

RESOLUTION NO. _____

A resolution approving amendment two to a grant from the State of Tennessee, Department of Health, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, for the Healthy Start Home Visiting Program to identify and provide comprehensive services to improve outcomes for eligible families who reside in at-risk communities.

WHEREAS, The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the State of Tennessee, Department of Health, for the Healthy Start Home Visiting Program to identify and provide comprehensive services to improve outcomes for eligible families who reside in at-risk communities, approved by RS2018-1342; and,

WHEREAS, the parties wish to amend the grant agreement to increase the amount of the grant by \$309,100.00 from \$730,100.00 to 1,039,200.00 and to extend the end date of the grant term to September 30, 2021, a copy of which amendment two is attached hereto; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendment two be accepted.


NOW, THEREFORE BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That amendment two to the grant by and between the State of Tennessee, Department of Health, and The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, for the Healthy Start Home Visiting Program to identify and provide comprehensive services to improve outcomes for eligible families who reside in at-risk communities, a copy of which amendment two is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

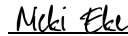
APPROVED AS TO AVAILABILITY OF FUNDS:

INTRODUCED BY:

DocuSigned by:

Kevin Crumbo, Director
Department of Finance

APPROVED AS TO FORM AND LEGALITY:

Member(s) of Council

DocuSigned by:

Assistant Metropolitan Attorney

GRANT SUMMARY SHEET

Grant Healthy Start 19 Amendment 2

Department: HEALTH DEPARTMENT

Grantor: TENNESSEE DEPARTMENT OF HEALTH

Pass-Through Grantor

Total Award this \$309,100.00

Cash Match \$0.00

Department Brad Thompson
340-0407

Status AMENDMENT

Program Description:

Grant from the State of Tennessee Department of Health to provide funding for the Healthy Start Home Visiting program. Services are provided to qualified families beginning prenatally or at birth and extending to at least the first three years of the child's life. These services consist of providing developmental screening, ensuring children receive immunizations, and ensuring children remain free from abuse and neglect. Amendment 2 adds an additional \$309,100.00 to the previous total of \$730,100.00 for a new total of \$1,039,200.00. The end date is extended from 6/30/20 to 9/30/21.

Plan for continuation of services upon

End the program.

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input type="radio"/>		Contract Amendment <input checked="" type="radio"/>	
Department	Dept. No.	Contact			Phone	Fax	
HEALTH DEPARTMENT	038	Brad Thompson			340-0407		
Grant Name:	Healthy Start 19 Amendment 2						
Grantor:	TENNESSEE DEPARTMENT OF HEALTH				Other:		
Grant Period From:	07/01/18	(applications only) Anticipated Application Date:					
Grant Period To:	09/30/21	(applications only) Application Deadline:					
Funding Type:	STATE	Multi-Department Grant		<input type="checkbox"/> If yes, list below.			
Pass-Thru:		Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	FORMULA	Total Award:		\$309,100.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	N/A	Is Council approval required?		<input type="checkbox"/>			
Project Description:	Applic. Submitted Electronically? <input type="checkbox"/>						
<p>Grant from the State of Tennessee Department of Health to provide funding for the Healthy Start Home Visiting program. Services are provided to qualified families beginning prenatally or at birth and extending to at least the first three years of the child's life. These services consist of providing developmental screening, ensuring children receive immunizations, and ensuring children remain free from abuse and neglect. Amendment 2 adds an additional \$309,100.00 to the previous total of \$730,100.00 for a new total of \$1,039,200.00. The end date is extended from 6/30/20 to 9/30/21.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
End the program.							
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:		
					1.66		
Departmental Indirect Cost Rate			23.54%		Indirect Cost of Grant to Metro:		
					\$244,627.69		
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No			% Allow.		Ind. Cost Requested from Grantor:		
			8.40%		\$107,600.00 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	FY19		\$324,500.00		\$0.00		\$0.00	\$324,500.00	\$76,387.30	\$46,500.00
Yr 2	FY20		\$325,400.00		\$0.00		\$0.00	\$325,400.00	\$76,599.16	\$27,600.00
Yr 3	FY21		\$312,025.00		\$0.00		\$0.00	\$312,025.00	\$73,450.69	\$26,100.00
Yr 4	FY22		\$77,275.00		\$0.00		\$0.00	\$77,275.00	\$18,190.54	\$7,400.00
Yr 5	FY__									
Total		\$0.00	\$1,039,200.00	\$0.00	\$0.00		\$0.00	\$1,039,200.00	\$244,627.69	\$107,600.00
Date Awarded:				09/10/20	Tot. Awarded:		\$309,100.00	Contract#: 34347-48419-2		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

