a combination vaccine containing the diphtheria, tetanus, and acellular pertussis viruses;
- g. "FTE" means full time-equivalent position;
- h. "HBIG" means hepatitis B immune globulin;
- i. "HBsAg+" means hepatitis B surface antigen-positive;
- j. "Hep A" means hepatitis A virus;
- k. "Hep B" means hepatitis B virus;
- l. "Hib" means *Haemophilus influenzae* virus, type B;
- m. "IPV" means inactivated polio vaccine;
- n. "IQIP" means Immunization Quality Improvement for Providers, a quality improvement

- strategy used to raise immunization coverage levels and improve standards of practices at the provider level;
- o. "MMR" refers to a combination vaccine containing the measles, mumps, and rubella Viruses;
 - p. "NBS" means the NEDSS Based System which refers to the National Electronic Disease Surveillance System accessed via a Secure Website;
 - q. "PEAR" means Provider Education Assessment and Reporting software, a tool for assessing immunization practices within a clinic, private practice, or any other environment where immunizations are provided. This software is proprietary to the CDC and accessed via the CDC's secure portal - SAMS (Secure Access Management System);
 - r. "PII" means Personally Identifiable Information;
 - s. "POD" is Points of Dispensing, community locations at which state and local agencies dispense and administer medical countermeasures (MCMs) to the public.
 - t. "PTBMIS" means the Patient Tracking Billing and Management Information System of the Grantor State Agency;
 - u. "QIG" means the most current edition of the Quality Improvement Guidelines of the State agency;
 - v. "REDCap" means Research Electronic Data Capture, a secure web application for building and managing online surveys and databases;
 - w. Reviewer Follow-up Plan is a summary document that includes all relevant VFC requirements and recommendations discussed, an indication of whether requirements were met, and follow-up actions (and corresponding deadlines) required of the provider for any compliance issues identified during the site visit;
 - x. "SAMS" means Secure Access Management System, a secure portal for the CDC where authorized users can login and use CDC software;
 - y. "Secure Email" means the use of encrypted email messages, providing secure data integrity and confidentiality over computer networks;
 - z. "Secure Website" means a website with an encrypted link between a web server and an internet browser;
 - aa. "Sentinel Provider Network (SPN)" is the primary means of monitoring community activity of both seasonal and pandemic influenza. The SPN protocol is designed to allow TDH to track changes in influenza-like illness prevalence and etiology, both during and outside normal influenza seasons;
 - ab. "SIIS" means the State Immunization Information System, a population-based, computerized information system implemented at the state level, and an important tool for tracking immunization records. The outward face of SIIS is known as the Tennessee Immunization Information System (TennIIS). Immunization data is entered into the system through the TennIIS web portal;
 - ac. "TennIIS" means the Tennessee Immunization Information System, previously known as the "immunization registry". It is the State database used for storing immunization records for children, adolescents, and adults administered in health departments or by other health care providers and is accessed via a Secure Website;

- ad. "USH" means Unannounced Storage and Handling visit, a requirement of the VFC. This visit is conducted on healthcare providers enrolled in the VFC;
- ae. "VFC" means the Vaccines for Children Program, a federal entitlement program created by the Omnibus Budget Reconciliation Act of 1993, a required component of the State's medical assistance program, and considered a Title XIX Medicaid program;
- af. "Vaccine-Preventable Diseases and Immunization Program (VPDIP)" is the TDH Program responsible for administration this contract; and
- ag. "WIC Program" means the Special Supplemental Nutrition Program for Women, Infants, and Children established by the Child Nutrition Act of 1966 and codified as 42 U.S.C. §1786.

- A.3. Service Goals. The goal of the VPDIP is to promote the proper use of all recommended vaccines, in collaboration with the CDC and other partners, and to ensure that Tennessee meets or exceeds the federal Department of Health and Human Services Healthy People 2020 objectives for immunization coverage. The VPDIP is paid for with federal money and is administered at the federal level by the CDC, at the state level by the Grantor State Agency, and at the local level by one of the many local agencies.
- A.4. Service Recipients. Service recipients are all people living, working, and visiting in Tennessee. Service emphasis is focused on: children ages birth through eighteen (18) years old who are uninsured, underinsured, or are eligible for Medicaid services; and adults nineteen (19) to sixty-four (64) years of age, who are uninsured and susceptible to vaccine-preventable diseases.
- A.5. Service Description. The Grantee shall use grant funds to conduct an immunization program as a functional part of the State's VPDIP for the delivery of immunization program services described in this Grant Contract in compliance with the current procedures and guidelines of the VPDIP, the most recent copy of which is on file with the Grantor State Agency and has been provided to the Grantee. If VPDIP procedures or guidelines are revised during the Term of this Grant Contract, the VPDIP will communicate revisions by email and through the annual VPDIP training for field staff.

The Grantee shall collaborate with VPDIP in meeting requirements and objectives established by the CDC, including, but not limited to: carrying out VPDIP program evaluation efforts and assessments; carrying out federal grant requirements; and, carrying out activities to ensure that at least ninety percent (90%) of children in the Grantee's jurisdiction, as measured in the annual survey of twenty-four (24) month old children, have completed each one of the ten (10) basic ACIP recommended immunizations: DTaP, IPV, MMR, Hib, Hep B, Varicella, Hep A, Influenza, Rota Virus, and Pneumococcal Conjugate Vaccine.

As a participant in the VPDIP, the Grantee agrees to:

- a. Follow all policies and procedures established by the State during public health emergencies.
- b. Conduct quality reviews of all health programs provided by the Grantee utilizing the tools in the most current edition of the QIG, a copy of which has been provided to the Grantee.
- c. Submit documentation of reviews to the Office of Quality Improvement (QI) as indicated in the most current edition of the QIG.
- d. Appoint a physician to oversee local immunization program efforts.
- e. Assign a dedicated, full-time Immunization Program Representative (or Coordinator) to oversee immunization program activities and function as the primary contact person to the VPDIP. The job classification for this representative must be a minimum of a public health representative 3 or a licensed practical nurse.

- f. Provide education and training to all staff responsible for immunization program activities. Grantee may cover expenses of staff to attend national immunization conferences recommended by the VPDIP, to ensure staff has adequate knowledge to carry out responsibilities and duties. Grantee shall ensure that all immunization program staff, who will conduct VFC compliance site visits, attend training programs conducted by VPDIP, including, but not limited to, conference calls, video conferences, and on-site training sessions. Participation in statewide educational meetings is strongly encouraged. Funding designated for education is included in this Grant Contract.
- g. Ensure completion of the VPDIP objectives and activities as detailed in the most current CDC Immunization Cooperative Agreement, and as requested by the VPDIP, including, but not limited to:
 - (1) Conducting VFC Compliance and USH site visits, according to the most current Tennessee Department of Health Immunization Program Field Staff Guide and annual schedule established by the VPDIP, of at least fifty (50) percent of the public and fifty (50) percent of the private providers enrolled in the VFC program in Grantee's jurisdiction annually; and ensuring that every VFC provider has a VFC compliance site visit at least once every twenty-four (24) months. If Grantee has between twenty-one (21) and thirty-nine (39) VFC-enrolled providers, it must conduct VFC provider compliance site visits to at least twenty (20) providers annually. If Grantee has twenty (20) or fewer VFC-enrolled providers, it must conduct a VFC compliance site visit to all providers annually. Grantee is required to annually complete two (2) USH visits according to the procedures outlined in the CDC Cooperative Agreement and most current Field Staff Guide.
 - (2) Conducting annual IQIP activities in full compliance with the requirements, recommendations and operational guidelines outlined in the federal Immunization Cooperative Agreement, CDC's IQIP Guide, and the VPDIP Field Staff Guide.
- h. Work with the VPDIP to achieve the following levels of compliance with State immunization regulations and CDC recommendations for:
 - (1) Kindergarten student enrollment – ninety-eight percent (98%) or better compliance with state immunization compliance regulations for school enrollment.
 - (2) On-time immunization of ninety percent (90%) of twenty-four (24) month old children for each of the following routinely recommended vaccines: 4 DTaP, 3 Polio, 1 MMR, 3 Hep B, 3 Hib, 1 Varicella, 4 Pneumococcal, and eighty percent (80%) for each of the following recommended vaccines: 2 Hep A, 2 or more rotavirus, and annual influenza.
- i. Participate in the VPDIP Perinatal Hepatitis B Program by:
 - (1) Assigning a Grantee health department representative as coordinator to oversee the Perinatal Hepatitis B Program and function as the primary contact person to the VPDIP for perinatal hepatitis B prevention efforts. The job classification for this representative must be a minimum of a public health representative 2 or a licensed practical nurse.
 - (2) Ensure completion of all activities as required by the VPDIP Perinatal Hepatitis B Prevention Program Operations Manual.
 - (3) Actively promoting and encouraging birthing facilities in the jurisdiction to achieve Hep B Birth Dose Honor Roll status.
 - i. Increase current number of birth facilities in the jurisdiction that qualify for the Hep B Birth Dose Honor Roll by one (1) facility or,
 - ii. Maintain 100 percent participation of the birthing facilities in the jurisdiction.
 - iii. By June 30 of the contract year, provide VPDIP Perinatal Hepatitis B Program coordinator with a report of current Hep B Birth Dose Honor Roll facilities.

- j. Perform routine surveys as mandated by CDC immunization grant requirements and/or the VPDIP, including:
 - (1) Ensure completion of the survey of twenty-four (24) month old children according to procedures and timelines developed by the VPDIP in the current Field Staff Guide.
- k. Ensure the completion of case reports of all vaccine preventable diseases within the timeframes required by TDH.

Services at a minimum shall include:

- (1) Contacting VPDIP and other county health departments, as appropriate, and sharing information about cases.
 - (2) Completing the required case report forms and case investigation data and reporting to the State as a reportable disease in NBS and REDCap.
 - (3) Arranging immunization clinics and/or medical appointments, as necessary, to control the spread of disease.
 - (4) Ensuring that the Regional Sentinel Provider Network (SPN) coordinator administer the SPN according to current VPDIP protocols, including but not limited to:
 - i. Assessing provider compliance in the program.
 - ii. Ensuring submission of timely specimens by SPN providers.
 - iii. Following up with providers who are not in compliance by email and phone.
 - iv. Removing non-compliant providers from the network, in consultation with VPDIP and according to established protocols, actively recruiting providers, as needed, to maintain representation by one (1) active sentinel provider per 100,000 populations.
- l. Perform Education and Outreach activities, including:
- (1) Responding, as necessary, to special immunization program activities that may be conducted in the Grantee's jurisdiction, such as a school-based clinic in response to disease outbreaks.
 - (2) Improving the immunization levels of specific population sub-groups through specific outreach to groups at increased risk for delayed or incomplete immunization, such as minorities, children ages 9-19, and the elderly.
- m. Promote all CDC recommended vaccines for adolescents and adults through service delivery activities designed to target pre-teens and adolescents, such as establishing systems in Grantee's clinics to ensure that immunization status is reviewed, and vaccines are given at every health visit involving pre-teens and adolescents whenever Grantee's policy permits. Participate in community vaccination activities where feasible or promote adult immunization in the Grantee's community.
 - n. For all federally funded vaccines administered, utilize the most current CVX codes as defined by the most current TDH Codes Manual (formally known as PTBMIS Codes). Record all immunization transactions and comply with current TIP policy for the use and electronic health records coding of federal vaccines administered in local health departments.
 - o. Monitor requirements for provider participation in the VFC Program, including the following: require that no patient eligible for VFC is denied routine immunizations because of inability to pay a vaccine administration fee, and require that all VFC providers offer VFC eligible

patients all routine immunizations recommended for them by the CDC and according to the ACIP recommended schedule. Notify VPDIP of providers who are not in compliance with these requirements. VPDIP will notify these providers that they must promptly comply with federal law.

- p. Comply with Tennessee Rules and Regulations 1200-14-1-.29(2), which authorizes Grantee to provide proof of immunizations to the admissions officer of any school in the state of Tennessee and to physicians who are evaluating a school-aged patient's immunization status.
- q. Work with the Grantee's WIC Programs to monitor the immunization status of WIC recipients. Review immunization histories on all WIC enrollees and refer children, adults, and particularly, pregnant females, as appropriate, to the immunization clinic. Facilitate the placement of children who are behind on immunizations on an accelerated immunization schedule (the CDC "Catch Up Schedule") and implement strategies to ensure return immunization visits until the child is up to date according to CDC and ACIP recommendations.
- r. Maintain an insurance policy or alternative means to cover replacement of VFC vaccines due to storage failure. Replace vaccines to the VFC Program if vaccines are compromised and must be discarded due to human error, including failure to follow proper vaccine storage and handling guidelines or failure to respond appropriately to storage unit failures, according to the VPDIP.
- s. COVID-VFC Supplemental Funds Activities:
 - (1) COVID Vaccine POD Supervisor that will plan and coordinate events.
 - (2) Rental equipment necessary to conduct drive-thru PODs (i.e., tents, heaters)
 - (3) Travel
- t. COVID Immunization Cooperative Agreements Supplemental Funds Activities:
 - (1) The Grantee shall operate a COVID-19 POD in accordance with guidelines provided by the State and the Centers for Disease Control and Prevention.
 - i. The Grantee shall administer vaccines to eligible recipients, as directed by the State and in accordance with county COVID-19 vaccine phases.
 - ii. The Grantee shall administer vaccines through the POD a minimum of five (5) hours each week, with a minimum of three (3) hours of vaccine administration at each event, unless otherwise approved by the State.
 - iii. The Grantee shall be responsible for all aspects of the operation of the POD, including the hiring, supervision, and training of staff.
 - iv. The Grantee shall take every possible measure to ensure that no vaccine doses are wasted and arrange for the appropriate disposal of biohazardous materials.
 - v. The Grantee shall not attempt to bill vaccine recipients or collect money from recipients under any circumstances.
 - vi. The Grantee shall ensure the maintenance of the Cold Chain and the protection of the COVID-19 vaccines entrusted to the POD manager at all times, including continuous monitoring of vaccines by an approved DDL and the immediate reporting of any temperature excursions to State.
 - (2) The Grantee shall ensure the proper use of State property and the return of that property to the State in its original condition and at the time designated by the State.

