
GRANT SUMMARY SHEET

Grant Name: Family Planning Services 23-27 Amend 1

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: \$360,000.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

Assist individuals in the planning and spacing of their children through the provision of affordable, voluntary family planning services by providing a broad range of acceptable and effective medically approved family planning methods and services regardless of their ability to pay for the service. Amendment #1 adds new funds of \$360,000.00 to previous amount of \$5,325,500.00 for a new total of \$5,685,500.00, replaces the most of the scope of services (A.2-A.6, A.8) and updates term D.19 Audit Report.

Plan for continuation of services upon grant expiration:

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:	Family Planning Services 23-27 Amend 1			
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES		Other:	
Grant Period From:	07/01/22	(applications only) Anticipated Application Date:		
Grant Period To:	06/30/27	(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:	OTHER	Total Award: \$360,000.00		
Status:	AMENDMENT	Metro Cash Match: \$0.00		
Metro Category:	Est. Prior.	Metro In-Kind Match: \$0.00		
CFDA #	93.217, 93.994	Is Council approval required? <input type="checkbox"/>		
Project Description:	Applic. Submitted Electronically? <input type="checkbox"/>			
Assist individuals in the planning and spacing of their children through the provision of affordable, voluntary family planning services by providing a broad range of acceptable and effective medically approved family planning methods and services regardless of their ability to pay for the service. Amendment #1 adds new funds of \$360,000.00 to previous amount of \$5,325,500.00 for a new total of \$5,685,500.00, replaces the most of the scope of services (A.2-A.6, A.8) and updates term D.19 Audit Report.				
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:	0.00	Actual number of positions added:	0.00	
Departmental Indirect Cost Rate	24.82%	Indirect Cost of Grant to Metro:	\$1,411,141.10	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow. 7.24%	Ind. Cost Requested from Grantor:	\$411,400.00	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	FY23	\$714,800.00	\$350,300.00					\$1,065,100.00	\$264,357.82	\$0.00
Yr 2	FY24	\$104,100.00	\$1,051,000.00					\$1,155,100.00	\$286,695.82	\$108,100.00
Yr 3	FY25	\$104,100.00	\$1,051,000.00					\$1,155,100.00	\$286,695.82	\$110,100.00
Yr 4	FY26	\$104,100.00	\$1,051,000.00					\$1,155,100.00	\$286,695.82	\$98,100.00
Yr 5	FY27	\$104,100.00	\$1,051,000.00					\$1,155,100.00	\$286,695.82	\$95,100.00
Total		\$1,131,200.00	\$4,554,300.00	\$0.00	\$0.00		\$0.00	\$5,685,500.00	\$1,411,141.10	\$411,400.00
Date Awarded:				01/17/24	Tot. Awarded:		\$360,000.00	Contract#:		GG-23-74035
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: juanita.paulsen@nashville.gov
vaughn.wilson@nashville.gov

JP



GRANT AMENDMENT

Agency Tracking # 34360-35123	Edison ID 74035	Contract # GG-23-74035	Amendment # 1		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) Update scope, increase maximum liability					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: June 30, 2027			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ +360,000.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2023	\$350,300.00	\$714,800.00			\$1,065,100.00
2024	\$1,051,000.00	\$104,100.00			\$1,155,100.00
2025	\$1,051,000.00	\$104,100.00			\$1,155,100.00
2026	\$1,051,000.00	\$104,100.00			\$1,155,100.00
2027	\$1,051,000.00	\$104,100.00			\$1,155,100.00
TOTAL:	\$4,554,300.00	\$1,131,200.00			\$5,685,500.00
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>Eric Buchholz</i>			<i>CPO USE</i>		
Speed Chart (optional) HL00006818 HL00006819		Account Code (optional) 71301000			

**AMENDMENT ONE
OF GRANT CONTRACT GG-23-74035**

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 A.2. is deleted in its entirety and replaced with the following:

A.2. Service Definitions

- a. Accrual – A charge for work that has been done but not yet invoiced, for which provision is made at the end of a financial period.
- b. REDCap - Research Electronic Data Capture – Internet-accessed database used for reporting real time activities.

2. Grant contract section A.3. is deleted in its entirety and replaced with the following:

A.3. Service Goals. The Grantee shall:

- a. Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning.
- b. Ensure that acceptance of services is solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient.
- c. Ensure that staff are informed that any person who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both. (42 U.S.C. § 300a-8)
- d. Provide services in a manner that is client-centered, culturally, and linguistically appropriate, inclusive, and trauma-informed.
- e. Provide services in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.
- f. Advance health equity through the delivery of family planning services. Health equity is when all persons have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

3. Grant contract section A.4. is deleted in its entirety and replaced with the following:

A.4. Service Recipients. Eligible recipients are persons of reproductive ability, regardless of age, who desire family planning and related health services and meet eligibility pursuant to Tennessee Code Annotated §4-58-103.

The Grantee shall:

- a. Provide that priority in the provision of services will be given to clients from low-income families. Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). "Low-income family" includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. For example, unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources.
 - b. Provide services without a requirement that the client be referred by a physician.
 - c. Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.
 - d. Ensure that all information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipients must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client.
4. Grant contract section A.5. is deleted in its entirety and replaced with the following:

A.5. Service Description. The Grantee shall:

- a. Provide medical services related to family planning (including consultation by a clinical services provider, examination, prescription, education, and continuing supervision, laboratory examination, contraceptive supplies), in person or via telehealth, and necessary referral to other medical facilities when medically indicated and provide for the effective usage of contraceptive devices and practices.
- b. Ensure that family planning medical services will be performed under the direction of a clinical services provider (CSP). The CSP's direction must be within their scope of practice and allowable under Tennessee State law, and with special training or experience in family planning. CSPs include physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care.
- c. Provide services in a manner that protects the dignity of the individual and in a manner that ensures equitable and quality service delivery consistent with nationally recognized standards of care.
- d. Provide quality family planning services that are consistent with the Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) and other relevant nationally recognized standards of care.

