

## GRANT SUMMARY SHEET

**Grant** Tuberculosis Control, Prevention & Outreach Services 21 Amend. 1  
**Department:** HEALTH DEPARTMENT  
**Grantor:** U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**Pass-Through Grantor** TENN. DEPT. OF HEALTH

**Total Award this** \$1,459,900.00

**Cash Match** \$0.00

**Department** Brad Thompson  
340-0407

**Status** AMENDMENT

**Program Description:**

Provide tuberculosis control, prevention and outreach services by providing services through the provision of direct patient care, contract investigation, and management and tracking of patient and contract treatment, compliance and outcomes. Amendment 1 adds an additional \$1,459,900.00 to the previous amount of \$1,459,900 for a new grand total of \$2,919,800.00 and extends the end date from 6/30/21 to 6/30/22.

**Plan for continuation of services upon**

The services would be discontinued.

### Grants Tracking Form

Part One

<b>Pre-Application</b> <input type="radio"/>		<b>Application</b> <input type="radio"/>		<b>Award Acceptance</b> <input type="radio"/>		<b>Contract Amendment</b> <input checked="" type="radio"/>	
Department		Dept. No.	Contact			Phone	Fax
HEALTH DEPARTMENT		038	Brad Thompson			340-0407	
<b>Grant Name:</b>		Tuberculosis Control, Prevention & Outreach Services 21 Amend. 1					
<b>Grantor:</b>		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				<b>Other:</b>	
<b>Grant Period From:</b>		07/01/20	(applications only) Anticipated Application Date:				
<b>Grant Period To:</b>		06/30/22	(applications only) Application Deadline:				
<b>Funding Type:</b>		FED PASS THRU	<b>Multi-Department Grant</b>		<input type="checkbox"/> <b>If yes, list below.</b>		
<b>Pass-Thru:</b>		TENN. DEPT. OF HEALTH	<b>Outside Consultant Project:</b>		<input type="checkbox"/>		
<b>Award Type:</b>		FORMULA	<b>Total Award:</b>		\$1,459,900.00		
<b>Status:</b>		AMENDMENT	<b>Metro Cash Match:</b>		\$0.00		
<b>Metro Category:</b>		Est. Prior.	<b>Metro In-Kind Match:</b>		\$0.00		
<b>CFDA #</b>		93.116	<b>Is Council approval required?</b>		<input type="checkbox"/>		
<b>Project Description:</b>		Applic. Submitted Electronically? <input type="checkbox"/>					
<p>Provide tuberculosis control, prevention and outreach services by providing services through the provision of direct patient care, contract investigation, and management and tracking of patient and contract treatment, compliance and outcomes. Amendment 1 adds an additional \$1,459,900.00 to the previous amount of \$1,459,900 for a new grand total of \$2,919,800.00 and extends the end date from 6/30/21 to 6/30/22.</p>							
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>							
The services would be discontinued.							
<b>How is Match Determined?</b>							
<b>Fixed Amount of \$</b>		or		<b>% of Grant</b>		<b>Other:</b> <input type="checkbox"/>	
<b>Explanation for "Other" means of determining match:</b>							
<b>For this Metro FY, how much of the required local Metro cash match:</b>							
<b>Is already in department budget?</b>				<b>Fund</b>		<b>Business Unit</b>	
<b>Is not budgeted?</b>				<b>Proposed Source of Match:</b>			
<b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>							
<b>Other:</b>							
<b>Number of FTEs the grant will fund:</b>		16.85		<b>Actual number of positions added:</b>		0.00	
<b>Departmental Indirect Cost Rate</b>		23.54%		<b>Indirect Cost of Grant to Metro:</b>		\$687,320.92	
<b>*Indirect Costs allowed?</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No	<b>% Allow.</b>		15.75%	<b>Ind. Cost Requested from Grantor:</b>	
						\$400,000.00 in budget	
<b>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</b>							
<b>Draw down allowable?</b> <input type="checkbox"/>							
<b>Metro or Community-based Partners:</b>							