(3) The Grantee shall submit monthly expense reports and requests for reimbursement according to State policy.

(4) The Grantor State Agency shall provide the following to the Grantee:

- i. Provide technical and logistical consultation to the Grantee to ensure success of the POD.
- ii. Provide training in the appropriate transport, storage and handling of the COVID-19 vaccine to POD managers and key staff.
- iii. Provide COVID-19 vaccines and administration supplies, including appropriate needles, syringes, alcohol swabs, vaccine record cards, PPE, sharps containers and bandages.
- iv. Provide login access and training in the use of TennIIS and the appropriate documentation of administered vaccines.
- v. Provide reimbursement of appropriate costs as detailed in the budget submitted to the State within thirty (30) days of receipt of request for reimbursement.

A.6. Interface Requirements.

- a. Grantee shall maintain a real-time bidirectional interface between its database and TennIIS.
- b. This bidirectional interface must follow TDH internet information services interoperability specifications, including the use of CDC web services description language.

A.7. Personnel Reporting Requirements.

- a. The Grantee agrees to maintain a staffing level to adequately carry out immunization program activities of VPDIP. If at any time fewer than seventy-five percent (75%) of the positions funded through this Grant Contract are filled, the Grantee shall immediately notify the VPDIP and submit a corrective action plan documenting efforts to address the staffing deficiency.
- b. The Grantee shall submit a Quarterly Report of all staff performing the immunization program activities, including the category of services as defined in Section A. 5 above with employee name, position title, salary, and percent of time performing these services for the specific quarter, to the VPDIP Program Manager and VPDIP Fiscal Administrator. The Quarterly Report shall be submitted by email prior to or no later than the fifteenth (15th) calendar day of the month following the end of each quarter (October 15, January 15, April 15, and July 15).
- c. The Grantee shall maintain appropriate personnel records, e.g., time, attendance and leave, and payroll for review by the State or any other appropriate state or federal agency.

A.8. Service Deliverables.

| Deliverable | Contract Section | Delivery Date | Due to Whom | Requested Format |
|---|-------------------------|----------------------|--------------------|-------------------------|
| Follow all policies and procedures established by the State during public health emergencies. | A.5.a. | Ongoing | N/A | N/A |

| | | | | |
|--|----------------------|--------------------------------------|--|---|
| Conduct quality reviews of all health programs using tools in current edition of QIG. | A.5.b. | Ongoing | QI | In-Person |
| Submit documentation of reviews to the Office of Quality Improvement (QI). | A.5.c. | Ongoing | Office of Quality Improvement, Community Health Services | PDF |
| Appoint a physician to oversee local immunization program efforts. | A.5.d. | Ongoing | N/A | N/A |
| Assign a dedicated, full-time Immunization Program Representative (or Coordinator). | A.5.e. | Ongoing | N/A | N/A |
| Provide education and training to all staff responsible for immunization program activities. Ensure that all immunization program staff who will conduct VFC compliance site visits attend all education and training programs conducted by the VPDIP. | A.5.f. | TBD by VPDIP | N/A | In-person trainings, conference calls |
| Conduct annual VFC Compliance and USH site visits in accordance with CDC guidelines. | A.5.g.(1) | Ongoing | Provider and VPDIP | In-Person |
| Conduct annual IQIP visits in accordance with CDC guidelines. | A.5.g.(2) | Ongoing | Provider and VPDIP | In-Person |
| Work with the VPDIP to achieve immunization coverage levels in compliance with State immunization regulations and CDC recommendations. | A.5.h. (1) | Ongoing | VPDIP | N/A |
| Ensure the active follow-up of children who are identified by the VPDIP and reported to Grantee by Secure Email as being at 'high risk' of not completing immunizations. | A.5.h. (2) | Annually | N/A | Using data in Overdue DTaP report provided by VPDIP |
| By June 30 of each year, provide a report of Hep B Birth Dose Honor Roll facilities in the jurisdiction to the VPDIP Perinatal Hep B Program coordinator. Work towards achieving 100% participation from facilities in the jurisdiction | A.5.i.(3).iii | June 30 of the current contract year | VPDIP | N/A |

| | | | | |
|--|------------------|---------------------------------------|-------|---|
| Participate in the VPDIP Perinatal Hepatitis B Program in accordance with VPDIP and CDC requirements. | A.5.j. | Ongoing | VPDIP | REDCap and NBS system |
| Conduct a survey of twenty-four (24) month old children according to procedures and timelines developed by the VPDIP. | A.5.j.(1) | Ongoing | VPDIP | Completed surveys |
| Conducting case reports using data taken from a sample of schools in accordance with VPDIP requirements and deadlines. | A.5.k. | Annually by date established by VPDIP | VPDIP | Completed surveys |
| Respond to case reports of all vaccine preventable diseases. | A.k.(3). | Within 24 hours of report | VPDIP | Case report form and entered into NBS and REDCap |
| Perform Education and Outreach activities. | A.5.l | Ongoing | N/A | N/A |
| Promote all CDC recommended vaccines for adolescents and adults. | A.5.m. | Ongoing | N/A | N/A |
| Utilize the most current TDH Codes Manual (formally known as PTBMIS CVX codes) for all federally funded vaccines administered. | A.5.n. | Ongoing | N/A | N/A |
| Monitor requirements for provider participation in the VFC Program in accordance with VPDIP Protocol and CDC requirements and notify VPDIP of noncompliance. | A.5.o. | Ongoing | VPDIP | Telephone or written notification with appropriate documentation |
| Comply with Tennessee Rules and Regulations 1200-14-1-.29(2). | A.5.p. | Ongoing | N/A | N/A |
| Work with the Grantee's WIC Programs to monitor the immunization status of WIC recipients. | A.5.q. | Ongoing | N/A | N/A |
| Maintain an insurance policy or alternative means to cover replacement of VFC vaccines due to storage failure. | A.5.r. | Ongoing | N/A | N/A |
| Maintain a staffing level to adequately carry out immunization program activities of VPDIP. | A.7.a. | Ongoing | VPDIP | Telephone or written notification with corrective action plan if needed |

A.9. Vaccination Reporting Requirements.

- a. The Grantee shall be compliant with all reporting requirements, including the entry of all administered vaccines into TennNIS within twenty-four (24) hours of administration.
 - b. The Grantee shall submit to the State a weekly report of the number of vaccines administered at the site no later than Wednesday at 4 p.m. Central Standard Time the following week.
- A.10. Inspection and Acceptance. Acceptance of the work outlined above will be made by the State or its authorized representative. The State makes the final determination regarding acceptance of the work being performed under this Grant Contract.
- A.11. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment 1, is incorporated in this Grant Contract.
- A.12. Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
 Wayne Woods, Grants Management Specialist Centers for Disease Control and Prevention
 Branch 1
 2939 Flowers Road, MS-TV-2 Atlanta, GA 30341
 Email: kuv1@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services Office of the Inspector General
 ATTN: Mandatory Grant Disclosures, Intake Coordinator 3301 Independence Avenue, SW Cohen
 Building, Room 5527 Washington, DC 20201
 Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email:
MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

- A.13. In the event that the Grantee is subject to an audit in accordance with Section D.19 hereunder, the Grantee shall submit to the State contact listed in Section D.8 a copy of the audit report and Notice of Audit Report.
- A.14. Grantee shall comply with all applicable requirements associated with this grant, including but not limited to the CDC General Terms and Conditions for Non-research Awards and Notice of Funding Opportunity Number IP19-1901, entitled Immunizations and Vaccines for Children.

- A.15. No funds awarded under this grant Contract shall be used for lobbying federal, state, or local officials.

B. TERM OF CONTRACT:

- B.1. This Grant Contract shall be effective on July 1, 2021 ("Effective Date") and extend for a period of twenty-four (24) months after the Effective Date ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
- B.2. Term Extension. It is understood and agreed that the State may extend the Term an additional period of time, not to exceed one hundred-eighty (180) days beyond the expiration date of this Grant Contract, under the same terms and conditions. In no event, however, shall the maximum Term, including all extensions or renewals, exceed a total of sixty (60) months.

C. PAYMENT TERMS AND CONDITIONS:

- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Six Million, Four Hundred Seventy-Three Thousand, Four Hundred and Seventy-Four Dollars (\$6,473,474.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 2 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
- C.2. Compensation Firm. The Maximum Liability of the State is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Contract and are not subject to escalation for any reason unless amended, except as provided in Section C.6.
- C.3. Payment Methodology. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in Section C.1. Upon progress toward the completion of the Scope, as described in Section A of this Grant Contract, the Grantee shall submit invoices (Attachment 3) prior to any reimbursement of allowable costs.
- C.4. Travel Compensation. Reimbursement to the Grantee for travel, meals, or lodging shall be subject to amounts and limitations specified in the "State Comprehensive Travel Regulations," as they are amended from time to time, and shall be contingent upon and limited by the Grant Budget funding for said reimbursement.
- C.5. Invoice Requirements. The Grantee shall invoice the State no more often than monthly, with all necessary supporting documentation, and present such to:

Invoices.vpdip@tn.gov

- a. Each invoice shall clearly and accurately detail all of the following required information (calculations must be extended and totaled correctly).
- (1) Invoice/Reference Number (assigned by the Grantee).
 - (2) Invoice Date.
 - (3) Invoice Period (to which the reimbursement request is applicable).
 - (4) Grant Contract Number (assigned by the State).
 - (5) Grantor: Department of Health
 - (6) Grantor Number (assigned by the Grantee to the above-referenced Grantor).
 - (7) Grantee Name.
 - (8) Grantee Tennessee Edison Registration ID Number Referenced in Preamble of this Grant Contract.
 - (9) Grantee Remittance Address.
 - (10) Grantee Contact for Invoice Questions (name, phone, or fax).

- (11) Itemization of Reimbursement Requested for the Invoice Period—it must detail, at minimum, all of the following:
- i. The amount requested by Grant Budget line-item (including any travel expenditure reimbursement requested and for which documentation and receipts, as required by "State Comprehensive Travel Regulations," are attached to the invoice).
 - ii. The amount reimbursed by Grant Budget line-item to date.
 - iii. The total amount reimbursed under the Grant Contract to date.
 - iv. The total amount requested (all line-items) for the Invoice Period.

b. The Grantee understands and agrees to all of the following.

- (1) An invoice under this Grant Contract shall include only reimbursement requests for actual, reasonable, and necessary expenditures required in the delivery of service described by this Grant Contract and shall be subject to the Grant Budget and any other provision of this Grant Contract relating to allowable reimbursements.
- (2) An invoice under this Grant Contract shall not include any reimbursement request for future expenditures.
- (3) An invoice under this Grant Contract shall initiate the timeframe for reimbursement only when the State is in receipt of the invoice, and the invoice meets the minimum requirements of this section C.5.
- (4) An invoice under this Grant Contract shall be presented to the State within thirty (30) days after the end of the calendar month in which the subject costs were incurred or services were rendered by the Grantee. An invoice submitted more than thirty (30) days after such date will NOT be paid. The State will not deem such Grantee costs to be allowable and reimbursable by the State unless, at the sole discretion of the State, the failure to submit a timely invoice is warranted. The Grantee shall submit a special, written request for reimbursement with any such untimely invoice. The request must detail the reason the invoice is untimely as well as the Grantee's plan for submitting future invoices as required, and it must be signed by a Grantee agent that would be authorized to sign this Grant Contract.

C.6. Budget Line-items. Expenditures, reimbursements, and payments under this Grant Contract shall adhere to the Grant Budget. The Grantee may vary from a Grant Budget line-item amount by up to twenty percent (20%) of the line-item amount, provided that any increase is off-set by an equal reduction of other line-item amount(s) such that the net result of variances shall not increase the total Grant Contract amount detailed by the Grant Budget. Any increase in the Grant Budget, grand total amounts shall require an amendment of this Grant Contract.

C.7. Disbursement Reconciliation and Close Out. The Grantee shall submit any final invoice and a grant disbursement reconciliation report within ninety (90) days of the Grant Contract end date, in form and substance acceptable to the State (Attachment 4).

- a. If total disbursements by the State pursuant to this Grant Contract exceed the amounts permitted by the section C, payment terms and conditions of this Grant Contract, the Grantee shall refund the difference to the State. The Grantee shall submit the refund with the final grant disbursement reconciliation report.
- b. The State shall not be responsible for the payment of any invoice submitted to the State after the grant disbursement reconciliation report. The State will not deem any Grantee costs submitted for reimbursement after the grant disbursement reconciliation report to be allowable and reimbursable by the State, and such invoices will NOT be paid.
- c. The Grantee's failure to provide a final grant disbursement reconciliation report to the State as required by this Grant Contract shall result in the Grantee being deemed

ineligible for reimbursement under this Grant Contract, and the Grantee shall be required to refund any and all payments by the State pursuant to this Grant Contract.