- j. Provide family planning services in accordance with the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. §7104).
- k. Provide orientation and routine in-service training for all project personnel as required by the Grantor.
- l. Provide for social services related to family planning, including counseling, referral to and from other social and medical service agencies, and any ancillary services which may be necessary to facilitate clinic attendance. The Grantee should utilize the Women's Health Navigators to provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Family Planning site, when feasible, in-order to promote access to services and provide a seamless continuum of care.
 - i. The Grantee is expected to have strong links to other community providers to ensure access to primary care and other specialty providers as needed.
- m. Develop plans and strategies for implementing family planning services in ways that make services as accessible as possible for clients. Identify and execute strategies for delivering services that are responsive to the diverse needs of the clients and communities served.
- n. Not use any funds for abortion or abortion related services.
 - i. Grantees are prohibited from providing services that directly facilitate the use of abortion as a method of family planning, such as providing transportation for an abortion, explaining and obtaining signed abortion consent forms from clients interested in abortions, negotiating a reduction in fees for an abortion, and scheduling or arranging for the performance of an abortion, promoting or advocating abortion within program activities, or failing to preserve sufficient separation between program activities and abortion-related activities.
 - ii. Grantees are prohibited from promoting or encouraging the use of abortion as a method of family planning through advocacy activities such as providing speakers to debate in opposition to anti-abortion speakers, bringing legal action to liberalize statutes relating to abortion, or producing and/or showing films that encourage or promote a favorable attitude toward abortion as a method of family planning.
- o. Provide that no charge will be made for services provided to any clients from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge. Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources.
- p. Provide that charges will be made for services to clients other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that, charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2) will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.
 - i. The schedule of discounts will be updated annually in accordance with the Federal Poverty Level (FPL) and provided by the Grantor to the Grantee.

- q. Obtain contracts with insurance companies and other third-party payors; and make all reasonable effort to obtain payment without the application of discounts, if a third party is authorized or legally obligated to pay for services. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title XIX, XX, or XXI agency is required.
- r. Comply with all 340B Program requirements, taking care to avoid diversion or duplicate discounts. 340B Program requirements are available at <https://www.hrsa.gov/opa/program-requirements/index.html>.
 - i. The Family Planning Program pharmaceuticals will be ordered by the TDH Central Office. The grantee shall email the TDH Family Planning Program Director and State Director of Pharmacy a monthly request for Family Planning pharmaceuticals the first week of each month to adequately supply the clinics for the needs of patients during that month.
 - ii. The grantee shall email an accurate monthly physical inventory and usage of Family Planning pharmaceuticals to the Program Director and State Pharmacy Director with the monthly requests for products the first week of every month.
 - iii. Any item on the Family Planning pharmaceutical monthly request that is 20% higher than the submitted monthly usage will require justification emailed with the request. The Program Director will communicate approvals to the State Director of Pharmacy.
- s. Ensure that all medications, durable medical equipment, and supplies must be used for or to provide care for family planning clients and must be within the scope of providing family planning or related health services.
- t. Serve a minimum of 10 clients/day/FTE with a goal of 12 clients/day/FTE. If the Grantee is unable to achieve the minimum, an explanation should be provided in the quarterly data reports.
- u. Shall appoint a designated Family Planning Administrator (FPA).
 - i. The FPA shall attend and actively participate in all monthly meeting and/or trainings as required by the state family planning program director. If the designated FPA is not available to attend, the grantee is required to have someone attend as proxy.
- v. Shall ensure staff participate in any training deemed necessary and required by the program director.
- w. Implement quality assurance reviews of the family planning program as directed by the Grantor under this contract, using program monitoring tools created by the Grantee or provided by the Grantor.
- x. Develop and implement a quality improvement plan using chart reviews and collected encounter level data to monitor the delivery of quality family planning services, inform modifications to the provision of services, inform oversight and decision-making regarding the provision of services, and assess client satisfaction.
- y. Conduct a community needs assessment with regard to the awareness of and need for access to family planning services in the first year of the grant; then create a detailed community participation, education, outreach and service promotion plan which also includes an evaluation strategy.

- i. The Grantee should perform at least one (1) evidence-based outreach activity per quarter. Outreach should specifically involve clients, external providers, community organizations and/or other stakeholders; and should not include passive participation in health fairs or dropping off materials at any site.

5. Grant contract section A.6. is deleted in its entirety and replaced with the following:

A.6. Service Reporting. The Grantee shall:

- a. Provide notice to the state family planning program director of any deletions, additions, or changes to the name, location, street address and email, services provided on-site, and contact information for the Grantee and/or service sites, within 7 days of the change.
- b. Send Family Planning data reports quarterly, in the format provided by the state and by the date designated by the state program director.
- c. Send mid-year progress reports and end-of-year reports detailing progress on service deliverables, including any successes and analysis of any deficiencies with a strategic improvement plan, and staff training reports, by the date designated by the state program director.
- d. Submit the completed community needs assessment report, plan, and evaluation strategy after the end of the first grant year, by the date designated by the state program director.
 - i. Submit annually the community participation, education, outreach, and service evaluation reports, including quarterly outreach activities, by the date designated by the state program director.
- e. Submit detailed monthly Family Planning Revenue Reports, as defined by Family Planning Program Director, by the 20th of the following month.
- f. The Grantee shall provide Accrual data to the Program Director annually, by the date of the request, in a format provided by the State.

6. Grant contract section A.8. is deleted in its entirety and replaced with the following:

- A.8. In the event that the Grantee is subject to an audit in accordance with Section D.19. hereunder, the Grantee shall log in to their account on the Edison Supplier Portal to complete the Information for Audit Purposes (IAP) and End of Fiscal Year (EOFY) eForms.

7. 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 Five Million Six Hundred Eighty-Five Thousand Five Hundred Dollars (\$5,685,500.00) ("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.

8. Grant contract section D.19. is deleted in its entirety and replaced with the following:

- D.19 Audit Report. The Grantee shall be audited in accordance with applicable Tennessee law.