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	FY21	\$260,000.00	\$1,199,900.00		\$0.00		\$0.00	\$1,459,900.00	\$343,660.46	\$200,000.00
Yr 2	FY22	\$260,000.00	\$1,199,900.00		\$0.00		\$0.00	\$1,459,900.00	\$343,660.46	\$200,000.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$520,000.00	\$2,399,800.00	\$0.00	\$0.00		\$0.00	\$2,919,800.00	\$687,320.92	\$400,000.00
<b>Date Awarded:</b>				04/12/21	<b>Tot. Awarded:</b>		\$1,459,900.00	<b>Contract#:</b> 34360-37221-1		
<b>(or) Date Denied:</b>					<b>Reason:</b>					
<b>(or) Date Withdrawn:</b>					<b>Reason:</b>					

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)



## GRANT AMENDMENT

<b>Agency Tracking #</b> 34360-37221	<b>Edison ID</b> 67688	<b>Contract #</b> GG-21-67688-00	<b>Amendment #</b> 1		
<b>Contractor Legal Entity Name</b> Metropolitan Government of Nashville and Davidson County			<b>Edison Vendor ID</b> 4		
<b>Amendment Purpose &amp; Effect(s)</b> FY 2022 Metro TB Control and Prevention. This amendment will extend the grant contract for one year and provide additional funding for one year.					
<b>Amendment Changes Contract End Date:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>End Date:</b> June 30, 2022			
<b>TOTAL Contract Amount INCREASE or DECREASE per this Amendment</b> (zero if N/A):			<b>\$1,459,900.00</b>		
<b>Funding —</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>
2021	\$1,199,900.00	\$260,000.00	0	0	\$1,459,900.00
2022	\$1,199,900.00	\$260,000.00	0	0	\$1,459,900.00
<b>TOTAL:</b>	<b>\$2,399,800.00</b>	<b>\$520,000.00</b>	<b>0</b>	<b>0</b>	<b>\$2,919,800.00</b>
<b>Budget Officer Confirmation:</b> 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.  <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Eric Buchholz</div>			<b>CPO USE</b>  GG-21-67688-01		
<b>Speed Chart</b> (optional) HL00006847 HL00006848		<b>Account Code</b> (optional)  71301000			

**AMENDMENT 1  
OF GRANT CONTRACT 67688**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Tennessee Department of Health, hereinafter referred to as the "State" and the Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. The following is added as new Grant Contract Section A.5.b.(12)
  - (12) COVID-19 Pandemic Considerations.
    - (a) The performance requirements specified in section A.5.b.(11) are waived until further notice.
    - (b) The Grantee shall screen and test for COVID-19 all patients with suspected or confirmed TB disease and those with TB infection for COVID-19, provide education about COVID-19 risk and prevention, and provide vaccination against COVID-19 as clinically indicated.
2. Grant Contract sections A.6.d. and A.6.e. are deleted in their entirety and A.6.d is replaced as follows:
  - d. Current Lists of Reportable Diseases in Tennessee for Healthcare Providers and for Healthcare Laboratories.
3. Section B.1. and B.2 are deleted in their entirety and replaced with the following:
  - B.1. This Grant Contract shall be effective on July 1,2020 ("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. Renewal Options. This Grant Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to three (3) additional renewal options under the same terms and conditions for a period of twelve (12) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.
4. Section C.1. shall be deleted in it's entirety and replaced with the following:
  - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Two Million, Nine Hundred and Nineteen Thousand, Eight Hundred Dollars (\$2,919,800.00) ("Maximum Liability"). The Grant Budget attached and incorporated as Attachment 1 is the maximum amount due to 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.
5. Section C.6. shall be deleted in it's entirety and replaced with the following:
  - 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.

6. Section D.8. shall be deleted in its entirety and replaced with the following:

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:

Tennessee Department of Health  
Communicable and Environmental Diseases and Emergency Preparedness Andrew Johnson  
Tower, 3rd Floor  
710 James Robertson Parkway  
Email Address: Yigzaw.Belay@tn.gov  
Telephone # (615) 253-2308  
FAX # (615) 253-1370

The Grantee:

Metropolitan Government of Nashville and Davidson County  
Metro Public Health Department  
Attn: Director  
2500 Charlotte Avenue  
Nashville TN 37209  
Telephone # 615-340-8591  
FAX # 615-340-5665

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.

