

GRANT SUMMARY SHEET

Grant	Immunization 20 Amend. 2
Department:	HEALTH DEPARTMENT
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Pass-Through Grantor	TENN. DEPT. OF HEALTH
Total Award this	\$479,600.00
Cash Match	\$0.00
Department	Brad Thompson 340-0407
Status	AMENDMENT

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. Amendment 2 increases the award by an additional \$479,600.00 to the previous total of \$611,600 for a new total of \$1,091,200.00 for COVID activities.

Plan for continuation of services upon

The services would be discontinued.

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:	Immunization 20 Amend. 2						
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:		
Grant Period From:	07/01/19	(applications only) Anticipated Application Date:					
Grant Period To:	06/30/21	(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:		\$479,600.00			
Status:	AMENDMENT	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"/>				
<p>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. Amendment 2 increases the award by an additional \$479,600.00 to the previous total of \$611,600 for a new total of \$1,091,200.00 for COVID activities.</p>							
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:		5.20		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		22.91%		Indirect Cost of Grant to Metro:		\$249,982.92	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow.		10.00%		Ind. Cost Requested from Grantor:	
						\$19,000.00 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	FY20	\$230,000.00	\$75,800.00		\$0.00		\$0.00	\$305,800.00	\$70,058.78	\$3,000.00
Yr 2	FY21	\$709,600.00	\$75,800.00		\$0.00		\$0.00	\$785,400.00	\$179,924.14	\$16,000.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$939,600.00	\$151,600.00	\$0.00	\$0.00		\$0.00	\$1,091,200.00	\$249,982.92	\$19,000.00
Date Awarded:				01/19/20	Tot. Awarded:		\$479,600.00	Contract#: 34360-41220-2		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

VW



GRANT AMENDMENT

Agency Tracking # 34360-41220	Edison ID 65063	Contract # 34360-41220	Amendment # 2		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) To Increase Maximum Liability and Add Activities/Services					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date:			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 479,600		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2020	\$75,800	\$230,000			\$305,800.00
2021	\$75,800	\$709,600			\$785,400.00
TOTAL:	\$151,600.00	\$939,600.00			\$1,091,200.00
<p>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.</p>				<p><i>CPO USE</i></p>	
Speed Chart (optional) HL00017601		Account Code (optional) 71301000			

**AMENDMENT TWO
OF GRANT CONTRACT GG-20-65063-02**

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. The following is added as Grant Contract section A.5.I.
 - I. COVID-VFC Supplemental Funds Activities:
 - (1) Two (2) Vaccine Strike Teams to support COVID vaccine activities
 - (2) To conduct COVID vaccine reminders through teletask and marketing
2. Grant Sections C.2. deleted in its entirety and replaced with the following:
 - C.2. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed One Million Ninety-One Thousand Two Hundred Dollars (\$1,091,200.00) ("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.
3. Grant Contract section C.5 is deleted in its entirety and replaced with the following:
 - C.5. Invoice Requirements. The Grantee shall invoice the State no more often than monthly, with all necessary supporting documentation, and present such to:

Tennessee Department of Health
Immunization Program
Keeyona Love, Grant Manager
3rd Floor Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
Email address: Keeyona.Love@tn.gov
Telephone # (615) 837-5389
4. Grant Attachments 1 & 2 are deleted in their entirety and replaced with Attachments 1 & 2 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
SEE94599A8D6403...

Interim Administrative Director
Metro Public Health Department

1/19/2021

Date

DocuSigned by:
Alex Jahanjir
L7E72F4B08A4BF...