At least ninety (90) days before the end of its fiscal year, the Grantee shall complete the Information for Audit Purposes ("IAP") form online (accessible through the Edison Supplier portal) to notify the State whether or not Grantee is subject to an audit. The Grantee should submit only one, completed form online during the Grantee's fiscal year. Immediately after the fiscal year has ended, the Grantee shall fill out the End of Fiscal Year ("EOFY") (accessible through the Edison Supplier portal).

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.

- 9. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new attachment 1 attached hereto.
- 10. Grant Contract Attachment 2 is deleted in its entirety and replaced with the new attachment 2 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) 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

DocuSigned by:

 0480AC21E1CC408
 Director, Metro Public Health Department

1/2/2024

 Date

DocuSigned by:

 BEBF0BBF14D14B0
 Chair, Board of Health

1/17/2024

 Date

APPROVED AS TO AVAILABILITY OF FUNDS:


 Director, Department of Finance

1/19/2024 | 10:15 AM CST

 Date

APPROVED AS TO RISK AND INSURANCE:


 Director of Risk Management Services

1/19/2024 | 10:23 AM CST

 Date

APPROVED AS TO FORM AND LEGALITY:

Matthew Garth
Metropolitan Attorney

1/19/2024 | 10:17 AM CST
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Ralph Alvarado, MD, FACP
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)	FPHPA006553
Federal award date	03/31/2023
Subaward Period of Performance Start and End Date	04/01/2022-03/31/2027
Subaward Budget Period Start and End Date	04/01/2022-03/31/2023
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.217 Family Planning Services
Grant contract's begin date	07/01/2022
Grant contract's end date	06/30/2027
Amount of federal funds obligated by this grant contract	\$610,700.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$7,108,750.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	Title X Family Planning Services
Name of federal awarding agency	OASH Grants and Acquisitions Management Division
Name and contact information for the federal awarding official	Miss Robin Fuller Senior Grants Management Specialist Robin.fuller@hhs.gov 240-453-8830
Name of pass-through entity	Tennessee Department of Health
Name and contact information for the pass-through entity awarding official	Yoshie Darnall Yoshie.darnall@tn.gov 615-770-1177
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)	2.9%

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)	B0447447
Federal award date	04/06/2023
Subaward Period of Performance Start and End Date	10/01/2022-09/30/2024
Subaward Budget Period Start and End Date	10/01/2022-09/30/2024
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.994 Maternal and Child Health Services Block Grant to the States
Grant contract's begin date	07/01/2022
Grant contract's end date	06/30/2027
Amount of federal funds obligated by this grant contract	\$520,500.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$9,468,305.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	Maternal and Child Health Services Block Grant to the States
Name of federal awarding agency	Maternal and Child Health Bureau (MCHB)
Name and contact information for the federal awarding official	Leon L Harrison Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) lharrison@hrsa.gov (301) 443-5809
Name of pass-through entity	Tennessee Department of Health
Name and contact information for the pass-through entity awarding official	Tobi Amosun tobi.amosun@tn.gov (412)725-6711
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)	0%

ATTACHMENT 2
GRANT BUDGET
(BUDGET PAGE 1 of 11)

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, 2022, and ending June 30, 2027. 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	\$3,006,500.00	\$0.00	\$3,006,500.00
2	Benefits & Taxes	\$1,202,500.00	\$0.00	\$1,202,500.00
4, 15	Professional Fee/ Grant & Award ²	\$1,065,100.00	\$0.00	\$1,065,100.00
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 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)	\$411,400.00	\$0.00	\$411,400.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$5,685,500.00	\$0.00	\$5,685,500.00

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: <http://www.tn.gov/finance/looking-for/policies.html>).

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

ATTACHMENT 2 (Continued)

GRANT BUDGET

(BUDGET PAGE 2 of 11)

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, 2022, and ending June 30, 2023. 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	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$1,065,100.00	\$0.00	\$1,065,100.00
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 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)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,065,100.00	\$0.00	\$1,065,100.00

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: <http://www.tn.gov/finance/looking-for/policies.html>).

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

ATTACHMENT 2 (Continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 3 of 11)

YEAR 1

PROFESSIONAL FEE / GRANT & AWARD	AMOUNT
Provide family planning services based on reimbursement rates at current Medicare rate and/or State contract price available in PTBMIS	\$1,065,100.00
ROUNDED TOTAL	\$1,065,100.00

ATTACHMENT 2 (Continued)

GRANT BUDGET

(BUDGET PAGE 4 of 11)

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, 2023, and ending June 30, 2024. 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	\$747,900.00	\$0.00	\$747,900.00
2	Benefits & Taxes	\$299,100.00	\$0.00	\$299,100.00
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 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 (10.32% of Salaries & Benefits)	\$108,100.00	\$0.00	\$108,100.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,155,100.00	\$0.00	\$1,155,100.00

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: <http://www.tn.gov/finance/looking-for/policies.html>).

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

ATTACHMENT 2 (Continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 5 of 11)

YEAR 2

SALARIES										AMOUNT
Eterial Rucker, Nurse Practitioner	\$8,741.64	x	12	x	100%	+	\$	-		\$104,899.69
Karina Maza, Nurse Practitioner	\$8,325.13	x	12	x	100%	+	\$	-		\$99,901.55
Madeline Johnson, Nurse Practitioner	\$8,325.13	x	12	x	100%	+	\$	-		\$99,901.55
Vacant, Nurse Practitioner	\$8,325.13	x	12	x	60%	+	\$	-		\$59,940.93
Alison Schwarz, Public Health Nurse 1	\$6,214.15	x	12	x	100%	+	\$	578	longevity	\$75,147.86
Anne Fontaine, Public Health Nurse 1	\$6,653.50	x	12	x	100%	+	\$	880	longevity	\$80,722.02
Marleny Castillo Kendig, Public Health Nurse 1	\$6,653.50	x	12	x	100%	+	\$	825	longevity	\$80,667.02
Lullette Magalei, Office Support Rep	\$3,885.28	x	12	x	100%	+	\$	-		\$46,623.40
Stephanie Clark, Office Support Rep	\$4,095.30	x	12	x	100%	+	\$	908	longevity	\$50,051.61
Rosa Salazar, Office Support Rep	\$4,095.30	x	12	x	100%	+	\$	935	longevity	\$50,078.61
ROUNDED TOTAL										\$747,900.00

ATTACHMENT 2 (Continued)

GRANT BUDGET

(BUDGET PAGE 6 of 11)

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, 2024, and ending June 30, 2025. 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	\$746,400.00	\$0.00	\$746,400.00
2	Benefits & Taxes	\$298,600.00	\$0.00	\$298,600.00
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 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 (10.54% of Salaries & Benefits)	\$110,100.00	\$0.00	\$110,100.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,155,100.00	\$0.00	\$1,155,100.00

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: <http://www.tn.gov/finance/looking-for/policies.html>).