GCP Rec'd
09/18/20

GCP
Approved
09/22/20

VW

 GRANT AMENDMENT					
Agency Tracking #	Edison ID	Contract #	Amendment #		
34347-48419	60040	GG-19-60040-01	2		
Contractor Legal Entity Name				Edison Vendor ID	
Metropolitan Government of Nashville and Davidson County				4	
Amendment Purpose & Effect(s)					
To extend contract Term and increase Maximum Liability					
Amendment Changes Contract End Date:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	End Date: September 30, 2021		
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):					\$ 309,100.00
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2019	\$324,500.00				\$324,500.00
2020	\$325,400.00				\$325,400.00
2021	\$312,025.00				\$312,025.00
2022	\$77,275.00				\$77,275.00
TOTAL:	\$1,039,200.00				\$1,039,200.00
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>CPO USE</i>	
<i>Eric Buchholz</i>					
Speed Chart (optional)		Account Code (optional)			
HL00000710		71301000			

**AMENDMENT TWO
OF GRANT CONTRACT GG-19-60040-01**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" and 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. Grant Contract section B.1. is deleted in its entirety and replaced with the following:
 - B.1. This Grant Contract shall be effective for the period beginning on October 1, 2018, ("Effective Date") and ending on September 30, 2021, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
2. Grant Contract section C.1. is deleted in its 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 One Million Thirty-Nine Thousand Two Hundred Dollars (\$1,039,200.00) ("Maximum Liability"). The Grant Budget, attached and incorporated hereto as Attachment 1, shall constitute 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.
3. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new Attachment 1 attached hereto.

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 ten (10) days following the last signature. 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

Michael...
Director, Metro Public Health Department

Sept 10, 2020
Date

A. John
Chair, Board of Health

9/10/2020
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kevin Crumboltz
Director, Department of Finance

9/23/2020
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
Director of Risk Management Services

9/24/2020
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Neki Eke
Metropolitan Attorney

9/23/2020
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 1 of 9)

Metropolitan Government of Nashville and Davidson County				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2018, and ending September 30, 2020. ROLLUP				
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	\$609,700.00	\$0.00	\$609,700.00
2	Benefits & Taxes	\$253,200.00	\$0.00	\$253,200.00
4, 15	Professional Fee/ Grant & Award ²	\$6,000.00	\$0.00	\$6,000.00
5	Supplies	\$28,800.00	\$0.00	\$28,800.00
6	Telephone	\$11,300.00	\$0.00	\$11,300.00
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 ²	\$20,600.00	\$0.00	\$20,600.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$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 (% and method)	\$107,600.00	\$0.00	\$107,600.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,039,200.00	\$0.00	\$1,039,200.00

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: <https://www.tn.gov/content/dam/tn/finance/ocjp/policy3.pdf>).