- d. The Grantee must close out its accounting records at the end of the Term in such a way that reimbursable expenditures and revenue collections are NOT carried forward.
- C.8. Indirect Cost. Should the Grantee request reimbursement for indirect costs, the Grantee must submit to the State a copy of the indirect cost rate approved by the cognizant federal agency or the cognizant state agency, as applicable. The Grantee will be reimbursed for indirect costs in accordance with the approved indirect cost rate and amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the Term. Any changes in the approved indirect cost rate must have prior approval of the cognizant federal agency or the cognizant state agency, as applicable. If the indirect cost rate is provisional during the Term, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the State, and subject to the availability of funds the State agrees to remit any underpayment to the Grantee.
- C.9. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Department of Finance and Administration Policy Statement 03 or any amendments or revisions made to this policy statement during the Term.
- C.10. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any reimbursement, invoice, or related matter. A payment by the State shall not be construed as acceptance of any part of the work or service provided or as approval of any amount as an allowable cost.
- C.11. Non-allowable Costs. Any amounts payable to the Grantee shall be subject to reduction for amounts included in any invoice or payment that are determined by the State, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs.
- C.12. State's Right to Set Off. The State reserves the right to set off or deduct from amounts that are or shall become due and payable to the Grantee under this Grant Contract or under any other agreement between the Grantee and the State of Tennessee under which the Grantee has a right to receive payment from the State.
- C.13. Prerequisite Documentation. The Grantee shall not invoice the State under this Grant Contract until the State has received the following, properly completed documentation.
 - a. The Grantee shall complete, sign, and return to the State an "Authorization Agreement for Automatic Deposit (ACH Credits) Form" provided by the State. By doing so, the Grantee acknowledges and agrees that, once this form is received by the State, all payments to the Grantee under this or any other grant contract will be made by automated clearing house ("ACH").
 - b. The Grantee shall complete, sign, and return to the State the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Grantee's Federal Employer Identification Number or Social Security Number referenced in the Grantee's Edison registration information.

D. STANDARD TERMS AND CONDITIONS:

- D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Grant Contract, the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

- D.2. Modification and Amendment. This Grant Contract may be modified only by a written amendment signed by all parties and approved by the officials who approved the Grant Contract and, depending upon the specifics of the Grant Contract as amended, any additional officials required by Tennessee laws and regulations (the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).
- D.3. Termination for Convenience. The State may terminate this Grant Contract without cause for any reason. A termination for convenience shall not be a breach of this Grant Contract by the State. The State shall give the Grantee at least thirty (30) days written notice before the effective termination date. The Grantee shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the State be liable to the Grantee for compensation for any service that has not been rendered. The final decision as to the amount for which the State is liable shall be determined by the State. The Grantee shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for the State's exercise of its right to terminate for convenience.
- D.4. Termination for Cause. If the Grantee fails to properly perform its obligations under this Grant Contract, or if the Grantee violates any terms of this Grant Contract, the State shall have the right to immediately terminate this Grant Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of the State's right to terminate this Grant Contract for cause, the Grantee shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Grant Contract by the Grantee.
- D.5. Subcontracting. The Grantee shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination," "Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.
- D.6. Conflicts of Interest. The Grantee warrants that no part of the total Grant Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Grantee in connection with any work contemplated or performed relative to this Grant Contract.
- D.7. Lobbying. The Grantee certifies, to the best of its knowledge and belief, that:
- a. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
 - b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
 - c. The Grantee shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and

contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

- D.8. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective party as set out below:
The State:

Van Bryant, CPH, Contract Analyst
Tennessee Department of Health, CEDEP
4th Floor Andrew Johnson Tower
710 James Robertson Parkway Nashville, TN 37243
Van.R.Bryant@tn.gov ; Contracts.VPDIP@tn.gov
Telephone (615) 741-9209

The Grantee:

Gill Wright, MD, Director
Metropolitan Government of Nashville and Davidson County
2500 Charlotte Avenue
Nashville, TN 37209
Email: gill.wright@nashville.gov
Telephone (615) 340-5622

A change to the above contact information requires written notice to the person designated by the other party to receive notice.

All instructions, notices, consents, demands, or other communications shall be considered effectively given upon receipt or recipient confirmation as may be required.

- D.9. Subject to Funds Availability. This Grant Contract is subject to the appropriation and availability of State or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate this Grant Contract upon written notice to the Grantee. The State's right to terminate this Grant Contract due to lack of funds is not a breach of this Grant Contract by the State. Upon receipt of the written notice, the Grantee shall cease all work associated with the Grant Contract. Should such an event occur, the Grantee shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Grantee shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.
- D.10. Nondiscrimination. The Grantee hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Grantee on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law. The Grantee shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

- D.11. HIPAA Compliance. The State and the Grantee shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Grant Contract.
- a. The Grantee warrants to the State that it is familiar with the requirements of the Privacy Rules and will comply with all applicable HIPAA requirements in the course of this Grant Contract.
 - b. The Grantee warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of this Grant Contract so that both parties will be in compliance with the Privacy Rules.
 - c. The State and the Grantee will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and the Grantee in compliance with the Privacy Rules. This provision shall not apply if information received by the State under this Grant Contract is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the State to receive such information without entering into a business associate agreement or signing another such document.
- D.12. Public Accountability. If the Grantee is subject to Tenn. Code Ann. § 8-4-401 *et seq.*, or if this Grant Contract involves the provision of services to citizens by the Grantee on behalf of the State, the Grantee agrees to establish a system through which recipients of services may present grievances about the operation of the service program. The Grantee shall also display in a prominent place, located near the passageway through which the public enters in order to receive Grant supported services, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:
- NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.
- The sign shall be on the form prescribed by the Comptroller of the Treasury. The Grantor State Agency shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from the Grantee, provide Grantee with any necessary signs.
- D.13. Public Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract shall include the statement, "This project is funded under a grant contract with the State of Tennessee." All notices by the Grantee in relation to this Grant Contract shall be approved by the State.
- D.14. Licensure. The Grantee, its employees, and any approved subcontractor shall be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and shall upon request provide proof of all licenses.
- D.15. Records. The Grantee and any approved subcontractor shall maintain documentation for all charges under this Grant Contract. The books, records, and documents of the Grantee and any approved subcontractor, insofar as they relate to work performed or money received under this Grant Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the records be maintained for a period of less than five (5) full years from the date of the final payment. The Grantee's records shall be subject to audit at any reasonable time and upon reasonable notice by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.

The records shall be maintained in accordance with Governmental Accounting Standards Board (GASB) Accounting Standards or the Financial Accounting Standards Board (FASB) Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.

In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

Grant expenditures shall be made in accordance with local government purchasing policies and procedures and purchasing procedures for local governments authorized under state law.

The Grantee shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

The Grantee shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. The Grantee shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by the head of the Grantor State Agency, the Central Procurement Office, or the Commissioner of Finance and Administration of the State of Tennessee.

- D.16. Monitoring. The Grantee's activities conducted and records maintained pursuant to this Grant Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.
- D.17. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the State as requested.
- D.18. Annual and Final Reports. The Grantee shall submit, within three (3) months of the conclusion of each year of the Term, an annual report. For grant contracts with a term of less than one (1) year, the Grantee shall submit a final report within three (3) months of the conclusion of the Term. For grant contracts with multiyear terms, the final report will take the place of the annual report for the final year of the Term. The Grantee shall submit annual and final reports to the Grantor State Agency. At minimum, annual and final reports shall include: (a) the Grantee's name; (b) the Grant Contract's Edison identification number, Term, and total amount; (c) a narrative section that describes the program's goals, outcomes, successes and setbacks, whether the Grantee used benchmarks or indicators to determine progress, and whether any proposed activities were not completed; and (d) other relevant details requested by the Grantor State Agency. Annual and final report documents to be completed by the Grantee shall appear on the Grantor State Agency's website or as attachment 5 to the Grant Contract.
- D.19. Audit Report. For purposes of this Section, pass-through entity means a non-federal entity that provides a subaward to a subrecipient to carry out part of a federal program.
- The Grantee shall provide audited financial statements to the Tennessee Comptroller of the Treasury ("Comptroller") if during the Grantee's fiscal year, the Grantee: (1) expends seven hundred fifty thousand dollars (\$750,000) or more in direct and indirect federal financial assistance and the State is a pass-through entity; (2) expends seven hundred fifty thousand dollars (\$750,000) or more in state funds from the State; or (3) expends seven hundred fifty thousand dollars (\$750,000) or more in federal financial assistance and state funds from the State, and the State is a pass-through entity. At least ninety (90) days before the end of its fiscal year, the Grantee shall complete Attachment 6 to notify the State whether or not Grantee is subject to an audit. The Grantee should submit only one, completed Notice of Audit Report document during the Grantee's fiscal year. Any Grantee that is subject to an audit and so indicates on Attachment 6 shall complete Attachment 7. If the Grantee is subject to an audit, Grantee shall obtain the Comptroller's approval before engaging a licensed, independent public accountant to perform the audit. The Grantee may contact the Comptroller for assistance identifying auditors.

All audits shall be performed in accordance with the Comptroller's requirements, as posted on its web site. When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

A copy of the audit report shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.

The audit contract between the Grantee and the Auditor shall be on a contract form prescribed by the Comptroller. The Grantee shall be responsible for payment of fees for an audit prepared by a licensed, independent public accountant. Payment of the audit fees by the Grantee shall be subject to the provision relating to such fees contained within this Grant Contract. The Grantee shall be responsible for reimbursing the Comptroller for any costs of an audit prepared by the Comptroller.

- D.20. Procurement. If other terms of this Grant Contract allow reimbursement for the cost of goods, materials, supplies, equipment, or contracted services, such procurement shall be made on a competitive basis, including the use of competitive bidding procedures, where practical. The Grantee shall maintain documentation for the basis of each procurement for which reimbursement is paid pursuant to this Grant Contract. In each instance where it is determined that use of a competitive procurement method is not practical, supporting documentation shall include a written justification for the decision and for use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.317—200.326 when procuring property and services under a federal award.

The Grantee shall obtain prior approval from the State before purchasing any equipment under this Grant Contract.

For purposes of this Grant Contract, the term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds five thousand dollars (\$5,000.00).

- D.21. Strict Performance. Failure by any party to this Grant Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this Grant Contract is not a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Grant Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the parties.
- D.22. Independent Contractor. The parties shall not act as employees, partners, joint venturers, or associates of one another in the performance of this Grant Contract. The parties acknowledge that they are independent contracting entities and that nothing in this Grant Contract shall be construed to create a principal/agent relationship or to allow either to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.
- D.23. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Grant Contract. In no event will the State be liable to the Grantee or any other party for any lost revenues, lost profits, loss of business, loss of grant funding, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Grant Contract or otherwise. The State's total liability under this Grant Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability originally established in Section C.1 of this Grant Contract. This limitation of liability is cumulative and not per incident.
- D.24. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party except to the extent that the non-performing

party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either party from its obligations under this Grant Contract. Except as set forth in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a default under this Grant Contract or grounds for termination. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Grantee's representatives, suppliers, subcontractors, customers or business apart from this Grant Contract is not a Force Majeure Event under this Grant Contract. Grantee will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Grantee's performance longer than forty-eight (48) hours, the State may, upon notice to Grantee: (a) cease payment of the fees until Grantee resumes performance of the affected obligations; or (b) immediately terminate this Grant Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Grantee will not increase its charges under this Grant Contract or charge the State any fees other than those provided for in this Grant Contract as the result of a Force Majeure Event.

- D.25. Tennessee Department of Revenue Registration. The Grantee shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Grant Contract.
- D.26. Charges to Service Recipients Prohibited. The Grantee shall not collect any amount in the form of fees or reimbursements from the recipients of any service provided pursuant to this Grant Contract.
- D.27. State Interest in Equipment or Motor Vehicles. The Grantee shall take legal title to all equipment or motor vehicles purchased totally or in part with funds provided under this Grant Contract, subject to the State's equitable interest therein, to the extent of its *pro rata* share, based upon the State's contribution to the purchase price. The term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds five thousand dollars (\$5,000.00). The term "motor vehicle" shall include any article of tangible personal property that is required to be registered under the "Tennessee Motor Vehicle Title and Registration Law", Tenn. Code Ann. Title 55, Chapters 1-6.

As authorized by the Tennessee Uniform Commercial Code, Tenn. Code Ann. Title 47, Chapter 9 and the "Tennessee Motor Vehicle Title and Registration Law," Tenn. Code Ann. Title 55, Chapters 1-6, the parties intend this Grant Contract to create a security interest in favor of the State in the equipment or motor vehicles acquired by the Grantee pursuant to the provisions of this Grant Contract. A further intent of this Grant Contract is to acknowledge and continue the security interest in favor of the State in the equipment or motor vehicles acquired by the Grantee pursuant to the provisions of this program's prior year Grant Contracts between the State and the Grantee.

The Grantee grants the State a security interest in all equipment or motor vehicles acquired in whole or in part by the Grantee under this Grant Contract. This Grant Contract is intended to be a security agreement pursuant to the Uniform Commercial Code for any of the equipment or motor vehicles herein specified which, under applicable law, may be subject to a security interest pursuant to the Uniform Commercial Code, and the Grantee hereby grants the State a security interest in said equipment or motor vehicles. The Grantee agrees that the State may file this Grant Contract or a reproduction thereof, in any appropriate office, as a financing statement for any of the equipment or motor vehicles herein specified. Any reproduction of this or any other security agreement or financing statement shall be sufficient as a financing statement. In addition, the Grantee agrees to execute and deliver to the State, upon the State's request, any

financing statements, as well as extensions, renewals, and amendments thereof, and reproduction of this Grant Contract in such form as the State may require to perfect a security interest with respect to said equipment or motor vehicles. The Grantee shall pay all costs of filing such financing statements and any extensions, renewals, amendments and releases thereof, and shall pay all reasonable costs and expenses of any record searches for financing statements the State may reasonably require. Without the prior written consent of the State, the Grantee shall not create or suffer to be created pursuant to the Uniform Commercial Code any other security interest in said equipment or motor vehicles, including replacements and additions thereto. Upon the Grantee's breach of any covenant or agreement contained in this Grant Contract, including the covenants to pay when due all sums secured by this Grant Contract, the State shall have the remedies of a secured party under the Uniform Commercial Code and, at the State's option, may also invoke the remedies herein provided.