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

ATTACHMENT 2 (Continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 7 of 11)

YEAR 3

SALARIES										AMOUNT
Eterial Rucker, Nurse Practitioner	\$9,003.89	x	12	x	100%	+	\$	-		\$108,046.67
Karina Maza, Nurse Practitioner	\$8,574.88	x	12	x	100%	+	\$	-		\$102,898.61
Madeline Johnson, Nurse Practitioner	\$8,574.88	x	12	x	100%	+	\$	-		\$102,898.61
Vacant, Nurse Practitioner	\$8,574.88	x	12	x	60%	+	\$	-		\$61,739.16
Alison Schwarz, Public Health Nurse 1	\$6,400.57	x	12	x	100%	+	\$	660	longevity	\$77,466.89
Anne Fontaine, Public Health Nurse 1	\$6,853.11	x	12	x	100%	+	\$	908	longevity	\$83,145.26
Marleny Castillo Kendig, Public Health Nurse 1	\$6,853.11	x	12	x	100%	+	\$	880	longevity	\$83,117.26
Lullette Magalei, Office Support Rep	\$4,001.84	x	12	x	50%	+	\$	-		\$24,011.03
Stephanie Clark, Office Support Rep	\$4,218.16	x	12	x	100%	+	\$	935	longevity	\$51,552.91
Rosa Salazar, Office Support Rep	\$4,218.16	x	12	x	100%	+	\$	935	longevity	\$51,552.91
ROUNDED TOTAL										\$746,400.00

ATTACHMENT 2 (Continued)

GRANT BUDGET

(BUDGET PAGE 8 of 11)

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, 2025, and ending June 30, 2026. 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	\$755,000.00	\$0.00	\$755,000.00
2	Benefits & Taxes	\$302,000.00	\$0.00	\$302,000.00
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 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 (9.28% of Salaries & Benefits)	\$98,100.00	\$0.00	\$98,100.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,155,100.00	\$0.00	\$1,155,100.00

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: <http://www.tn.gov/finance/looking-for/policies.html>).

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

ATTACHMENT 2 (Continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 9 of 11)

YEAR 4

SALARIES										AMOUNT
Eterial Rucker, Nurse Practitioner	\$9,274.01	x	12	x	100%	+	\$	-		\$111,288.08
Karina Maza, Nurse Practitioner	\$8,832.13	x	12	x	100%	+	\$	-		\$105,985.52
Madeline Johnson, Nurse Practitioner	\$8,832.13	x	12	x	100%	+	\$	-		\$105,985.52
Vacant, Nurse Practitioner	\$8,832.13	x	12	x	60%	+	\$	-		\$63,591.34
Alison Schwarz, Public Health Nurse 1	\$6,592.59	x	12	x	100%	+	\$	725	longevity	\$79,836.05
Anne Fontaine, Public Health Nurse 1	\$7,058.70	x	12	x	100%	+	\$	935	longevity	\$85,639.44
Marleny Castillo Kendig, Public Health Nurse 1	\$7,058.70	x	12	x	100%	+	\$	908	longevity	\$85,612.44
Lullette Magalei, Office Support Rep	\$4,121.90	x	12	x	22%	+	\$	-		\$10,881.80
Stephanie Clark, Office Support Rep	\$4,344.70	x	12	x	100%	+	\$	935	longevity	\$53,071.46
Rosa Salazar, Office Support Rep	\$4,344.70	x	12	x	100%	+	\$	935	longevity	\$53,071.46
ROUNDED TOTAL										\$755,000.00

ATTACHMENT 2 (Continued)

GRANT BUDGET

(BUDGET PAGE 10 of 11)

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, 2026, and ending June30, 2027. YEAR 5				
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	\$757,200.00	\$0.00	\$757,200.00
2	Benefits & Taxes	\$302,800.00	\$0.00	\$302,800.00
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 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 (8.97% of Salaries & Benefits)	\$95,100.00	\$0.00	\$95,100.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,155,100.00	\$0.00	\$1,155,100.00

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: <http://www.tn.gov/finance/looking-for/policies.html>).

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

ATTACHMENT 2 (Continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 11 of 11)

YEAR 5

SALARIES										AMOUNT
Eterial Rucker, Nurse Practitioner	\$9,552.23	x	12	x	100%	+	\$	-		\$114,626.76
Karina Maza, Nurse Practitioner	\$9,097.09	x	12	x	100%	+	\$	-		\$109,165.13
Madeline Johnson, Nurse Practitioner	\$9,097.09	x	12	x	100%	+	\$	-		\$109,165.13
Vacant, Nurse Practitioner	\$9,097.09	x	12	x	60%	+	\$	-		\$65,499.05
Alison Schwarz, Public Health Nurse 1	\$6,790.37	x	12	x	89%	+	\$	798	longevity	\$73,319.13
Anne Fontaine, Public Health Nurse 1	\$7,270.46	x	12	x	100%	+	\$	935	longevity	\$88,180.53
Marleny Castillo Kendig, Public Health Nurse 1	\$7,270.46	x	12	x	100%	+	\$	935	longevity	\$88,180.53
Lullette Magalei, Office Support Rep	\$4,245.56	x	12	x	0%	+	\$	-		\$0.00
Stephanie Clark, Office Support Rep	\$4,464.74	x	12	x	100%	+	\$	935	longevity	\$54,511.89
Rosa Salazar, Office Support Rep	\$4,464.74	x	12	x	100%	+	\$	935	longevity	\$54,511.89
ROUNDED TOTAL										\$757,200.00

Resolution No. RS2022-1430

A resolution accepting a grant from the State of Tennessee, Department of Health, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, for family planning services.