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

ATTACHMENT 1 (Continued)

GRANT BUDGET

(BUDGET PAGE 2 of 9)

Metropolitan Government of Nashville and Davidson County				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2018, and ending June 30, 2019. YEAR 1				
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	\$174,400.00	\$0.00	\$174,400.00
2	Benefits & Taxes	\$71,400.00	\$0.00	\$71,400.00
4, 15	Professional Fee/ Grant & Award ²	\$5,000.00	\$0.00	\$5,000.00
5	Supplies	\$15,000.00	\$0.00	\$15,000.00
6	Telephone	\$5,000.00	\$0.00	\$5,000.00
7	Postage & Shipping	\$200.00	\$0.00	\$200.00
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	\$7,000.00	\$0.00	\$7,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$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 (% and method)	\$46,500.00	\$0.00	\$46,500.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$324,500.00	\$0.00	\$324,500.00

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: <https://www.tn.gov/content/dam/tn/finance/ocjp/policy3.pdf>).

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

ATTACHMENT 1 (Continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 3 of 9)

YEAR 1

SALARIES								AMOUNT
Name, Title	Monthly Salary		# of Months		% of time		(Longevity, if applicable)	
Jamika Jackson, Program Specialist	3000	x	7	x	100%	+		\$21,000.00
Berivan Yahya, Program Specialist	1479.91	x	4	x	100%	+		\$5,919.64
Vacant, Program Specialist	1479.91	x	8	x	100%	+		\$11,839.28
Wanda Barr, Program Specialist	3217.93	x	12	x	100%	+	\$825.00	\$39,440.16
Shetuka Jones, Program Specialist	2801.97	x	12	x	100%	+		\$33,623.64
Yolanda Radford, Program Specialist	\$5,139.80	x	12	x	100%	+	\$935.00	\$62,612.60
ROUNDED TOTAL								\$174,400.00

PROFESSIONAL FEE / GRANT & AWARD	AMOUNT
Consultant to assist with evidence-based model accreditation review	\$5,000.00
ROUNDED TOTAL	\$5,000.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel, one conference/training	\$7,000.00
ROUNDED TOTAL	\$7,000.00

ATTACHMENT 1 (Continued)

GRANT BUDGET

(BUDGET PAGE 4 of 9)

Metropolitan Government of Nashville and Davidson County				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2019, and ending June 30, 2020. YEAR 2				
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	\$197,400.00	\$0.00	\$197,400.00
2	Benefits & Taxes	\$84,000.00	\$0.00	\$84,000.00
4, 15	Professional Fee/ Grant & Award ²	\$800.00	\$0.00	\$800.00
5	Supplies	\$6,000.00	\$0.00	\$6,000.00
6	Telephone	\$2,800.00	\$0.00	\$2,800.00
7	Postage & Shipping	\$800.00	\$0.00	\$800.00
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	\$6,000.00	\$0.00	\$6,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$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 (% and method)	\$27,600.00	\$0.00	\$27,600.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$325,400.00	\$0.00	\$325,400.00

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: <https://www.tn.gov/content/dam/tn/finance/ocjp/policy3.pdf>).

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

ATTACHMENT 1 (Continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 5 of 9)

YEAR 2

SALARIES									AMOUNT
Name, Title	Monthly Salary		# of Months		% of time				
Yolanda Radford, Program Specialist 3	\$5,267.93	x	12	x	100%	+	\$935.00	(Longevity, if applicable)	\$64,150.16
Nicole Barr, Program Specialist 1	\$3,401.82	x	12	x	100%	+	\$900.00	(Longevity, if applicable)	\$41,721.84
Jamika Jackson, Program Specialist 1	\$3,217.94	x	12	x	100%	+		(Longevity, if applicable)	\$38,615.28
Shetuka Jones, Program Specialist 1	\$2,942.12	x	12	x	100%	+		(Longevity, if applicable)	\$35,305.44
Berivan Yahya, Program Specialist 1	\$2,942.12	x	12	x	50%	+		(Longevity, if applicable)	\$17,652.72
ROUNDED TOTAL									\$197,400.00

PROFESSIONAL FEE / GRANT & AWARD		AMOUNT
Consultant for Certified Parent Educator training		\$800.00
ROUNDED TOTAL		\$800.00

TRAVEL / CONFERENCES & MEETINGS		AMOUNT
Out of Country travel		\$1,200.00
Local travel		\$4,800.00
ROUNDED TOTAL		\$6,000.00