The Grantee agrees to be responsible for the accountability, maintenance, management, and inventory of all property purchased totally or in part with funds provided under this Grant Contract. The Grantee shall maintain a perpetual inventory system for all equipment or motor vehicles purchased with funds provided under this Grant Contract and shall submit an inventory control report which must include, at a minimum, the following:

- a. Description of the equipment or motor vehicles;
- b. Vehicle identification number;
- c. Manufacturer's serial number or other identification number, when applicable;
- d. Acquisition date, cost, and check number;
- e. Fund source, State Grant number, or other applicable fund source identification;
- f. Percentage of state funds applied to the purchase;
- g. Location within the Grantee's operations where the equipment or motor vehicles is used;
- h. Condition of the property or disposition date if Grantee no longer has possession;
- i. Depreciation method, if applicable; and
- j. Monthly depreciation amount, if applicable.

The Grantee shall tag equipment or motor vehicles with an identification number which is cross referenced to the equipment or motor vehicle item on the inventory control report. The Grantee shall inventory equipment or motor vehicles annually. The Grantee must compare the results of the inventory with the inventory control report and investigate any differences. The Grantee must then adjust the inventory control report to reflect the results of the physical inventory and subsequent investigation.

The Grantee shall submit its inventory control report of all equipment or motor vehicles purchased with funding through this Grant Contract within thirty (30) days of its end date and in form and substance acceptable to the State. This inventory control report shall contain, at a minimum, the requirements specified above for inventory control. The Grantee shall notify the State, in writing, of any equipment or motor vehicle loss describing the reasons for the loss. Should the equipment or motor vehicles be destroyed, lost, or stolen, the Grantee shall be responsible to the State for the *pro rata* amount of the residual value at the time of loss based upon the State's original contribution to the purchase price.

Upon termination of the Grant Contract, where a further contractual relationship is not entered into, or at another time during the term of the Grant Contract, the Grantee shall request written approval from the State for any proposed disposition of equipment or motor vehicles purchased with Grant funds. All equipment or motor vehicles shall be disposed of in such a manner as the parties may agree from among alternatives approved by the Tennessee Department of General Services as appropriate and in accordance with any applicable federal laws or regulations.

- D.28. State and Federal Compliance. The Grantee shall comply with all applicable state and federal laws and regulations in the performance of this Grant Contract. The U.S. Office of Management and Budget's Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is available here: http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

- D.29. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-408.
- D.30. Completeness. This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions agreed to by the parties. This Grant Contract supersedes any and all prior understandings, representations, negotiations, or agreements between the parties, whether written or oral.
- D.31. Severability. If any terms and conditions of this Grant Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions shall not be affected and shall remain in full force and effect. To this end, the terms and conditions of this Grant Contract are declared severable.
- D.32. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.
- D.33. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Grant Contract. The Grantee certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.
- D.34. Debarment and Suspension. The Grantee certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:
- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;
 - b. have not within a three (3) year period preceding this Grant Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
 - c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and
 - d. have not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Grantee shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

- D.35. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the State or acquired by the Grantee on behalf of the State that is regarded as confidential under state or federal law shall be regarded as "Confidential Information." Nothing in this Section shall permit Grantee to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required or permitted under state or federal law. Grantee shall take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law.

The obligations set forth in this Section shall survive the termination of this Grant Contract.

E. SPECIAL TERMS AND CONDITIONS:

- E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Grant Contract, the special terms and conditions shall be subordinate to the Grant Contract's other terms and conditions.
- E.2. Printing Authorization. The Grantee agrees that no publication coming within the jurisdiction of Tenn. Code Ann. § 12-7-101, *et seq.*, shall be printed pursuant to this Grant Contract unless a printing authorization number has been obtained and affixed as required by Tenn. Code Ann. § 12-7-103(d).
- E.3. Work Papers Subject to Review. The Grantee shall make all audit, accounting, or financial analysis work papers, notes, and other documents available for review by the Comptroller of the Treasury or his representatives, upon request, during normal working hours either while the analysis is in progress or subsequent to the completion of this Grant Contract.
- E.4. Environmental Tobacco Smoke. Pursuant to the provisions of the federal "Pro-Children Act of 1994" and the "Children's Act for Clean Indoor Air of 1995," Tenn. Code Ann. §§ 39-17-1601 through 1606, the Grantee shall prohibit smoking of tobacco products within any indoor premises in which services are provided to individuals under the age of eighteen (18) years. The Grantee shall post "no smoking" signs in appropriate, permanent sites within such premises. This prohibition shall be applicable during all hours, not just the hours in which children are present. Violators of the prohibition may be subject to civil penalties and fines. This prohibition shall apply to and be made part of any subcontract related to this Grant Contract.
- E.5. Personally Identifiable Information. While performing its obligations under this Grant Contract, Grantee may have access to Personally Identifiable Information held by the State ("PII"). For the purposes of this Grant Contract, "PII" includes "Nonpublic Personal Information" as that term is defined in Title V of the Gramm-Leach-Bliley Act of 1999 or any successor federal statute, and the rules and regulations thereunder, all as may be amended or supplemented from time to time ("GLBA") and personally identifiable information and other data protected under any other applicable laws, rule or regulation of any jurisdiction relating to disclosure or use of personal information ("Privacy Laws"). Grantee agrees it shall not do or omit to do anything which would cause the State to be in breach of any Privacy Laws. Grantee shall, and shall cause its employees, agents and representatives to: (i) keep PII confidential and may use and disclose PII only as necessary to carry out those specific aspects of the purpose for which the PII was disclosed to Grantee and in accordance with this Grant Contract, GLBA and Privacy Laws; and (ii) implement and maintain appropriate technical and organizational measures regarding information security to: (A) ensure the security and confidentiality of PII; (B) protect against any threats or hazards to the security or integrity of PII; and (C) prevent unauthorized access to or use of PII. Grantee shall immediately notify State: (1) of any disclosure or use of any PII by Grantee or any of its employees, agents and representatives in breach of this Grant Contract; and (2) of any disclosure of any PII to Grantee or its employees, agents and representatives where the purpose of such disclosure is not known to Grantee or its employees, agents and representatives. The State reserves the right to review Grantee's

policies and procedures used to maintain the security and confidentiality of PII and Grantee shall, and cause its employees, agents and representatives to, comply with all reasonable requests or directions from the State to enable the State to verify or ensure that Grantee is in full compliance with its obligations under this Grant Contract in relation to PII. Upon termination or expiration of the Grant Contract or at the State's direction at any time in its sole discretion, whichever is earlier, Grantee shall immediately return to the State any and all PII which it has received under this Grant Contract and shall destroy all records of such PII.

The Grantee shall report to the State any instances of unauthorized access to or potential disclosure of PII in the custody or control of Grantee ("Unauthorized Disclosure") that come to the Grantee's attention. Any such report shall be made by the Grantee within twenty-four (24) hours after the Unauthorized Disclosure has come to the attention of the Grantee. Grantee shall take all necessary measures to halt any further Unauthorized Disclosures. The Grantee, at the sole discretion of the State, shall provide no cost credit monitoring services for individuals whose PII was affected by the Unauthorized Disclosure. The Grantee shall bear the cost of notification to all individuals affected by the Unauthorized Disclosure, including individual letters and public notice. The remedies set forth in this Section are not exclusive and are in addition to any claims or remedies available to this State under this Grant Contract or otherwise available at law. The obligations set forth in this Section shall survive the termination of this Grant Contract.

E.6. Federal Funding Accountability and Transparency Act (FFATA).

This Grant Contract requires the Grantee to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Grantee is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that the Grantee provides information to the State as required.

The Grantee shall comply with the following:

a. Reporting of Total Compensation of the Grantee's Executives.

- (1) The Grantee shall report the names and total compensation of each of its five most highly compensated executives for the Grantee's preceding completed fiscal year, if in the Grantee's preceding fiscal year it received:
 - i. 80 percent or more of the Grantee's annual gross revenues from Federal procurement contracts and federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and sub awards); and
 - ii. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act (and sub awards); and
 - iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or § 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

As defined in 2 C.F.R. § 170.315, "Executive" means officers, managing partners, or any other employees in management positions.

- (2) Total compensation means the cash and noncash dollar value earned by the executive during the Grantee's preceding fiscal year and includes the following (for more information see 17 CFR § 229.402(c)(2)):
 - i. Salary and bonus.

- ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - v. Above-market earnings on deferred compensation which is not tax qualified.
 - vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.
- b. The Grantee must report executive total compensation described above to the State by the end of the month during which this Grant Contract is established.
 - c. If this Grant Contract is amended to extend its term, the Grantee must submit an executive total compensation report to the State by the end of the month in which the amendment to this Grant Contract becomes effective.
 - d. The Grantee will obtain a Unique Entity Identifier (SAM) and maintain its number for the term of this Grant Contract. More information about obtaining a Unique Entity Identifier can be found at: <https://www.gsa.gov>.

The Grantee's failure to comply with the above requirements is a material breach of this Grant Contract for which the State may terminate this Grant Contract for cause. The State will not be obligated to pay any outstanding invoice received from the Grantee unless and until the Grantee is in full compliance with the above requirements.

- E.7. Equal Opportunity. As a condition for receipt of grant funds, the Grantee agrees to comply with 41 C.F. R. § 60-1.4 as that section is amended from time to time during the term.
- E.8. Clean Air Act and Federal Water Pollution Control Act. As a condition for receipt of funds, the Grantee agrees to comply with the Clean Air Act, 42 U.S.C. § 7401 *et seq.* and the Federal Water Pollution Control Act, 33 U.S.C § 1251 *et seq.*, as those sections are amended from time to time during the term. Violations must be reported to the Center for Disease Control (CDC) and the Region 4 Office of the Environmental Protection Agency.
- E.9. Healthy Eating Requirements. Grant recipients who purchase or serve snacks or meals in conjunction with their performance under this Grant Contract shall provide only healthy foods. No high sugar beverage shall be served at any time. Fruits and vegetables shall be given preference in menu selections.
- E.10. CFDA Number(s). When applicable, the Grantee shall inform its licensed independent public accountant of the federal regulations that are to be complied within the performance of an audit. This information shall consist of the following Catalog of Federal Domestic Assistance Numbers: Assistance Listing Number – 93.268 CDC-RFA-IP19-1901 Immunization and Vaccines for Children COVID
- E.11. Health Care Data. Grantee shall provide data reports about health care services provided under this Grant using the Department of Health's Patient Tracking and Billing Management Information System (or its successor). Data regarding health care services provided by the Grantee shall be coded and entered into the Patient Tracking and Billing Management Information System (PTBMIS), using the PTBMIS Codes Manual. The PTBMIS Codes manual is available

electronically at <http://hsaintranet.health.tn.gov/> and e-mail notices shall be sent to the Grantee regarding new revisions and/or updates, which can be accessed through the above-referenced website.

On a schedule defined by the State, the Grantee shall submit Central Office Database Report (CODB) files, as defined in PTBMIS, electronically to the State. The Grantee shall also submit other health care data reports, as requested by the State, and in a format acceptable to the State.

E.12. Grantee Hosted Services Confidential Data, Audit, and Other Requirements.

a. "Confidential State Data" is defined as data deemed confidential by State or Federal statute or regulation. The Grantee shall protect Confidential State Data as follows:

(1) The Grantee shall ensure that all Confidential State Data is housed in the continental United States, inclusive of backup data.

(2) The Grantee shall encrypt Confidential State Data at rest and in transit using the current version of Federal Information Processing Standard ("FIPS") 140-2 validated encryption technologies.

(3) The Grantee and the Grantee's processing environment containing Confidential State Data shall either (1) be in accordance with at least one of the following security standards: (i) International Standards Organization ("ISO") 27001; (ii) Federal Risk and Authorization Management Program ("FedRAMP"); or (2) be subject to an annual engagement by a CPA firm in accordance with the standards of the American Institute of Certified Public Accountants ("AICPA") for a System and Organization Controls for service organizations ("SOC") Type II audit. The State shall approve the SOC audit control objectives. The Grantee shall provide proof of current ISO certification or FedRAMP authorization for the Grantee and Subcontractor(s), or provide the State with the Grantee's and Subcontractor's annual SOC Type II audit report within 30 days from when the CPA firm provides the audit report to the Grantee or Subcontractor. The Grantee shall submit corrective action plans to the State for any issues included in the audit report within 30 days after the CPA firm provides the audit report to the Grantee or Subcontractor.

If the scope of the most recent SOC audit report does not include all of the current State fiscal year, upon request from the State, the Grantee must provide to the State a letter from the Grantee or Subcontractor stating whether the Grantee or Subcontractor made any material changes to their control environment since the prior audit and, if so, whether the changes, in the opinion of the Grantee or Subcontractor, would negatively affect the auditor's opinion in the most recent audit report.

No additional funding shall be allocated for these certifications, authorizations, or audits as these are included in the Maximum Liability of this Contract.

(4) The Grantee must annually perform Penetration Tests and Vulnerability Assessments against its Processing Environment. "Processing Environment" shall mean the combination of software and hardware on which the Application runs. "Application" shall mean the computer code that supports and accomplishes the State's requirements as set forth in this Contract. "Penetration Tests" shall be in the form of attacks on the Grantee's computer system, with the purpose of discovering security weaknesses which have the potential to gain access to the Processing Environment's features and data. The "Vulnerability Assessment" shall be designed and executed to define, identify, and classify the security holes (vulnerabilities) in the Processing Environment. The Grantee shall allow the State, at its option, to perform Penetration Tests and Vulnerability Assessments on the Processing Environment.