WHEREAS, the State of Tennessee, Department of Health, has awarded a grant in an amount not to exceed \$5,325,500.00 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Board of Health, for family planning services; and,

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

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

Section 1. That the grant by and between the State of Tennessee, Department of Health, in an amount not to exceed \$5,325,500.00, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, for family planning services, a copy of which grant is attached hereto and incorporated herein, is hereby approved.

Section 2. That the amount of this grant is to be appropriated to the Metropolitan Department of Health based on the revenues estimated to be received and any match to be applied.

Section 3. 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:

DocuSigned by:
Kelly Flannery/mfw
Kelly Flannery, Director
Department of Finance

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Niederste
Assistant Metropolitan Attorney

INTRODUCED BY:

Buffy Miller

Erin Evans

Jay L. Stup
Member(s) of Council

Jimmy Wild

Jennifer Able

Gloria Hausman

GRANT SUMMARY SHEET

Grant Name: Family Planning Services 23-27

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: \$5,325,500.00

Cash Match \$0.00

Department Contact: Brad Thompson
340-0407

Status: CONTINUATION

Program Description:

Assist individuals in the planning and spacing of their children through the provision of affordable, voluntary family planning services by providing a broad range of acceptable and effective medically approved family planning methods and services regardless of their ability to pay for the service.

Plan for continuation of services upon grant expiration:

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			Dept. No.			Contact			Phone			Fax							
HEALTH DEPARTMENT			038			Brad Thompson			340-0407										
Grant Name: Family Planning Services 23-27																			
Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES																			
Grant Period From: 07/01/22			(applications only) Anticipated Application Date:																
Grant Period To: 06/30/27			(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: OTHER			Total Award: \$5,325,500.00																
Status: CONTINUATION			Metro Cash Match: \$0.00																
Metro Category: Est. Prior.			Metro In-Kind Match: \$0.00																
CFDA #: 93.217, 93.994			Is Council approval required? <input type="checkbox"/>																
Project Description:			Applic. Submitted Electronically? <input type="checkbox"/>																
Assist individuals in the planning and spacing of their children through the provision of affordable, voluntary family planning services by providing a broad range of acceptable and effective medically approved family planning methods and services regardless of their ability to pay for the service.																			
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:			0.00			Actual number of positions added:			0.00										
Departmental Indirect Cost Rate			24.82%			Indirect Cost of Grant to Metro:			\$1,321,789.10										
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No			% Allow. 0.00%			Ind. Cost Requested from Grantor:			\$0.00			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	FY23	\$918,300.00	\$146,800.00		\$0.00		\$0.00	\$1,065,100.00	\$264,357.82	\$0.00
Yr 2	FY24	\$918,300.00	\$146,800.00		\$0.00		\$0.00	\$1,065,100.00	\$264,357.82	\$0.00
Yr 3	FY25	\$918,300.00	\$146,800.00		\$0.00		\$0.00	\$1,065,100.00	\$264,357.82	\$0.00
Yr 4	FY26	\$918,300.00	\$146,800.00		\$0.00		\$0.00	\$1,065,100.00	\$264,357.82	\$0.00
Yr 5	FY27	\$918,300.00	\$146,800.00		\$0.00		\$0.00	\$1,065,100.00	\$264,357.82	\$0.00
Total		\$4,591,500.00	\$734,000.00	\$0.00	\$0.00		\$0.00	\$5,325,500.00	\$1,321,789.10	\$0.00
Date Awarded:				02/14/22	Tot. Awarded:		\$5,325,500.00	Contract#:		34360-35123
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

GCP RECEIVED 2/17/22

GCP APPROVED 2/18/22

TW

 GOVERNMENTAL GRANT CONTRACT (cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)					
Begin Date July 1, 2022		End Date June 30, 2027		Agency Tracking # 34360-35123	
Grantee Legal Entity Name Metropolitan Government of Nashville and Davidson County					Edison ID 4
Subrecipient or Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Recipient		CFDA # 93.217, 93.994			
		Grantee's fiscal year end June 30			
Service Caption (one line only) Family Planning Services					
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
2023	\$146,800.00	\$918,300.00			\$1,065,100.00
2024	\$146,800.00	\$918,300.00			\$1,065,100.00
2025	\$146,800.00	\$918,300.00			\$1,065,100.00
2026	\$146,800.00	\$918,300.00			\$1,065,100.00
2027	\$146,800.00	\$918,300.00			\$1,065,100.00
TOTAL:	\$734,000	\$4,591,500			\$5,325,500
Grantee Selection Process Summary					
<input type="checkbox"/> Competitive Selection					
<input checked="" type="checkbox"/> Non-competitive Selection		The Grantee is a governmental entity that has the capacity and is willing to provide the services. The terms of the Grant as well as the Grant Budget were determined taking into consideration the Grantees training, experience, quality of service provided, location of the Grantee in relation to clients, willingness to serve the department, and willingness to accept departmental reimbursement rates.			
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 - GG</i>	
					
Speed Chart (optional) HL00006818 HL00006819		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 Family Planning 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 all services and deliverables ("Scope") as required, described, and detailed in this Grant Contract.

A.2. Service Definitions

- a. Accrual – A charge for work that has been done but not yet invoiced, for which provision is made at the end of a financial period.
- b. CEO – Community Education and Outreach.
- c. FPAR – Family Planning Annual Report.
- d. PTBMIS – The Patient Tracking Billing and Management Information System.
- e. REDCap - Research Electronic Data Capture – Internet-accessed database used for reporting real time activities.