7. Attachment #1 is deleted in its entirety and replaced with the new Attachment 1 herein.

8. Attachment #6 is deleted in its entirety and replaced with the new Attachment 6 herein.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said 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).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:**

DocuSigned by:  
*Tina Lester* 4/9/2021  
 5FF94598A8D0403  
 \_\_\_\_\_  
**ADMINISTRATIVE DIRECTOR DATE**  
**METRO PUBLIC HEALTH DEPARTMENT**

DocuSigned by:  
*Alex Jahangir* 4/9/2021  
 7F072F40A06A4DF  
 \_\_\_\_\_  
**CHAIR, BOARD OF HEALTH DATE**

**APPROVED AS TO AVAILABILITY OF FUNDS:**

DocuSigned by:  
*Kevin Crumboltz* 4/22/2021  
 1A12E70B74B2  
 \_\_\_\_\_  
**DIRECTOR, DEPARTMENT OF FINANCE DATE**

**APPROVED AS TO RISK AND INSURANCE:**

DocuSigned by:  
*Balogun Cobb* 4/23/2021  
 1A12E70B74B2  
 \_\_\_\_\_  
**DIRECTOR OF RISK MANAGEMENT SERVICES DATE**

**APPROVED AS TO FORM AND LEGALITY:**

DocuSigned by:  
*Macy Amos* 4/23/2021  
 1A12E70B74B2  
 \_\_\_\_\_  
**METROPOLITAN ATTORNEY DATE**

\_\_\_\_\_  
**METROPOLITAN MAYOR DATE**

**ATTEST:**

\_\_\_\_\_  
**METROPOLITAN CLERK DATE**

**DEPARTMENT OF HEALTH:**

\_\_\_\_\_  
**LISA PIERCEY, MD, MBA, FAAP, COMMISSIONER DATE**

**ATTACHMENT 1**  
**GRANT BUDGET**  
**(BUDGET ROLLUP PAGE)**

**Metropolitan Government of Nashville and Davidson County**

**Rollup Budget Period: July 1, 2020 through June 30, 2022**

LINE ITEM NUMBER	LINE ITEM DESCRIPTION (note 1)	GRANT CONTRACT	GRANTEE MATCH (note 3)	TOTAL PROJECT
1	Salaries (fill in Page 2; see note 2)	\$1,773,900.00	\$0.00	\$1,773,900.00
2	Benefits & Taxes	\$636,000.00	\$0.00	\$636,000.00
4, 15	Professional Fee / Grant & Award (fill in Page 2; see note 2)	\$22,000.00	\$0.00	\$22,000.00
5	Supplies	\$21,000.00	\$0.00	\$21,000.00
6	Telephone	\$10,000.00	\$0.00	\$10,000.00
7	Postage & Shipping	\$2,500.00	\$0.00	\$2,500.00
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 (fill in Page 2; see note 2)	\$29,000.00	\$0.00	\$29,000.00
13	Interest (see note 2)	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$25,400.00	\$0.00	\$25,400.00
17	Depreciation (see note 2)	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel (see note 2)	\$0.00	\$0.00	\$0.00
20	Capital Purchase (see note 2)	\$0.00	\$0.00	\$0.00
22	Indirect Cost ( <b>15.75% of S&amp;B</b> )	\$400,000.00	\$0.00	\$400,000.00
24	In-Kind Expenses	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$2,919,800.00</b>	<b>\$0.00</b>	<b>\$2,919,800.00</b>

**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 [https://www.tn.gov/content/dam/tn/finance/documents/fa\\_policies/policy3.pdf](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf))

**2** Applicable detail follows this page if line-item is funded. (Please fill in Page 2, following the instructions at the top of that page.)