(5) Upon State request, the Grantee shall provide a copy of all Confidential State Data it holds. The Grantee shall provide such data on media and in a format determined by the State.

(6) Upon termination of this Contract and in consultation with the State, the Grantee shall destroy all Confidential State Data it holds (including any copies such as backups) in accordance with the current version of National Institute of Standards and Technology ("NIST") Special Publication

800-88. The Grantee shall provide a written confirmation of destruction to the State within ten (10) business days after destruction.

b. Minimum Requirements

(1) The Grantee and all data centers used by the Grantee to host State data, including those of all Subcontractors, must comply with the State's Enterprise Information Security Policies as amended periodically. The State's Enterprise Information Security Policies document is found at the following URL:

<https://www.tn.gov/finance/strategic-technology-solutions/strategic-technology-solutions/sts-security-policies.html>.

(2) The Grantee agrees to maintain the Application so that it will run on a current, manufacturer-supported Operating System. "Operating System" shall mean the software that supports a computer's basic functions, such as scheduling tasks, executing applications, and controlling peripherals.

(3) If the Application requires middleware or database software, Grantee shall maintain middleware and database software versions that are at all times fully compatible with current versions of the Operating System and Application to ensure that security vulnerabilities are not introduced.

c. Comptroller Audit Requirements

Upon reasonable notice and at any reasonable time, the Grantee and Subcontractor(s) agree to allow the State, the Comptroller of the Treasury, or their duly appointed representatives to perform information technology control audits of the Grantee and all Subcontractors used by the Grantee. Grantee will maintain and cause its Subcontractors to maintain a complete audit trail of all transactions and activities in connection with this Contract. Grantee will provide to the State, the Comptroller of the Treasury, or their duly appointed representatives access to Grantee and Subcontractor(s) personnel for the purpose of performing the information technology control audit.

The information technology control audit may include a review of general controls and application controls. General controls are the policies and procedures that apply to all or a large segment of the Grantee's or Subcontractor's information systems and applications and include controls over security management, access controls, configuration management, segregation of duties, and contingency planning. Application controls are directly related to the application and help ensure that transactions are complete, accurate, valid, confidential, and available. The audit shall include the Grantee's and Subcontractor's compliance with the State's Enterprise Information Security Policies and all applicable requirements, laws, regulations or policies.

The audit may include interviews with technical and management personnel, physical inspection of controls, and review of paper or electronic documentation.

For any audit issues identified, the Grantee and Subcontractor(s) shall provide a corrective action plan to the State within 30 days from the Grantee or Subcontractor receiving the audit report.

Each party shall bear its own expenses incurred while conducting the information technology controls audit.

d. Business Continuity Requirements.

The Grantee shall maintain set(s) of documents, instructions, and procedures which enable the Grantee to respond to accidents, disasters, emergencies, or threats without any stoppage or hindrance in its key operations ("Business Continuity Requirements"). Business Continuity Requirements shall include:

(1) "Disaster Recovery Capabilities" refer to the actions the Grantee takes to meet the Recovery Point and Recovery Time Objectives defined below. Disaster Recovery Capabilities shall meet the following objectives:

- i. Recovery Point Objective ("RPO"). The RPO is defined as the maximum targeted period in which data might be lost from an IT service due to a major incident: 1 hour.
- ii. Recovery Time Objective ("RTO"). The RTO is defined as the targeted duration of time and a service level within which a business process must be restored after a disaster (or disruption) in order to avoid unacceptable consequences associated with a break in business continuity: 24 hours.

(2) The Grantee and the Subcontractor(s) shall perform at least one Disaster Recovery Test every three hundred sixty-five (365) days. A "Disaster Recovery Test" shall mean the process of verifying the success of the restoration procedures that are executed after a critical IT failure or disruption occurs. The Disaster Recovery Test shall use actual State Data Sets that mirror production data, and success shall be defined as the Grantee verifying that the Grantee can meet the State's RPO and RTO requirements. A "Data Set" is defined as a collection of related sets of information that is composed of separate elements but can be manipulated as a unit by a computer. The Grantee shall provide written confirmation to the State after each Disaster Recovery Test that its Disaster Recovery Capabilities meet the RPO and RTO requirements.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:

 0460AC21E4CC408...

 Director
 Metro Public Health Department
 7/18/2022

 Date

DocuSigned by:

 BEBF0BBF44D14B0...

 Chair, Board of Health
 7/18/2022

 Date

APPROVED AS TO AVAILABILITY OF FUNDS:


 Director, Department of Finance
 8/3/2022 | 6:05 PM CDT

 Date

APPROVED AS TO RISK AND INSURANCE:


 Director of Risk Management Services
 8/4/2022 | 10:24 AM CDT

 Date

APPROVED AS TO FORM AND LEGALITY:


 Metropolitan Attorney
 8/4/2022 | 9:01 AM CDT

 Date

FILED:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Morgan McDonald, MD, FACP, FAAP
Interim Commissioner

Date

ATTACHMENT 1**Federal Award Identification Worksheet**

| | |
|---|--|
| Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM)) | Metropolitan Government of Nashville and Davidson County |
| Subrecipient's Unique Entity Identifier (SAM) | LGZLHP6ZHM55 |
| Federal Award Identification Number (FAIN) | NH23IP922617 |
| Federal award date | 07/01/2019 |
| Subaward Period of Performance Start and End Date | 07/01/2021 – 06/30/2026 |
| Subaward Budget Period Start and End Date | 07/01/2021 – 06/30/2026 |
| Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title. | 93.268 Immunization Cooperative Agreement |
| Grant contract's begin date | 07/01/2021 |
| Grant contract's end date | 06/30/2026 |
| Amount of federal funds obligated by this grant contract | \$6,397,674.00 |
| Total amount of federal funds obligated to the subrecipient | 0 |
| Total amount of the federal award to the pass-through entity (Grantor State Agency) | \$142,765,269.00 |
| Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)) | Funding equity and prioritizing populations disproportionate affected by COVID-19 |
| Name of federal awarding agency | The Centers for Disease Control and Prevention |
| Name and contact information for the federal awarding official | Wayne Woods, Grants Management Specialist Centers for Disease Control & Prevention 2939 Flowers Road, MS-TV-2 Atlanta, GA 30329 Telephone: 770-488-2948 Email: kuv1@cdc.gov |
| Name of pass-through entity | State of Tennessee Department of Health |
| Name and contact information for the pass-through entity awarding official | Valerie Oliver Director, Fiscal Services Valerie.oliver@tn.gov 615-532-7121 |
| Is the federal award for research and development? | No |
| Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate) | 14.3% at the time of this contract |

ATTACHMENT 2**(BUDGET PAGE 1)**

| GRANT BUDGET | | | | |
|---|---|-----------------------|----------------------------------|-----------------------|
| Metropolitan Government of Nashville and Davidson County - Immunization Services Roll-Up Budget (federal & state total) | | | | |
| The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN: July 1, 2021 END: June 30, 2026 | | | | |
| POLICY 03 Object Line-Item Reference | EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable) | GRANT CONTRACT | GRANTEE PARTICIPATION | TOTAL PROJECT |
| 1 | Salaries ² | \$359,600.00 | \$0.00 | \$359,600.00 |
| 2 | Benefits & Taxes | \$144,200.00 | \$0.00 | \$144,200.00 |
| 4, 15 | Professional Fee/ Grant & Award ² | \$5,071,434.00 | \$0.00 | \$5,071,434.00 |
| 5 | Supplies | \$160,000.00 | \$0.00 | \$160,000.00 |
| 6 | Telephone | \$0.00 | \$0.00 | \$0.00 |
| 7 | Postage & Shipping | \$0.00 | \$0.00 | \$0.00 |
| 8 | Occupancy | \$247,200.00 | \$0.00 | \$247,200.00 |
| 9 | Equipment Rental & Maintenance | \$81,040.00 | \$0.00 | \$81,040.00 |
| 10 | Printing & Publications | \$0.00 | \$0.00 | \$0.00 |
| 11, 12 | Travel/ Conferences & Meetings ² | \$0.00 | \$0.00 | \$0.00 |
| 13 | Interest ² | \$0.00 | \$0.00 | \$0.00 |
| 14 | Insurance | \$0.00 | \$0.00 | \$0.00 |
| 16 | Specific Assistance To Individuals | \$0.00 | \$0.00 | \$0.00 |
| 17 | Depreciation ² | \$0.00 | \$0.00 | \$0.00 |
| 18 | Other Non-Personnel ² | \$0.00 | \$0.00 | \$0.00 |
| 20 | Capital Purchase ² | \$378,000.00 | \$0.00 | \$378,000.00 |
| 22 | Indirect Cost | \$32,000.00 | \$0.00 | \$32,000.00 |
| 24 | In-Kind Expense | \$0.00 | \$0.00 | \$0.00 |
| 25 | GRAND TOTAL | \$6,473,474.00 | \$0.00 | \$6,473,474.00 |

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2

(BUDGET PAGE 2)

| GRANT BUDGET | | | | |
|---|---|----------------|--------------------------|----------------|
| Metropolitan Government of Nashville and Davidson County - Immunization Services - Covid Funding -HL00018528 | | | | |
| The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN: July 1, 2021 END: June 30, 2022 | | | | |
| POLICY 03 Object Line-item Reference | EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable) | GRANT CONTRACT | GRANTEE PARTICIPATION | TOTAL PROJECT |
| 1 | Salaries ² | \$0.00 | \$0.00 | \$0.00 |
| 2 | Benefits & Taxes | \$0.00 | \$0.00 | \$0.00 |
| 4, 15 | Professional Fee/ Grant & Award ² | \$5,071,434.00 | \$0.00 | \$5,071,434.00 |
| 5 | Supplies | \$160,000.00 | \$0.00 | \$160,000.00 |
| 6 | Telephone | \$0.00 | \$0.00 | \$0.00 |
| 7 | Postage & Shipping | \$0.00 | \$0.00 | \$0.00 |
| 8 | Occupancy | \$247,200.00 | \$0.00 | \$247,200.00 |
| 9 | Equipment Rental & Maintenance | \$81,040.00 | \$0.00 | \$81,040.00 |
| 10 | Printing & Publications | \$0.00 | \$0.00 | \$0.00 |
| 11, 12 | Travel/ Conferences & Meetings ² | \$0.00 | \$0.00 | \$0.00 |
| 13 | Interest ² | \$0.00 | \$0.00 | \$0.00 |
| 14 | Insurance | \$0.00 | \$0.00 | \$0.00 |
| 16 | Specific Assistance To Individuals | \$0.00 | \$0.00 | \$0.00 |
| 17 | Depreciation ² | \$0.00 | \$0.00 | \$0.00 |
| 18 | Other Non-Personnel ² | \$0.00 | \$0.00 | \$0.00 |
| 20 | Capital Purchase ² | \$378,000.00 | \$0.00 | \$378,000.00 |
| 22 | Indirect Cost | \$0.00 | \$0.00 | \$0.00 |
| 24 | In-Kind Expense | \$0.00 | \$0.00 | \$0.00 |
| 25 | GRAND TOTAL | \$5,937,674.00 | \$0.00 | \$5,937,674.00 |

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 3)

| SALARIES | (name and title) | mo salary | mos | % of time | Longevity | AMOUNT | |
|---------------|------------------|-----------|-----|-----------|-----------|-----------|--------|
| | | x | 12 | x | + | Longevity | \$0.00 |
| | | x | 12 | x | + | Longevity | \$0.00 |
| TOTAL ROUNDED | | | | | | | \$0.00 |

| PROFESSIONAL FEES | AMOUNT |
|--|----------------|
| Temporary Staffing | \$4,744,950.00 |
| OT for staff/temps | \$75,000.00 |
| Initial Implementation, Licensing, Clearinghouse Selection | \$251,484.00 |
| TOTAL | \$5,071,434.00 |

| CAPITAL PURCHASE | AMOUNT |
|--------------------------|--------------|
| Mobild Medical Unit | \$178,000.00 |
| Transport Truck | \$100,000.00 |
| Drive Thru POD Equipment | \$100,000.00 |
| TOTAL | \$378,000.00 |

ATTACHMENT 2

(BUDGET PAGE 4)

| GRANT BUDGET | | | | |
|---|---|---------------------|--------------------------|---------------------|
| Metropolitan Government of Nashville and Davidson County - Immunization Services - PPHF | | | | |
| The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN: July 1, 2021 END: June 30, 2022 | | | | |
| Object Line-Item Reference | EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable) | GRANT CONTRACT | GRANTEE PARTICIPATION | TOTAL PROJECT |
| 1 | Salaries ² | \$152,900.00 | \$0.00 | \$152,900.00 |
| 2 | Benefits & Taxes | \$61,100.00 | \$0.00 | \$61,100.00 |
| 4, 15 | Professional Fee/ Grant & Award ² | \$0.00 | \$0.00 | \$0.00 |
| 5 | Supplies | \$0.00 | \$0.00 | \$0.00 |
| 6 | Telephone | \$0.00 | \$0.00 | \$0.00 |
| 7 | Postage & Shipping | \$0.00 | \$0.00 | \$0.00 |
| 8 | Occupancy | \$0.00 | \$0.00 | \$0.00 |
| 9 | Equipment Rental & Maintenance | \$0.00 | \$0.00 | \$0.00 |
| 10 | Printing & Publications | \$0.00 | \$0.00 | \$0.00 |
| 11, 12 | Travel/ Conferences & Meetings ² | \$0.00 | \$0.00 | \$0.00 |
| 13 | Interest ² | \$0.00 | \$0.00 | \$0.00 |
| 14 | Insurance | \$0.00 | \$0.00 | \$0.00 |
| 16 | Specific Assistance To Individuals | \$0.00 | \$0.00 | \$0.00 |
| 17 | Depreciation ² | \$0.00 | \$0.00 | \$0.00 |
| 18 | Other Non-Personnel ² | \$0.00 | \$0.00 | \$0.00 |
| 20 | Capital Purchase ² | \$0.00 | \$0.00 | \$0.00 |
| 22 | Indirect Cost (7.5% of S&B) | \$16,000.00 | \$0.00 | \$16,000.00 |
| 24 | In-Kind Expense | \$0.00 | \$0.00 | \$0.00 |
| 25 | GRAND TOTAL | \$230,000.00 | \$0.00 | \$230,000.00 |