A.3. Service Goals. The Grantee shall:

- a. Assist individuals in the planning and spacing of their children through the provision of affordable, voluntary family planning services by providing a broad range of acceptable and effective medically approved family planning methods and services;
- b. Provide reproductive health services for persons of reproductive age who do not have access to services, or do not have the ability to pay for services, or who request confidential services;
- c. Ensure that services are equitable to underserved, socially disadvantaged, and ethnically diverse groups which include services that are culturally and linguistically appropriate, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.
- d. Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the applicant and

- e. Provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed; protects the dignity of the individual; and ensures equitable and quality service delivery consistent with nationally recognized standards of care.
- A.4. Service Recipients. Eligible service recipients are persons of reproductive age who are physically able to reproduce and desire family planning services.
- A.5. Service Description. The Grantee shall:
- a. Not use Title X funds for abortion or abortion related services to comply with Section 1008 of the Title X statute and 42 CFR Part 59.15.
 - b. Provide family planning services as delineated in the Family Planning Services and Population Research Act of 1970, Public Law 91.572, and the Title X Regulations, DEPARTMENT OF HEALTH AND HUMAN SERVICES, Title 42 Chapter I Subchapter D Part 59 Subpart A. These services shall be in accordance with the most current Title X Family Planning Guidelines which consists of:
 - (1) Program Requirements for Title X Funded Family Planning Projects;
 - (2) Providing Quality Family Planning Services; and
 - (3) Tennessee Department of Health Family Planning Administrative Manual.
 - c. Ensure that all patient fees for services are collected in accordance with the most current version of the Tennessee Department of Health's sliding fee scale and must be used for family planning program expenses; and that contracts are in place to bill third party payors whenever possible.
 - d. Conduct annual quality assurance reviews of the family planning program(s) provided by the Grantor under this contract using the program monitoring tools provided by the Office of Population Affairs and the Grantor;
 - e. Provide family planning services in accordance with the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104); and
 - f. Utilize the PTBMIS codes as defined by the Tennessee Department of Health Billing and Codes Manual to record all Family Planning transactions.
- A.6. Service Reporting. The Grantee shall:
- a. Transmit Family Planning client services data electronically to the State on a monthly basis;
 - b. Enter quarterly CEO reports into RedCap by March 20, June 20, Sept. 20 and Dec. 20, of each fiscal year;
 - c. Submit biannual Family Planning Chart Review Verification reports to the clinical trainer by October 20 and April 20 of each fiscal year;
 - d. Submit biannual Training Verification reports which include Title X updates, Human Trafficking, Mandatory Child Abuse Reporting, and Cultural Competency to the clinical trainer by October 20 and April 20 of each fiscal year;
 - e. Submit completed mid-year and annual Work Plan Progress Reports and FPAR data as requested to the Family Planning Director by dates requested each fiscal year;
 - f. Submit the Family Planning Work Plan with Information and Education / CEO Committee confirmation date by April 1 of each fiscal year;

- g. Submit annual quality assurance review findings within 30 days of review visit of each program; and
 - h. Submit detailed monthly Family Planning Revenue Reports, as defined by Family Planning Financial Administrator, by the 20th of the following month.
 - i. The Grantee shall provide Accrual data to the Program Director no later than June 15 annually in a format provided by the State.
- A.7. Inspection and Acceptance. Acceptance of the work outlined above will be made by the Grantor State Agency or its authorized representatives through reports, teleconference, site visits and/or other periodic reviews. The Grantor State Agency will make the final determination in terms of acceptance of the work being performed under this Contract.
- A.8. Audit Requirements. 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 D.8. a copy of the audit report and Notice of Audit Report.
- A.9. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment 1, is incorporated in this Grant Contract.
- A.10. No funds awarded under this Grant Contract shall be used for lobbying federal, state, or local officials.

B. TERM OF GRANT CONTRACT:

- B.1. This Grant Contract shall be effective for the period beginning on July 1, 2022 ("Effective Date") and ending on June 30, 2027, ("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 Five Million Three Hundred Twenty Five Thousand Five Hundred Dollars (\$5,325,500.00) ("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:

By email: vicki.moses@tn.gov

Or

Vicki Moses, Financial Administrator
Tennessee Department of Health
Family Planning Services
Division of Family Health and Wellness
Tennessee Department of Health
8th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243

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: TN Department of Health, Division of Family Health and Wellness.
 - (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 one 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 a grant disbursement reconciliation report within thirty (30) days following the end of each quarter and a final invoice and final grant disbursement reconciliation report within forty-five (45) days of the Grant Contract end date and 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:

Danni Lambert – Director, Family Planning Services Program
Tennessee Department of Health
Division of Family Health and Wellness
Andrew Johnson Tower, 8th Floor
710 James Robertson Parkway
Nashville, TN 37243
(615) 741-0224
Danni.Lambert@tn.gov

The Grantee:

Gill Wright, Director of Health

Metropolitan Government of Nashville and Davidson County
2500 Charlotte Avenue
Nashville, TN 37209
Email: holly.rice@nashville.gov
Telephone #: 615,340-8900

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 an attachment (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, with the exception of:
- a. patient liability amounts (including copay, coinsurance, and deductibles) established by insurance plans and assigned to the patient,
 - b. charges based on patients' income and family size, and
 - c. other fees as established by the State.

The Grantee shall be allowed to bill the patient's insurance, including governmental insurers such as TennCare, where appropriate. The parties shall comply with all applicable governmental and insurance plan reimbursement rules, including but not limited to Medicaid/TennCare or Medicare. The parties further agree that benefits provided or received under this Grant Contract are not contingent on referrals nor are they paid under arrangement to provide healthcare services reimbursed by Medicare or Medicaid/TennCare.

- D.27. No Acquisition of Equipment or Motor Vehicles. This Grant Contract does not involve the acquisition and disposition of equipment or motor vehicles acquired with funds provided under this Grant Contract.
- 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. 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.4. 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 Data Universal Numbering System (DUNS) number and maintain its DUNS number for the term of this Grant Contract. More information about obtaining a DUNS Number can be found at: <http://fedgov.dnb.com/webform/>.