Chair, Board of Health

1/19/2021

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Director, Department of Finance

Date

APPROVED AS TO RISK AND INSURANCE:

Director of Risk Management Services

Date

APPROVED AS TO FORM AND LEGALITY:

Metropolitan Attorney

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date

ATTACHMENT #1**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)	TBD
Federal award date	
CFDA number and name	93.268 – Immunization and Vaccines for Children Program
Grant contract's begin date	7/1/19
Grant contract's end date	6/30/20
Amount of federal funds obligated by this grant contract	\$939,600
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	
Name of federal awarding agency	The Centers for Disease Control and Prevention
Name and contact information for the federal awarding official	Grants Management Officer Centers for Disease Control and Prevention Procurement and Grants Office Kroger Center, Colgate Building 2920 Brandywine Road, Mail Stop K Atlanta, GA 30341
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)	14.6%

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, 2019 END: June 30, 2021				
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	\$431,300.00	\$0.00	\$431,300.00
2	Benefits & Taxes	\$161,300.00	\$0.00	\$161,300.00
4, 15	Professional Fee/ Grant & Award ²	\$429,600.00	\$0.00	\$429,600.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$50,000.00	\$0.00	\$50,000.00
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	\$19,000.00	\$0.00	\$19,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,091,200.00	\$0.00	\$1,091,200.00

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:

<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
Patricia Charlemagne, Office Support Representative	\$ 3,030.38	x 12	x 15.00%	+ Longevity	\$5,454.68
Chelsea Trumbull, Public Health Nurse	\$ 4,615.93	x 10	x 70.00%	+ Longevity	\$32,311.51
Angelina Hooper, Public Health Manager	\$ 5,208.77	x 12	x 5.00%	+ Longevity	\$3,125.26
Haydar Gerdi, Office Support Representative	\$ 3,695.52	x 4	x 100.00%	+ \$ 906 Longevity	\$15,688.08
Lily Vazquez, Office Support Representative	\$ 3,314.48	x 8	x 100.00%	+ \$ 688 Longevity	\$27,203.84
TOTAL ROUNDED					\$83,800.00

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

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, 2019 END: June 30, 2020				
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	\$84,900.00	\$0.00	\$84,900.00
2	Benefits & Taxes	\$30,100.00	\$0.00	\$30,100.00
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	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$115,000.00	\$0.00	\$115,000.00

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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	\$ 5,208.00	x 12	x 5.00%	+	Longevity	\$3,124.80
Chelsea Trumbull, Public Health Nurse	\$ 4,615.93	x 10	x 30.00%	+	Longevity	\$13,847.79
Lisa Fenton, Public Health Nurse	\$ 5,099.81	x 4	x 70.00%	+	Longevity	\$14,279.47
Vacant, Public Health Nurse	\$ 4,350.29	x 5	x 70.00%	+	Longevity	\$15,226.02
Jacqueline Shivers- Furline, Offic Support Specialist 1	\$ 3,201.40	x 12	x 100.00%	+	Longevity	\$38,416.80
TOTAL ROUNDED					\$84,900.00	

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

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, 2019 END: June 30, 2020				
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	\$55,900.00	\$0.00	\$55,900.00
2	Benefits & Taxes	\$19,900.00	\$0.00	\$19,900.00
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	\$ 3,030.38	x 12	x 85.00%	+	Longevity	\$30,909.88
Angelina Hooper, Public Health Manager	\$ 5,208.77	x 12	x 40.00%	+	Longevity	\$25,002.10
		x 12	x	+	Longevity	\$0.00
		x 12	x	+	Longevity	\$0.00
TOTAL ROUNDED						\$55,900.00

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, 2020 END: June 30, 2021				
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

\$214,000.00

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:

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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

ATTACHMENT 2

(BUDGET PAGE 10)

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, 2020 END: June 30, 2021				
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 11)

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 12)

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - Covid Funding				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2020 END: June 30, 2021				
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	\$429,600.00	\$0.00	\$429,600.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$50,000.00	\$0.00	\$50,000.00
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	\$479,600.00	\$0.00	\$479,600.00

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 13)

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
Strike Teams, Temporary Staffing	\$329,600.00
Translation Services	\$100,000.00
TOTAL	\$429,600.00

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, 2020 END: June 30, 2021				
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.