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 5)

| SALARIES | (name and title) | mo salary | mos | % of time | Longevity | AMOUNT | |
|---------------|--|-------------|------|-----------|-----------|------------------|--------------|
| | Angelina Hooper, Public Health Manager | \$ 5,364.24 | x 12 | x 10.00% | + | Longevity | \$6,437.09 |
| | Patricia Charlemagne, Office Support Representative | \$ 3,121.29 | x 12 | x 25.00% | + | Longevity | \$9,363.87 |
| | Chelsea Trumbull, Public Health Nurse | \$ 4,754.41 | x 12 | x 100.00% | + | Longevity | \$57,052.89 |
| | Jacqueline Shivers- Furline,Offic Support Specialist 1 | \$ 3,297.44 | x 12 | x 100.00% | + | Longevity | \$39,569.30 |
| | Lily Vazquez, Office Support Representative | \$ 3,314.48 | x 12 | x 100.00% | + | \$ 743 Longevity | \$40,516.76 |
| TOTAL ROUNDED | | | | | | | \$152,900.00 |

| TRAVEL / CONFERENCES & MEETINGS (specify) | AMOUNT |
|---|--------|
| | |
| | |
| | |
| | |
| TOTAL | \$0.00 |

ATTACHMENT 2

(BUDGET PAGE 6)

| GRANT BUDGET | | | | |
|---|---|----------------|--------------------------|---------------|
| Metropolitan Government of Nashville and Davidson County - Immunization Services - State Funded Activities | | | | |
| The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN: July 1, 2021 END: June 30, 2022 | | | | |
| POLICY 03 Object Line-item Reference | EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable) | GRANT CONTRACT | GRANTEE PARTICIPATION | TOTAL PROJECT |
| 1 | Salaries ² | \$53,800.00 | \$0.00 | \$53,800.00 |
| 2 | Benefits & Taxes | \$22,000.00 | \$0.00 | \$22,000.00 |
| 4, 15 | Professional Fee/ Grant & Award ² | \$0.00 | \$0.00 | \$0.00 |
| 5 | Supplies | \$0.00 | \$0.00 | \$0.00 |
| 6 | Telephone | \$0.00 | \$0.00 | \$0.00 |
| 7 | Postage & Shipping | \$0.00 | \$0.00 | \$0.00 |
| 8 | Occupancy | \$0.00 | \$0.00 | \$0.00 |
| 9 | Equipment Rental & Maintenance | \$0.00 | \$0.00 | \$0.00 |
| 10 | Printing & Publications | \$0.00 | \$0.00 | \$0.00 |
| 11, 12 | Travel/ Conferences & Meetings ² | \$0.00 | \$0.00 | \$0.00 |
| 13 | Interest ² | \$0.00 | \$0.00 | \$0.00 |
| 14 | Insurance | \$0.00 | \$0.00 | \$0.00 |
| 16 | Specific Assistance To Individuals | \$0.00 | \$0.00 | \$0.00 |
| 17 | Depreciation ² | \$0.00 | \$0.00 | \$0.00 |
| 18 | Other Non-Personnel ² | \$0.00 | \$0.00 | \$0.00 |
| 20 | Capital Purchase ² | \$0.00 | \$0.00 | \$0.00 |
| 22 | Indirect Cost | \$0.00 | \$0.00 | \$0.00 |
| 24 | In-Kind Expense | \$0.00 | \$0.00 | \$0.00 |
| 25 | GRAND TOTAL | \$75,800.00 | \$0.00 | \$75,800.00 |

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 7)

| SALARIES | (name and title) | mo salary | mos | % of time | Longevity | AMOUNT | |
|---------------|---|-------------|------|-----------|-----------|-----------|-------------|
| | Patricia Charlemagne, Office Support Representative | \$ 3,121.29 | x 12 | x 75.00% | + | Longevity | \$28,091.62 |
| | Angelina Hooper, Public Health Manager | \$ 5,365.03 | x 12 | x 40.00% | + | Longevity | \$25,752.16 |
| TOTAL ROUNDED | | | | | | | \$53,800.00 |

| TRAVEL / CONFERENCES & MEETINGS (specify) | AMOUNT |
|---|--------|
| | |
| | |
| | |
| | |
| TOTAL | \$0.00 |

ATTACHMENT 2

(BUDGET PAGE 8)

| GRANT BUDGET | | | | |
|---|---|---------------------|--------------------------|---------------------|
| Metropolitan Government of Nashville and Davidson County - Immunization Services - PPHF | | | | |
| The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN: July 1, 2022 END: June 30, 2023 | | | | |
| Object Line-Item Reference | EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable) | GRANT CONTRACT | GRANTEE PARTICIPATION | TOTAL PROJECT |
| 1 | Salaries ² | \$152,900.00 | \$0.00 | \$152,900.00 |
| 2 | Benefits & Taxes | \$61,100.00 | \$0.00 | \$61,100.00 |
| 4, 15 | Professional Fee/ Grant & Award ² | \$0.00 | \$0.00 | \$0.00 |
| 5 | Supplies | \$0.00 | \$0.00 | \$0.00 |
| 6 | Telephone | \$0.00 | \$0.00 | \$0.00 |
| 7 | Postage & Shipping | \$0.00 | \$0.00 | \$0.00 |
| 8 | Occupancy | \$0.00 | \$0.00 | \$0.00 |
| 9 | Equipment Rental & Maintenance | \$0.00 | \$0.00 | \$0.00 |
| 10 | Printing & Publications | \$0.00 | \$0.00 | \$0.00 |
| 11, 12 | Travel/ Conferences & Meetings ² | \$0.00 | \$0.00 | \$0.00 |
| 13 | Interest ² | \$0.00 | \$0.00 | \$0.00 |
| 14 | Insurance | \$0.00 | \$0.00 | \$0.00 |
| 16 | Specific Assistance To Individuals | \$0.00 | \$0.00 | \$0.00 |
| 17 | Depreciation ² | \$0.00 | \$0.00 | \$0.00 |
| 18 | Other Non-Personnel ² | \$0.00 | \$0.00 | \$0.00 |
| 20 | Capital Purchase ² | \$0.00 | \$0.00 | \$0.00 |
| 22 | Indirect Cost (7.5% of S&B) | \$16,000.00 | \$0.00 | \$16,000.00 |
| 24 | In-Kind Expense | \$0.00 | \$0.00 | \$0.00 |
| 25 | GRAND TOTAL | \$230,000.00 | \$0.00 | \$230,000.00 |

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 9)

| SALARIES (name and title) | mo salary | mos | % of time | Longevity | AMOUNT | |
|--|-------------|------|-----------|-----------|------------------|--------------|
| Angelina Hooper, Public Health Manager | \$ 5,364.24 | x 12 | x 10.00% | + | Longevity | \$6,437.09 |
| Patricia Charlemagne, Office Support Representative | \$ 3,121.29 | x 12 | x 25.00% | + | Longevity | \$9,363.87 |
| Chelsea Trumbull, Public Health Nurse | \$ 4,754.41 | x 12 | x 100.00% | + | Longevity | \$57,052.89 |
| Jacqueline Shivers- Furline,Offic Support Specialist 1 | \$ 3,297.44 | x 12 | x 100.00% | + | Longevity | \$39,569.30 |
| Lily Vazquez, Office Support Representative | \$ 3,314.48 | x 12 | x 100.00% | + | \$ 743 Longevity | \$40,516.76 |
| TOTAL ROUNDED | | | | | | \$152,900.00 |

| TRAVEL / CONFERENCES & MEETINGS (specify) | AMOUNT |
|---|--------|
| | |
| | |
| | |
| | |
| TOTAL | \$0.00 |

STATE OF TENNESSEE
INVOICE FOR REIMBURSEMENT

| | | | | | |
|---|--|-----------------|--------------|---|----|
| NAME AND REMITTANCE ADDRESS OF CONTRACTOR/GRANTEE | | | | TDOH AGENCY INVOICE NUMBER (ONLY FOR FISCAL OFFICE USE) | |
| | | | | | |
| | | | | INVOICE NUMBER | |
| | | | | | |
| | | | | INVOICE DATE | |
| | | | | | |
| | | | | INVOICE PERIOD | |
| FEDERAL ID# | | Edison Vendor # | | FROM | TO |
| CONTRACTING STATE AGENCY | | | | Tennessee Department of Health | |
| | | | | CONTRACT PERIOD | |
| | | | | FROM | |
| | | | | TO | |
| PROGRAM AREA | | | | VPDIP | |
| EDISON CONTRACT NUMBER | | | | CONTACT PERSON/TELEPHONE NO. | |
| OCR CONTRACT NUMBER | | | | | |
| BUDGET LINE ITEMS | (A) TOTAL CONTRACT BUDGET | (B) | (C) | FOR CENTRAL OFFICE USE ONLY | |
| | | AMOUNT BILLED | MONTHLY | | |
| | | YTD | EXPENDITURES | SPEEDCHART NUMBER: | |
| | | | DUE | USERCODE: | |
| | | | | PROJECT ID: | |
| | | (MO./DAY/YR.) | | AMOUNT: | |
| Salaries | | | | | |
| Benefits | | | | SPEEDCHART NUMBER: | |
| Professional Fee/Grant & Award | | | | USERCODE: | |
| Supplies | | | | PROJECT ID: | |
| Telephone | | | | AMOUNT: | |
| Postage & Shipping | | | | | |
| Occupancy | | | | SPEEDCHART NUMBER: | |
| Equipment Rental & Maintenance | | | | USERCODE: | |
| Printing & Publications | | | | PROJECT ID: | |
| Travel/Conferences & Meetings | | | | AMOUNT: | |
| Interest | | | | | |
| Insurance | | | | SPEEDCHART NUMBER: | |
| Specific Assistance to Individuals | | | | USERCODE: | |
| Depreciation | | | | PROJECT ID: | |
| Other Non Personnel | | | | AMOUNT: | |
| Capital Purchase | | | | | |
| Indirect Cost | | | | | |
| TOTAL | | | | | |

I certify to the best of my knowledge and belief that the data above are correct, that all expenditures were made in accordance with the contract conditions, and that payment is due and has not been previously requested.

Please check one of the following boxes
These services are for ☐ medical services
☐ non-medical services

CONTRACTOR'S/GRANTEE'S AUTHORIZED SIGNATURE

PROGRAM APPROVAL AUTHORIZED SIGNATURE

RECOMMENDED FOR PAYMENT

CONTRACTING STATE AGENCY'S AUTHORIZED CERTIFICATION
FOR FISCAL USE ONLY

Name: _____
Title: _____
Date: _____

Name: _____
Title: _____
Date: _____

Name: _____
Title: _____
Date: _____

Instructions & Hints

Do not send a worksheet that is linked to another file

Line by line instructions are on the "line by line info" tab

Retain this file in blank form

Use "File Save As" to save information for a specific contract or reporting period

File Names: Please use the following format when naming files.

name of agency REPORTING PERIOD END.xls

do not abbreviate the agency name

example: davidson county health MARCH 02.xls

Reporting period - the start and end dates of the quarter being reported

Reporting periods are based on the Agency's fiscal year

Grant period - the start and end dates of the contract being reported

Send a report for every quarter even if there is no activity for that quarter

Abbreviations - do not abbreviate the Agency name

Number pages using the "page ____ of ____ pages" format

THE WORKSHEET IS NOT PROTECTED

do not overwrite formulas (identified by yellow shading and "0") or change formats

do not overwrite/edit shaded areas (move to the cell beyond the shading for input)

do not add (insert) lines do not change shaded areas

Expense and Revenue pages can show information for 2 contracts

Use separate Schedules A & B to report contracts for each granting State agency

Use additional expense and revenue pages for more than 2 contracts

copy all lines & fields to the first blank line below the last line in column A

with the cursor at the start of the added page, use "insert" "page break" for print purposes

reset print range to cover the added page(s) and correct the page numbers

Contract Number is the State Contract Number, NOT the agency program number

Report by program within the State Contract Number within State Department

Summarize programs into totals by State Contract Number and State Department totals

Do not combine State Contract Numbers

One Funding Information Summary and one Schedule C are required from each contractor submitting reports

Review Section C in all contracts for reporting requirements

ALLOCATION OF ADMINISTRATIVE COSTS

Requires completion of all attached sheets

NOTE If files are not properly named and print ranges not set, the report will be returned for correction

Do not send invoices with expense reports

If refund due, mail reports with check or send note with e-mail that check in the mail

e-mail completed files to: Policy3.AMO.Health@tn.gov

e-mail filing replaces mailing forms

Mailing Address:

Monaliz Hana

Telephone 615-532-3406

Tennessee Department of Health

Fiscal Services

6th Floor Andrew Johnson Tower

710 James Robertson Parkway

Nashville, TN 37243

PROGRAM EXPENSE REPORT (Excerpted from Policy 3 statement)
SCHEDULE A
EXPENSE BY OBJECT LINE-ITEMS

There are seventeen specific object expense categories; two subtotals (Line 3, Total Personnel Expenses, and Line 19, Total Non-personnel Expenses); and Reimbursable Capital Purchases (Line 20), above Line 21, Total Direct Program Expenses. All expenses should be included in one or more of the specific categories, or in an additional expense category entered under Line 18, Other Non-personnel Expenses. The contracting state agency may determine these requirements.