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. 5. 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. 6. 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:
93.217 – Title X Family Planning Services
93.994 – Maternal and Child Health Services Block Grant to the States

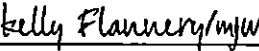
IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:

 Gill Wright
 Metro Public Health Department
 3/2/2022
 Date

DocuSigned by:

 René Hamilton Franklin
 Chair, Board of Health
 3/2/2022
 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

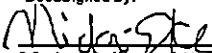
DocuSigned by:

 Kelly Flannery/mjw
 Director, Department of Finance
 3/3/2022
 Date


APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:

 Balogun Cobb
 Director of Risk Management Services
 3/3/2022
 Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

 Michael Ste
 Metropolitan Attorney
 3/3/2022
 Date


 Metropolitan Mayor
 MAR 16 2022
 Date

ATTEST:

 Metropolitan Clerk
 MAR 16 2022
 Date

DEPARTMENT OF HEALTH:

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date

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)	FPHPA006483
Federal award date	12/06/2021
CFDA number and name	93.217 – Title X Family Planning Services
Grant contract's begin date	07/01/2022
Grant contract's end date	06/30/2027
Amount of federal funds obligated by this grant contract	\$4,071,000
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$8,766,063.00
Name of federal awarding agency	Department of Health and Human Services
Name and contact information for the federal awarding official	Ms. Robin Fuller Senior Grants Management Specialist Phone: 240-453-8830 Email: robin.fuller@hhs.org
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)	N/A

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)	B04MC40163
Federal award date	10/15/2021
CFDA number and name	93.994 - Maternal and Child Health Services Block Grant to the States
Grant contract's begin date	07/01/2022
Grant contract's end date	06/30/2027
Amount of federal funds obligated by this grant contract	\$520,500
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$2,111,904
Name of federal awarding agency	HRSA
Name and contact information for the federal awarding official	Nelson Pinto Grants Management Specialist npinto@hrsa.gov (301) 443-8899
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)	N/A

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 1)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - FAMILY PLANNING - ROLL-UP				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2022, and ending June 30, 2027.				
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	\$5,325,500.00	\$0.00	\$5,325,500.00
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 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	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$5,325,500.00	\$0.00	\$5,325,500.00

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: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

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

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 2)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - FAMILY PLANNING				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2022, and ending June 30, 2023.				
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	\$1,065,100.00	\$0.00	\$1,065,100.00
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 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	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,065,100.00	\$0.00	\$1,065,100.00

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: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

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

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 3)

PROFESSIONAL FEE / GRANT & AWARD	Description
Provide Family Planning Services based on the following reimbursement units: At current Medicare rate and/or State contract price available in PTBMIS	
CPT CODE	OFFICE VISITS
99401	Preventative Medicine, Individual Counseling (15 min)
99383	New Patient Preventive Office Visit; (5-11 year old)
99384	New Patient Preventive Office Visit; (12-17 year old)
99385	New Patient Preventive Office Visit; (18-39 year old)
99386	New Patient Preventive Office Visit; (40-64 year old)
99393	Established Patient Preventive Office Visit; (5-11 year old)
99394	Established Patient Preventive Office Visit; (12-17 year old)
99395	Established Patient Preventive Office Visit; (18-39 year old)
99396	Established Patient Preventive Office Visit; (40-64 year old)
99202	New Patient Office Visit with expanded history (20 min)
99203	New Patient Office Visit with detailed history (30 min)
99204	New Patient Office Visit with comprehensive history (45 min)
99205	New Patient Office Visit with comprehensive history (60 min)
99211	Established Patient Office Visit (5 min)
99212	Established Patient Office Visit with expanded history (10 min)
99213	Established Patient Office Visit with detailed history (15 min)
99214	Established Patient Office Visit with comprehensive history (25 min)
99215	Established Patient Office Visit with comprehensive history (40 min)
99441	Telephone evaluation and management service provided to established patient 5-10 min
99442	Telephone evaluation and management service provided to established patient 11-20 min
99443	Telephone evaluation and management service provided to established patient 21-30 min
CPT CODE	PATHOLOGY, LABORATORY, PROCEDURE
81025	Urine Pregnancy Test, by visual color comparison methods
96372	Administration, Injectable Drug (Not Vaccines)
88141	Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician
88142	Liquid-Based Pap Smear
88143	Liquid based Thin Prep , cervical or vaginal, automated thin layer preparation; manual screening and rescreening under physician
88174	Liquid based Thin Prep, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, screening by automated system under physician supervision
88175	Liquid based Thin Prep, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, screening by automated system and manual rescreening under physician supervision
87624	High Risk HPV Test
87625	HPV Genotype 16 & 18
87210	Wet Prep
89310	Post-Vasectomy Semen analysis motility and count
11981	Implant Insertion
11982	Implant Removal
11983	Implant Removal and Reinsertion
58300	IUC Insertion
58301	IUC Removal
57170	Diaphragm/Cap Fitting
76830	TV/US Non-OB
CPT CODE	CONTRACEPTIVE METHOD
	Based on approved Family Planning Formulary and State Contract or 340B Pricing

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 4)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - FAMILY PLANNING				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2023, and ending June 30, 2024.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
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2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$1,065,100.00	\$0.00	\$1,065,100.00
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 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	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,065,100.00	\$0.00	\$1,065,100.00

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: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

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

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 3)