**3** A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

**ATTACHMENT 1**  
**GRANT BUDGET**  
(BUDGET PAGE 1)

**Metropolitan Government of Nashville and Davidson County**

**Budget Period: July 1, 2020 through June 30, 2021**

LINE ITEM NUMBER	LINE ITEM DESCRIPTION (note 1)	GRANT CONTRACT	GRANTEE MATCH (note 3)	TOTAL PROJECT
1	Salaries (fill in Page 2; see note 2)	\$909,200.00	\$0.00	\$909,200.00
2	Benefits & Taxes	\$326,000.00	\$0.00	\$326,000.00
4, 15	Professional Fee / Grant & Award (fill in Page 2; see note 2)	\$2,000.00	\$0.00	\$2,000.00
5	Supplies	\$1,800.00	\$0.00	\$1,800.00
6	Telephone	\$3,000.00	\$0.00	\$3,000.00
7	Postage & Shipping	\$500.00	\$0.00	\$500.00
8	Occupancy		\$0.00	\$0.00
9	Equipment Rental & Maintenance		\$0.00	\$0.00
10	Printing & Publications		\$0.00	\$0.00
11, 12	Travel / Conferences (fill in Page 2; see note 2)	\$14,500.00	\$0.00	\$14,500.00
13	Interest (see note 2)		\$0.00	\$0.00
14	Insurance		\$0.00	\$0.00
16	Specific Assistance To Individuals	\$2,900.00	\$0.00	\$2,900.00
17	Depreciation (see note 2)		\$0.00	\$0.00
18	Other Non-Personnel (see note 2)		\$0.00	\$0.00
20	Capital Purchase (see note 2)		\$0.00	\$0.00
22	Indirect Cost (15.75% of S&B)	\$200,000.00	\$0.00	\$200,000.00
24	In-Kind Expenses		\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$1,459,900.00</b>	<b>\$0.00</b>	<b>\$1,459,900.00</b>

**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 [https://www.tn.gov/content/dam/tn/finance/documents/fa\\_policies/policy3.pdf](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf))

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**ATTACHMENT 1**  
**(continued)**

**GRANT BUDGET**  
**LINE-ITEM DETAIL**

(BUDGET PAGE 2)

<b>Line 1: SALARIES</b>					
<b>employee name &amp; position</b>	<b>monthly salary</b>	<b># months</b>	<b>percentage effort</b>	<b>longevity (if any)</b>	<b>total salary FY 2020</b>
Khadra Ahmed, Program Specialist	\$4,523.85	12	100%	\$935.00	\$55,221.20
Julia Silevani, Program Specialist	\$3,316.37	12	100%	\$578.00	\$40,374.44
Khadra, Yusur, Outreach Worker	\$2,862.23	12	100%		\$34,346.76
Brinsko, Ashley, Communicable Disease Investigator	\$3,378.55	12	100%		\$40,542.60
Khalid Kader, Communicable Disease Investigator	\$4,523.86	12	100%	\$935.00	\$55,221.32
Alvaro Garcia, Outreach Worker	\$3,398.88	12	100%	\$935.00	\$41,721.59
Sandra Bastien, Outreach Worker	\$3,041.11	12	100%	\$275.00	\$36,768.32
William Harris, Outreach Worker	\$3,130.56	12	100%		\$37,566.72
Vacant, Public Health Nurse LPN	\$3,007.90	12	100%		\$36,094.80
Karen Rogers, Public Health Nurse	\$5,359.07	12	100%	\$578.00	\$64,886.84
Melinda Smith, Public Health Nurse	\$5,389.10	12	100%	\$275.00	\$64,944.20
Jennifer Green, Public Health Nurse	\$5,499.17	12	100%		\$65,990.04
Vacant, Public Health Nurse	\$4,923.79	12	100%		\$59,085.48
Joanna Shaw-Kaikai, Medical Doctor	\$14,927.57	12	85%		\$152,261.21
Jessica Brady, Office Support Representative	\$3,023.76	12	100%		\$36,285.12
Catherine Bradford, Office Support Representative	\$3,804.06	12	100%	\$935.00	\$46,583.72
Marcus Derrickson, Office Support Representative	\$3,379.72	12	100%	\$798.00	\$41,354.64
<b>ROUNDED TOTAL</b>					<b>\$909,200.00</b>

<b>Line 4,15: PROFESSIONAL FEE / GRANT &amp; AWARD</b>	<b>AMOUNT</b>
Temporary staff	\$1,000.00
Interpreter Services by phone	\$1,000.00
(insert description)	\$0.00
<b>ROUNDED TOTAL</b>	
	<b>\$2,000.00</b>

<b>Line 11,12: TRAVEL / CONFERENCES &amp; MEETINGS</b>	<b>AMOUNT</b>
local travel	\$14,500.00
(insert description)	\$0.00
(insert description)	\$0.00
(insert description)	\$0.00
<b>ROUNDED TOTAL</b>	
	<b>\$14,500.00</b>