With the exception of depreciation, everything reported in Lines 1 through 21 must represent an actual cash disbursement or accrual as defined in the Basis For Reporting Expenses/Expenditures section on page 13.

THE YEAR-TO-DATE EXPENSES MUST BE TRACABLE TO THE REPORTING AGENCY'S GENERAL LEDGER

Line 1 Salaries And Wages

On this line, enter compensation, fees, salaries, and wages paid to officers, directors, trustees, and employees. An attached schedule may be required showing client wages or other included in the aggregations.

Line 2 Employee Benefits & Payroll Taxes

Enter (a) the organization's contributions to pension plans and to employee benefit programs such as health, life, and disability insurance; and (b) the organization's portion of payroll taxes such as social security and medicare taxes and unemployment and workers' compensation insurance. An attached schedule may be required showing client benefits and taxes or other included in the aggregations.

Line 3 Total Personnel Expenses

Add lines 1 and 2.

Line 4 Professional Fees

Enter the organization's fees to outside professionals, consultants, and personal-service contractors. Include legal, accounting, and auditing fees. An attached schedule may be required showing the details in the aggregation of professional fees.

Line 5 Supplies

Enter the organization's expenses for office supplies, housekeeping supplies, food and beverages, and other supplies. An attached schedule may be required showing food expenses or other details included in the aggregations.

Line 6 Telephone

Enter the organization's expenses for telephone, cellular phones, beepers, telegram, FAX, E-mail, telephone equipment maintenance, and other related expenses.

Line 7 Postage And Shipping

Enter the organization's expenses for postage, messenger services, overnight delivery, outside mailing service fees, freight and trucking, and maintenance of delivery and shipping vehicles. Include vehicle insurance here or on line 14.

Line 8 Occupancy

Enter the organization's expenses for use of office space and other facilities, heat, light, power, other utilities, outside janitorial services, mortgage interest, real estate taxes, and similar expenses. Include property insurance here or on line 14.

Line 9 Equipment Rental And Maintenance

Enter the organization's expenses for renting and maintaining computers, copiers, postage meters, other office equipment, and other equipment, except for telephone, truck, and automobile expenses, reportable on lines 6, 7, and 11, respectively.

Line 10 Printing And Publications

Enter the organization's expenses for producing printed materials, purchasing books and publications, and buying subscriptions to publications.

Line 11 Travel

Enter the organization's expenses for travel, including transportation, meals and lodging, and per diem payments. Include gas and oil, repairs, licenses and permits, and leasing costs for company vehicles. Include travel expenses for meetings and conferences. Include vehicle insurance here or on line 14.

Line 12 Conferences And Meetings

Enter the organization's expenses for conducting or attending meetings, conferences, and conventions. Include rental of facilities, speakers' fees and expenses, printed materials, and registration fees (but not travel).

Line 13 Interest

Enter the organization's interest expense for loans and capital leases on equipment, trucks and automobiles, and other notes and loans. Do not include mortgage interest reportable on line 8.

Line 14 Insurance

Enter the organization's expenses for liability insurance, fidelity bonds, and other insurance. Do not include employee-related insurance reportable on line 2. Do not include property and vehicle insurance if reported on lines 7, 8, or 11.

Line 15 Grants And Awards

Enter the organization's awards, grants, subsidies, and other pass-through expenditures to individuals and to other organizations. Include allocations to affiliated organizations. Include in-kind grants to individuals and organizations. Include scholarships, tuition payments, travel allowances, and equipment allowances to clients and individual beneficiaries. Pass-through funds are not included when computing administrative expenses reported on Line 22.

Line 16 Specific Assistance to Individuals

Enter the organization's direct payment of expenses of clients, patients, and individual beneficiaries. Include such expenses as medicines, medical and dental fees, children's board, food and homemaker services, clothing, transportation, insurance coverage, and wage supplements.

Line 17 Depreciation

Enter the expenses the organization records for depreciation of equipment, buildings, leasehold improvements, and other depreciable fixed assets.

Line 18 Other Non-personnel Expenses

NOTE: Expenses reportable on lines 1 through 17 should not be reported in an additional expense category on line 18. A description should be attached for each additional category entered on line 18. The contracting state agency may determine these requirements. Enter the organization's allowable expenses for advertising (1), bad debts (2), contingency provisions (7), fines and penalties (14), independent research and development (reserved) (17), organization (27), page charges in professional journals (29), rearrangement and alteration (39), recruiting (41), and taxes (47). Include the organization's and employees' membership dues in associations and professional societies (26). Include other fees for the organization's licenses, permits, registrations, etc.

Line 19 Total Non-personnel Expenses

Add lines 4 through 18.

Line 20 Reimbursable Capital Purchases

Enter the organization's purchases of fixed assets. Include land, equipment, buildings, leasehold improvements, and other fixed assets. An attached schedule may be required showing the details for each such purchase.

Line 21 Total Direct Program Expenses

Add lines 3, 19, and 20.

Includes direct and allocated direct program expenses.

Line 22 Administrative Expenses

The distribution will be made in accordance with an allocation plan approved by your cognizant state agency.

Line 23 Total Direct And Administrative Expenses

Line 23 is the total of Line 21, Total Direct Program Expenses, and Line 22, Administrative Expenses. Line 23, Total Direct and Administrative Expenses Year-to-Date should agree with the Total of Column B, Year-to-Date Actual Expenditures of the *Invoice for Reimbursement*.

Line 24 In-Kind Expenses

In-kind Expenses (Line 24) is for reporting the value of contributed resources applied to the program. Approval and reporting guidelines for in-kind contributions will be specified by those contracting state agencies who allow their use toward earning grant funds. Carry forward to Schedule B, Line 38.

Line 25 Total Expenses

The sum of Line 23, Total Direct and Administrative Expenses, and Line 24, In-kind Expenses, goes on this line.

**PROGRAM REVENUE REPORT (PRR)
SCHEDULE B
SOURCES OF REVENUE**

The revenue page is intended to be an extension of the total expenses page, in that the columns should match up by contract/attachment number and program title. There are ten revenue sources (Schedule B, Part 1) and three subtotals (Lines 33, 41, and 43). Additional supplemental schedules for one or more of the line items may be attached, if needed. Each revenue column should be aligned with its corresponding expense column from Schedule A.

Reimbursable Program Funds**Line 31 Reimbursable Federal Program Funds**

Enter the portion of Total Direct & Administrative Expenses reported on Line 23, Schedule A, that is reimbursable from federal program funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 32 Reimbursable State Program Funds

Enter the portion of Total Direct & Administrative Expenses reported on Line 23, Schedule A, that is reimbursable from state program funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 33 Total Reimbursable Program Funds (Equals Schedule B, Line 55)

Add lines 31 and 32.

Matching Revenue Funds**Line 34 Other Federal Funds**

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other federal funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 35 Other State Funds

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other state funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 36 Other Government Funds

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other government funds. The state funding agency may an attached detail listing and reconciliation schedule.

Line 37 Cash Contributions (Non-government)

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from such sources of cash contributions as corporations, foundations, trusts, individuals, United Ways, other not-for-profit organizations, and from affiliated organizations. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 38 In-Kind Contributions (Equals Schedule A, Line 24)

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from direct and administrative in-kind contributions. The state funding agency may require an attached detail listing and reconciliation schedule. Approval and guidelines for valuation and reporting of in-kind contributions will be specified by those grantor agencies who allow their use toward earning grant funds.

Line 39 Program Income

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from program income related to the program funded by the state agency. The state funding agency may require an attached detail listing.

Line 40 Other Matching Revenue

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other revenues not included in lines 34 through 39. The state funding agency may require an attached detail listing.

Line 41 Total Matching Revenue Funds

Add lines 34 through 40

Line 42 Other Program Funds

Enter program income related to the program funded by the state agency but not reported as matching revenue funds on Line 54.

Line 43 Total Revenue

Add lines 33, 41, and 42

**RECONCILIATION BETWEEN TOTAL EXPENSES
AND REIMBURSABLE EXPENSES
SCHEDULE B - (Lines 51 to 59)**

This section, at the bottom of Schedule B, is for subtracting non-reimbursable amounts included in Total Expenses (Line 25, Schedule A and Line 51, Schedule B). The first line of this section, Line 51, Total Expenses, is brought forward from the last line of the corresponding Schedule A Total Expense Page.

There are three categories of adjustments for which titled lines are provided:

Line 52 OTHER UNALLOWABLE EXPENSES:

Some program expenses may not be reimbursable under certain grants. This is a matter between the contracting parties, and will vary according to the state agency involved and the type of grant or contract. Consult your contract or the department that funds the program for guidelines.

Line 53 EXCESS ADMINISTRATION:

This adjustment line may be used to deduct allocated Administration and General expenses in excess of an allowable percentage specified in the grant contract. It may also be used to deduct an adjustment resulting from limitations on certain components of Administration and General expenses. Again, the specific guidelines of the department and grant involved are the controlling factor.

Line 54 MATCHING EXPENSES (Equals Schedule B, Line 41)

Since the goal is to arrive at a reimbursable amount, the expenses paid out of other sources of funding, local support and program user fees for example, will have to be deducted. The amount left should be only that which is to be paid for by the contracting state agency.

**Line 55 REIMBURSABLE EXPENSES (Line 51 less Lines 52, 53, and 54)
(Equals Schedule B, Line 33)**

This is the amount that the contracting state agency will pay for the quarter's operations of the program. The cumulative column is what the grant actually paid to date.

Line 56 TOTAL REIMBURSEMENT-TO-DATE

In the quarter-to-date column, this is the total received for this quarter from filing of the Invoice For Reimbursement. The cumulative column's amount is the total received for the grant year-to-date.

Line 57 DIFFERENCE (Line 55 less Line 56)

This is the portion of Reimbursable Expenses not yet paid.

Line 58 ADVANCES

Any advance payments for a grant should appear on this line.

Line 59 THIS REIMBURSEMENT (Line 57 less Line 58)

The remainder should be the amount due under the grant contract. Actual payments are made through the invoicing process and not through the filing of this report.

POLICY 3 REPORTING REQUIREMENTS - SUMMARY

Policy 3 requires reporting the entire operation of the Grantee agency. This could include numerous programs and contracts. Policy 3 requirements are outlined in each contract and are available on line at: <http://www.state.tn.us/finance/act/policyb.html>

The "Contractor/Grantee" is the agency receiving the state grant.

The "Contracting State Agency" is the state agency that gives the grant.

Reports are normally due 30 days after the close of the Grantee's accounting quarter and year, which may/may not coincide with the State accounting quarter and year end. Exact requirements are in the contract.

Policy 3 reporting requires one report from each contracting agency consisting of Schedules A, B, and C and a Funding Information Summary. Schedules A and B detail each program added to a contract total. Schedules A and B are designed to show 2 programs per page and there would be only one Schedule C per grantee. On Schedules A and B, programs that are not state funded can be rolled into a single program category. The lines on Schedule A for year-to-date information add across all programs/contracts to the corresponding line on the Schedule C - Grant contracts in the first column and non-grant operations in the second column.

The third column of the Schedule C shows Administrative Expenses incurred by the Grantee. Administrative expenses are generally those that benefit programs but are not directly associated with the program/contract. These could include the Executive Director, office operation, accounting staff, and other similar expenses. This column will also show the allocation of Administrative Expenses to the various programs/contracts, if this is done by the Grantee. If allocated, a negative on line 22 is equal to the Administrative Expense allocated to the grant and non-grant programs/contracts. Administrative Expenses may include some items that are not subject to allocation so the amount allocated may/may not equal the total Administrative Expense reported. Allocation of Administrative Expenses requires an approved allocation plan.

The fourth column of the Schedule C shows the total operation of the reporting grantee for the year-to-date. The Policy 3 report should, in total, match the total operation of the Grantee.

The funding Information Summary shows the method of allocating Administrative Expenses. If there is no approved allocation plan and the grantee does not allocate Administrative Expenses, then there is no entry on Schedule C, line 22 and no allocation to the programs/contracts. This form must be submitted with every report.

Tennessee Department of Health Funding Information Summary

AGENCY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

REPORTING PERIOD: (MM/DD/YY) _____ FROM: _____ THRU: _____

AGENCY FISCAL YEAR END (MM/DD) _____

COST ALLOCATION: DOES YOUR ORGANIZATION HAVE AN APPROVED COST ALLOCATION PLAN?
 YES _____ NO _____

If yes, Name of organization that approved the Plan: _____

IF COST ALLOCATION IS APPLIED, INDICATE THE METHOD OF ALLOCATION:

Ratio of direct program salaries to total direct salaries applied to administrative cost. _____

Ratio of direct program expenditure to total direct expenditures applied to administrative cost. _____

Cost step down. _____

Other (describe) _____

Is your organization: _____ A private not-for-profit organization?
 _____ A state college or university, or part of a city government?