ATTACHMENT 1 (Continued)

GRANT BUDGET

(BUDGET PAGE 6 of 9)

Metropolitan Government of Nashville and Davidson County				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2020, and ending September 30, 2020. YEAR 3				
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	\$48,900.00	\$0.00	\$48,900.00
2	Benefits & Taxes	\$20,300.00	\$0.00	\$20,300.00
4, 15	Professional Fee/ Grant & Award ²	\$200.00	\$0.00	\$200.00
5	Supplies	\$1,000.00	\$0.00	\$1,000.00
6	Telephone	\$700.00	\$0.00	\$700.00
7	Postage & Shipping	\$200.00	\$0.00	\$200.00
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	\$1,500.00	\$0.00	\$1,500.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$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 (% and method)	\$7,400.00	\$0.00	\$7,400.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$80,200.00	\$0.00	\$80,200.00

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: <https://www.tn.gov/content/dam/tn/finance/ocjp/policy3.pdf>).

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

ATTACHMENT 1 (Continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 7 of 9)

YEAR 3

SALARIES								AMOUNT
Name, Title	Monthly Salary		# of Months		% of time		(Longevity, if applicable)	
Yolanda Radford, Program Specialist 3	\$5,267.93	x	3	x	100%	+	(Longevity, if applicable)	\$15,803.79
Nicole Barr, Program Specialist 1	\$3,401.82	x	3	x	100%	+	(Longevity, if applicable)	\$10,205.46
Jamika Jackson, Program Specialist 1	\$3,217.94	x	3	x	100%	+	(Longevity, if applicable)	\$9,653.82
Shetuka Jones, Program Specialist 1	\$2,942.12	x	3	x	100%	+	(Longevity, if applicable)	\$8,826.36
Berivan Yahya, Program Specialist 1	\$2,942.12	x	3	x	50%	+	(Longevity, if applicable)	\$4,413.18
ROUNDED TOTAL								\$48,900.00

PROFESSIONAL FEE / GRANT & AWARD	AMOUNT
Consultant for Certified Parent Educator training	\$200.00
ROUNDED TOTAL	\$200.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Out of Country travel	\$300.00
Local travel	\$1,200.00
ROUNDED TOTAL	\$1,500.00

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 8 of 9)

Metropolitan Government of Nashville and Davidson County				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning October 1, 2020, and ending September 30, 2021. YEAR 4				
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	\$189,000.00	\$0.00	\$189,000.00
2	Benefits & Taxes	\$77,500.00	\$0.00	\$77,500.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$6,800.00	\$0.00	\$6,800.00
6	Telephone	\$2,800.00	\$0.00	\$2,800.00
7	Postage & Shipping	\$800.00	\$0.00	\$800.00
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	\$6,100.00	\$0.00	\$6,100.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$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 (9.8% of s&b)	\$26,100.00	\$0.00	\$26,100.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$309,100.00	\$0.00	\$309,100.00

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: <https://www.tn.gov/content/dam/tn/finance/ocjp/policy3.pdf>).

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

ATTACHMENT 1 (Continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 9 of 9)

YEAR 4

SALARIES								AMOUNT
Name, Title	Monthly Salary	# of Months	% of time					
Yolonda Radford, Program Specialist 3	\$ 5,449.05	x 12	x	100%	+	\$935.00	Longevity	\$66,323.60
Shetuka Jones, Program Specialist 1	\$ 3,121.29	x 12	x	100%				\$37,455.48
Vacant, Program Specialist 1	\$ 2,841.00	x 12	x	100%				\$34,092.00
Vacant, Program Specialist 1	\$ 2,841.00	x 12	x	100%				\$34,092.00
Vacant, Program Specialist 1	\$ 2,841.00	x 12	x	50%				\$17,046.00
ROUNDED TOTAL								\$189,000.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$6,130.00
ROUNDED TOTAL	\$6,100.00