**ATTACHMENT 1  
GRANT BUDGET  
(BUDGET PAGE 3)**

<b>Metropolitan Government of Nashville and Davidson County</b>				
<b>Budget Period: July 1, 2021 through June 30, 2022</b>				
<b>LINE ITEM NUMBER</b>	<b>LINE ITEM DESCRIPTION (note 1)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE MATCH (note 3)</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$864,700.00	\$0.00	\$864,700.00
2	Benefits & Taxes	\$310,000.00	\$0.00	\$310,000.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$20,000.00	\$0.00	\$20,000.00
5	Supplies	\$19,200.00	\$0.00	\$19,200.00
6	Telephone	\$7,000.00	\$0.00	\$7,000.00
7	Postage & Shipping	\$2,000.00	\$0.00	\$2,000.00
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 <sup>2</sup>	\$14,500.00	\$0.00	\$14,500.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$22,500.00	\$0.00	\$22,500.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (17.82% of S&B)	\$200,000.00	\$0.00	\$200,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	\$1,459,900.00	\$0.00	\$1,459,900.00

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**ATTACHMENT 1 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
**(BUDGET PAGE 4)**

Line 1: SALARIES						AMOUNT
Khadra Ahmed, Program Specialist	\$ 4,435.70	x	12	x	100%	\$53,228.40
Julia Silevani, Program Specialist	\$ 3,251.36	x	12	x	100%	\$39,016.32
Ashley, Brinsko , Communicable Disease	\$ 3,412.09	x	12	x	100%	\$40,945.08
Khalid Kader, Communicable Disease	\$ 4,443.69	x	12	x	100%	\$53,324.28
Khadra, Yusur, Outreach Worker	\$ 2,806.44	x	12	x	100%	\$33,677.28
Alvaro Garcia, Outreach Worker	\$ 3,739.36	x	12	x	100%	\$44,872.32
Sandra Bastien, Outreach Worker	\$ 2,981.84	x	12	x	100%	\$35,782.08
William Harris, Outreach Worker	\$ 3,069.77	x	12	x	100%	\$36,837.21
Vacant, Public Health LPN	\$ 3,129.12	x	12	x	100%	\$37,549.44
Karen Rogers, Public Health Nurse	\$ 5,254.61	x	12	x	100%	\$63,055.32
Melinda Smith, Public Health Nurse	\$ 5,285.96	x	12	x	100%	\$63,431.52
Vacant, Public Health Nurse	\$ 4,973.02	x	12	x	100%	\$59,676.29
Jennifer Green, Public Health Nurse 2	\$ 5,391.99	x	12	x	100%	\$64,703.88
Joanna Shaw-Kaikai, Medical Doctor	\$ 14,636.60	x	12	x	50%	\$87,819.60
Vacant, Public Health Nurse Practitioner	\$ 6,951.42	x	12	x	50%	\$41,708.55
Vacant, Office Support Representative	\$ 2,869.40	x	12	x	100%	\$34,432.80
Vacant, Office Support Representative	\$ 2,869.40	x	12	x	100%	\$34,432.80
Marcus Derrickson, Office Support	\$ 3,347.38	x	12	x	100%	\$40,168.56
ROUNDED TOTAL						<b>\$864,700.00</b>

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Temporary Staffing	\$5,000.00
Language Interpretation	\$15,000.00
ROUNDED TOTAL	<b>\$20,000.00</b>

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local mileage and parking	\$ 14,500.00
ROUNDED TOTAL	<b>\$ 14,500.00</b>

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Services needed for TB patients	\$22,500.00
ROUNDED TOTAL	<b>\$ 22,500.00</b>

**Federal Award Identification Worksheet**

Subrecipient's name (must match registered name in DUNS)	Metropolitan Government of Nashville and Davidson County
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	NU52PS910187
Federal award date	12/21/2020
CFDA number and name	93.116 - Tuberculosis Elimination Cooperative Agreement
Grant contract's begin date	7/1/2020
Grant contract's end date	6/30/2022
Amount of federal funds obligated by this grant contract	\$520,000.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$267,360.00
Name of federal awarding agency	Centers for Disease Control and Prevention
Name and contact information for the federal awarding official	Mr. Paul Regan 1600 Clifton Rd. E-10 DTBE/FSB Atlanta, GA 30333
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%