DIRECTOR _____ PHONE # _____

PREPARER OF REPORT _____ PHONE # _____

DATE COMPLETED _____

| | | |
|---------------------------------|--|----------------------|
| <u>CONTRACTOR/GRANTEE</u> | | <u>FEDERAL ID #</u> |
| <u>CONTRACTING STATE AGENCY</u> | | <u>REPORT PERIOD</u> |
| Program # | | |
| Contract Number | | |
| Grant Period | | |
| Program Name | | |
| Service Name | | |

| | | | | | |
|------------|---|-----------------|--------------|-----------------|--------------|
| Schedule A | | | | | |
| Item # | EXPENSE BY OBJECT: | QUARTER TO DATE | YEAR TO DATE | QUARTER TO DATE | YEAR TO DATE |
| 1 | Salaries and Wages | | | | |
| 2 | Employee Benefits & Payroll Taxes | | | | |
| 3 | Total Personnel Expenses (add lines 1 and 2) | | | | |
| 4 | Professional Fees | | | | |
| 5 | Supplies | | | | |
| 6 | Telephone | | | | |
| 7 | Postage and Shipping | | | | |
| 8 | Occupancy | | | | |
| 9 | Equipment Rental and Maintenance | | | | |
| 10 | Printing and Publications | | | | |
| 11 | Travel | | | | |
| 12 | Conferences and Meetings | | | | |
| 13 | Interest | | | | |
| 14 | Insurance | | | | |
| 15 | Grants and Awards | | | | |
| 16 | Specific Assistance to Individuals | | | | |
| 17 | Depreciation | | | | |
| 18 | Other Non-personnel Expenses (detail) | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| 19 | Total Non-personnel Expenses (add lines 4 - 18) | | | | |
| 20 | Reimbursable Capital Purchases | | | | |
| 21 | TOTAL DIRECT PROGRAM EXPENSES | | | | |
| 22 | Administrative Expenses | | | | |
| 23 | TOTAL DIRECT AND ADMINISTRATIVE EXPENSES | | | | |
| 24 | In-Kind Expenses | | | | |
| 25 | TOTAL EXPENSES | | | | |

Schedule B, Part 1

STATE OF TENNESSEE

PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE

FEDERAL ID #

CONTRACTING STATE AGENCY

REPORT PERIOD

Program #
 Contract Number
 Grant Period
 Program Name
 Service Name

Schedule B

| Item # | SOURCES OF REVENUE | QUARTER TO DATE | YEAR TO DATE | QUARTER TO DATE | YEAR TO DATE |
|--------|--|-----------------|--------------|-----------------|--------------|
| | Reimbursable Program Funds | | | | |
| 31 | Reimbursable Federal Program Funds | | | | |
| 32 | Reimbursable State Program Funds | | | | |
| 33 | Total Reimbursable Program Funds (equals line 55) | | | | |
| | Matching Revenue Funds | | | | |
| 34 | Other Federal Funds | | | | |
| 35 | Other State Funds | | | | |
| 36 | Other Government Funds | | | | |
| 37 | Cash Contributions (non-government) | | | | |
| 38 | In-Kind Contributions (equals line 24) | | | | |
| 39 | Program Income | | | | |
| 40 | Other Matching Revenue | | | | |
| 41 | Total Matching Revenue Funds (lines 34 - 40) | | | | |
| 42 | Other Program Funds | | | | |
| 43 | Total Revenue (lines 33, 41, & 42) | | | | |
| | Reconciliation Between Total and Reimbursable Expenses | | | | |
| 51 | Total Expenses (line 25) | | | | |
| 52 | Subtract Other Unallowable Expenses (contractual) | | | | |
| 53 | Subtract Excess Administration Expenses (contractual) | | | | |
| 54 | Subtract Matching Expenses (equals line 41) | | | | |
| 55 | Reimbursable Expenses (line 51 less lines 52, 53, 54) | | | | |
| 56 | Total Reimbursement To Date | | | | |
| 57 | Difference (line 55 less line 56) | | | | |
| 58 | Advances | | | | |

59 This reimbursement (line 57 less line 58)

Schedule B, Part 1 STATE OF TENNESSEE

PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE

FEDERAL ID #

CONTRACTING STATE AGENCY

REPORT PERIOD

Schedule C - Final Page

STATE OF TENNESSEE

PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE

FEDERAL ID #

CONTRACTING STATE AGENCY

REPORT PERIOD

| | | TOTAL DIRECT PROGRAM EXPENSES | TOTAL NONGRANT/ UNALLOWABLE EXPENSES | TOTAL ADMINISTRATIVE EXPENSES | GRAND TOTAL |
|-------------------------------------|--|-------------------------------------|---|-------------------------------------|--------------|
| Schedule A Year-To-Date Information | | | | | |
| Item # | EXPENSE BY OBJECT: | YEAR TO DATE | YEAR TO DATE | YEAR TO DATE | YEAR TO DATE |
| 1 | Salaries and Wages | | | | |
| 2 | Employee Benefits & Payroll Taxes | | | | |
| 3 | Total Personnel Expenses | | | | |
| 4 | Professional Fees | | | | |
| 5 | Supplies | | | | |
| 6 | Telephone | | | | |
| 7 | Postage and Shipping | | | | |
| 8 | Occupancy | | | | |
| 9 | Equipment Rental and Maintenance | | | | |
| 10 | Printing and Publications | | | | |
| 11 | Travel | | | | |
| 12 | Conferences and Meetings | | | | |
| 13 | Interest | | | | |
| 14 | Insurance | | | | |
| 15 | Grants and Awards | | | | |
| 16 | Specific Assistance to Individuals | | | | |
| 17 | Depreciation | | | | |
| 18 | Other Non-personnel Expenses (detail) | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| 19 | Total Non-personnel Expenses | | | | |
| 20 | Reimbursable Capital Purchases | | | | |
| 21 | TOTAL DIRECT PROGRAM EXPENSES | | | | |
| 22 | Administrative Expenses | | | | |
| 23 | TOTAL DIRECT AND ADMINISTRATIVE EXPENSES | | | | |
| 24 | In-Kind Expenses | | | | |
| 25 | TOTAL EXPEN | | | | |

ATTACHMENT 5

Annual (Final) Report*

1. **Grantee Name:**
2. **Grant Contract Edison Number:**
3. **Grant Term:**
4. **Grant Amount:**
5. **Narrative Performance Details:** *(Description of program goals, outcomes, successes and setbacks, benchmarks or indicators used to determine progress and any activities that were not completed).*

Submit one copy each to:

- contracts.vpdip@tn.gov
- fa.audit@tn.gov

ATTACHMENT 6**Notice of Audit Report**

Check one of the two boxes below and complete the remainder of this document as instructed. Send completed documents as a PDF file to cpo.auditnotice@tn.gov. ***The Grantee should submit only one, completed "Notice of Audit Report" document to the State ninety (90) days prior to the Grantee's fiscal year.***

- ☐ **Grantee Legal Entity Name** is subject to an audit for fiscal year #.
- ☐ **Grantee Legal Entity Name** is not subject to an audit for fiscal year #.

Grantee's Edison Vendor ID Number:

Grantee's fiscal year end:

Any Grantee that is subject to an audit must complete the information below.

| Type of funds expended | Estimated amount of funds expended by end of Grantee's fiscal year |
|---|---|
| Federal pass-through funds | |
| a. Funds passed through the State of Tennessee | a. |
| b. Funds passed through any other entity | b. |
| Funds received directly from the federal government | |
| Non-federal funds received directly from the State of Tennessee | |

ATTACHMENT 7

Parent Child Information

The Grantee should complete this form and submit it with the Grant Contract. The Grantee should submit only one, completed "Parent Child Information" document to the State during the Grantee's fiscal year.

"Parent" means an entity whose IRS filing contains the information of at least one other entity.

"Child" means an entity whose information is contained in another entity's IRS filing.

Grantee's Edison Vendor ID number:

Is **Grantee Legal Entity Name** a parent? Yes ☐ No ☐

If yes, provide the name and Edison Vendor ID number, if applicable, of any child entities.

Is **Grantee Legal Entity Name** a child? Yes ☐ No ☐

If yes, complete the fields below.

Parent entity's name: _____

Parent entity's tax identification number: _____

Note: If the parent entity's tax identification number is a social security number, this form must be submitted via US mail to:

Central Procurement Office, Grants Program Manager
3rd Floor, WRS Tennessee Tower
312 Rosa L Parks Avenue
Nashville, TN 37243

Parent entity's contact information

Name of primary contact person: _____

Address: _____

Phone number: _____

Email address: _____

Parent entity's Edison Vendor ID number, if applicable: _____

Certificate Of Completion

Envelope Id: D5423D7673BD4196B1A3E153F20310CC

Status: Completed

Subject: Please DocuSign: Health Immunization 21-26 Ready.pdf

Source Envelope:

Document Pages: 60

Signatures: 6

Envelope Originator:

Certificate Pages: 16

Initials: 1

Anthony Conley

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Envelope Stamping: Enabled

Nashville, TN 37219

Time Zone: (UTC-06:00) Central Time (US & Canada)

anthony.conley@nashville.gov

IP Address: 170.190.198.190

Record Tracking

Status: Original

Holder: Anthony Conley

Location: DocuSign

7/28/2022 3:08:34 PM

anthony.conley@nashville.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Metropolitan Government of Nashville and
Davidson County

Location: DocuSign

Signer Events**Signature****Timestamp**

Vaughn Wilson

Completed

Sent: 7/28/2022 3:17:08 PM

vaughn.wilson@nashville.gov

Viewed: 7/28/2022 3:17:54 PM

Security Level: Email, Account Authentication
(None)

Using IP Address: 170.190.198.190

Signed: 7/28/2022 3:26:07 PM

Electronic Record and Signature Disclosure:

Accepted: 6/30/2022 8:31:40 AM

ID: 1603f0f5-6a6a-423d-8de0-620e70a047e5

Brittany Bryant

BB

Sent: 7/28/2022 3:26:10 PM

brittany.bryant@nashville.gov

Resent: 8/1/2022 3:41:37 PM

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style

Resent: 8/3/2022 1:22:11 PM

Using IP Address: 170.190.198.190

Resent: 8/3/2022 1:22:20 PM

Viewed: 8/3/2022 2:06:18 PM

Signed: 8/3/2022 2:10:54 PM

Electronic Record and Signature Disclosure:

Accepted: 8/3/2022 2:06:18 PM

ID: d1d9ceae-f4f8-4175-a4fd-2573c64e3927

Tom Eddlemon

Tom Eddlemon

Sent: 8/3/2022 2:10:55 PM

Tom.Eddlemon@nashville.gov

Viewed: 8/3/2022 3:48:05 PM

Director of Finance

Signed: 8/3/2022 3:49:58 PM

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 8/3/2022 3:48:05 PM

ID: e0b0c08f-9015-46f6-ad60-f31b23dc1e6e

Kelly Flannery

Kelly Flannery

Sent: 8/3/2022 3:50:00 PM

Kelly.Flannery@nashville.gov

Viewed: 8/3/2022 6:05:36 PM

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style

Using IP Address: 107.199.109.147


Signed: 8/3/2022 6:05:48 PM

Signed using mobile


Electronic Record and Signature Disclosure:

Accepted: 8/3/2022 6:05:36 PM

ID: f3ab575a-1b67-4b4f-90e5-39791a564ba0

| Signer Events | Signature | Timestamp |
|--|--|---|
| Nicki Eke nicki.Eke@nashville.gov Security Level: Email, Account Authentication (None) |  Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185 | Sent: 8/3/2022 6:05:50 PM Viewed: 8/4/2022 8:59:29 AM Signed: 8/4/2022 9:01:33 AM |

Electronic Record and Signature Disclosure:
Accepted: 8/4/2022 8:59:29 AM
ID: 24e9b94a-5c5d-4937-b160-88e3ffb36643

| | | |
|--|--|---|
| Balogun Cobb balogun.cobb@nashville.gov Security Level: Email, Account Authentication (None) |  Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185 | Sent: 8/4/2022 9:01:35 AM Viewed: 8/4/2022 10:24:33 AM Signed: 8/4/2022 10:24:42 AM |
|--|--|---|

Electronic Record and Signature Disclosure:
Accepted: 8/4/2022 10:24:33 AM
ID: b4afcc3d-d3ed-4b2b-93e2-b0d14aecad62

| In Person Signer Events | Signature | Timestamp |
|-------------------------|-----------|-----------|
|-------------------------|-----------|-----------|

| Editor Delivery Events | Status | Timestamp |
|------------------------|--------|-----------|
|------------------------|--------|-----------|

| Agent Delivery Events | Status | Timestamp |
|-----------------------|--------|-----------|
|-----------------------|--------|-----------|

| Intermediary Delivery Events | Status | Timestamp |
|------------------------------|--------|-----------|
|------------------------------|--------|-----------|

| Certified Delivery Events | Status | Timestamp |
|---------------------------|--------|-----------|
|---------------------------|--------|-----------|

| Carbon Copy Events | Status | Timestamp |
|--------------------|--------|-----------|
|--------------------|--------|-----------|

| | | |
|--|-------------------|----------------------------|
| Danielle Godwin danielle.godwin@nashville.gov Security Level: Email, Account Authentication (None) | <div>COPIED</div> | Sent: 8/4/2022 10:24:45 AM |
| Electronic Record and Signature Disclosure: Not Offered via DocuSign | | |

| | | |
|---|-------------------|--|
| Sally Palmer Sally.Palmer@nashville.gov Security Level: Email, Account Authentication (None) | <div>COPIED</div> | Sent: 8/4/2022 10:24:45 AM Viewed: 8/4/2022 10:35:01 AM |
| Electronic Record and Signature Disclosure: Accepted: 8/3/2022 2:01:36 PM ID: 505ae47a-d63f-4094-b733-c58d57607d0f | | |

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
|----------------|-----------|-----------|

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

| Envelope Summary Events | Status | Timestamps |
|-------------------------|------------------|----------------------|
| Envelope Sent | Hashed/Encrypted | 7/28/2022 3:17:08 PM |
| Certified Delivered | Security Checked | 8/4/2022 10:24:33 AM |
| Signing Complete | Security Checked | 8/4/2022 10:24:42 AM |
| Completed | Security Checked | 8/4/2022 10:24:45 AM |

| Payment Events | Status | Timestamps |
|----------------|--------|------------|
|----------------|--------|------------|