PROFESSIONAL FEE / GRANT & AWARD	Description
Provide Family Planning Services based on the following reimbursement units: At current Medicare rate and/or State contract price available in PTBMIS	
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99385	New Patient Preventive Office Visit; (18-39 year old)
99386	New Patient Preventive Office Visit; (40-64 year old)
99393	Established Patient Preventive Office Visit; (5-11 year old)
99394	Established Patient Preventive Office Visit; (12-17 year old)
99395	Established Patient Preventive Office Visit; (18-39 year old)
99396	Established Patient Preventive Office Visit; (40-64 year old)
99202	New Patient Office Visit with expanded history (20 min)
99203	New Patient Office Visit with detailed history (30 min)
99204	New Patient Office Visit with comprehensive history (45 min)
99205	New Patient Office Visit with comprehensive history (60 min)
99211	Established Patient Office Visit (5 min)
99212	Established Patient Office Visit with expanded history (10 min)
99213	Established Patient Office Visit with detailed history (15 min)
99214	Established Patient Office Visit with comprehensive history (25 min)
99215	Established Patient Office Visit with comprehensive history (40 min)
99441	Telephone evaluation and management service provided to established patient 5-10 min
99442	Telephone evaluation and management service provided to established patient 11-20 min
99443	Telephone evaluation and management service provided to established patient 21-30 min
CPT CODE	PATHOLOGY, LABORATORY, PROCEDURE
81025	Urine Pregnancy Test, by visual color comparison methods
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88142	Liquid-Based Pap Smear
88143	Liquid based Thin Prep , cervical or vaginal, automated thin layer preparation; manual screening and rescreening under physician
88174	Liquid based Thin Prep, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, screening by automated system under physician supervision
88175	Liquid based Thin Prep, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, screening by automated system and manual rescreening under physician supervision
87624	High Risk HPV Test
87625	HPV Genotype 16 & 18
87210	Wet Prep
89310	Post-Vasectomy Semen analysis motility and count
11981	Implant Insertion
11982	Implant Removal
11983	Implant Removal and Reinsertion
58300	IUC Insertion
58301	IUC Removal
57170	Diaphragm/Cap Fitting
76830	TV/US Non-OB
CPT CODE	CONTRACEPTIVE METHOD
	Based on approved Family Planning Formulary and State Contract or 340B Pricing

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 6)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - FAMILY PLANNING				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2024, and ending June 30, 2025.				
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	\$1,065,100.00	\$0.00	\$1,065,100.00
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 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	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,065,100.00	\$0.00	\$1,065,100.00

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: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

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

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 3)

PROFESSIONAL FEE / GRANT & AWARD	Description
Provide Family Planning Services based on the following reimbursement units: At current Medicare rate and/or State contract price available in PTBMIS	
CPT CODE	OFFICE VISITS
99401	Preventative Medicine, Individual Counseling (15 min)
99383	New Patient Preventive Office Visit; (5-11 year old)
99384	New Patient Preventive Office Visit; (12-17 year old)
99385	New Patient Preventive Office Visit; (18-39 year old)
99386	New Patient Preventive Office Visit; (40-64 year old)
99393	Established Patient Preventive Office Visit; (5-11 year old)
99394	Established Patient Preventive Office Visit; (12-17 year old)
99395	Established Patient Preventive Office Visit; (18-39 year old)
99396	Established Patient Preventive Office Visit; (40-64 year old)
99202	New Patient Office Visit with expanded history (20 min)
99203	New Patient Office Visit with detailed history (30 min)
99204	New Patient Office Visit with comprehensive history (45 min)
99205	New Patient Office Visit with comprehensive history (60 min)
99211	Established Patient Office Visit (5 min)
99212	Established Patient Office Visit with expanded history (10 min)
99213	Established Patient Office Visit with detailed history (15 min)
99214	Established Patient Office Visit with comprehensive history (25 min)
99215	Established Patient Office Visit with comprehensive history (40 min)
99441	Telephone evaluation and management service provided to established patient 5-10 min
99442	Telephone evaluation and management service provided to established patient 11-20 min
99443	Telephone evaluation and management service provided to established patient 21-30 min
CPT CODE	PATHOLOGY, LABORATORY, PROCEDURE
81025	Urine Pregnancy Test, by visual color comparison methods
96372	Administration, Injectable Drug (Not Vaccines)
88141	Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician
88142	Liquid-Based Pap Smear
88143	Liquid based Thin Prep , cervical or vaginal, automated thin layer preparation; manual screening and rescreening under physician
88174	Liquid based Thin Prep, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, screening by automated system under physician supervision
88175	Liquid based Thin Prep, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, screening by automated system and manual rescreening under physician supervision
87624	High Risk HPV Test
87625	HPV Genotype 16 & 18
87210	Wet Prep
89310	Post-Vasectomy Semen analysis motility and count
11981	Implant Insertion
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11983	Implant Removal and Reinsertion
58300	IUC Insertion
58301	IUC Removal
57170	Diaphragm/Cap Fitting
76830	TV/US Non-OB
CPT CODE	CONTRACEPTIVE METHOD
	Based on approved Family Planning Formulary and State Contract or 340B Pricing

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 8)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - FAMILY PLANNING				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2025, and ending 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	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$1,065,100.00	\$0.00	\$1,065,100.00
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 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	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,065,100.00	\$0.00	\$1,065,100.00

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: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

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

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 3)

PROFESSIONAL FEE / GRANT & AWARD	Description
Provide Family Planning Services based on the following reimbursement units: At current Medicare rate and/or State contract price available in PTBMIS	
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99396	Established Patient Preventive Office Visit; (40-64 year old)
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99204	New Patient Office Visit with comprehensive history (45 min)
99205	New Patient Office Visit with comprehensive history (60 min)
99211	Established Patient Office Visit (5 min)
99212	Established Patient Office Visit with expanded history (10 min)
99213	Established Patient Office Visit with detailed history (15 min)
99214	Established Patient Office Visit with comprehensive history (25 min)
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99441	Telephone evaluation and management service provided to established patient 5-10 min
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99443	Telephone evaluation and management service provided to established patient 21-30 min
CPT CODE	PATHOLOGY, LABORATORY, PROCEDURE
81025	Urine Pregnancy Test, by visual color comparison methods
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88141	Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician
88142	Liquid-Based Pap Smear
88143	Liquid based Thin Prep , cervical or vaginal, automated thin layer preparation; manual screening and rescreening under physician
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87624	High Risk HPV Test
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76830	TV/US Non-OB
CPT CODE	CONTRACEPTIVE METHOD
	Based on approved Family Planning Formulary and State Contract or 340B Pricing

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 10)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - FAMILY PLANNING				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2026, and ending June 30, 2027.				
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	\$1,065,100.00	\$0.00	\$1,065,100.00
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 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	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,065,100.00	\$0.00	\$1,065,100.00

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: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

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

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 3)

PROFESSIONAL FEE / GRANT & AWARD	Description
Provide Family Planning Services based on the following reimbursement units: At current Medicare rate and/or State contract price available in PTBMIS	
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58301	IUC Removal
57170	Diaphragm/Cap Fitting
76830	TV/US Non-OB
CPT CODE	CONTRACEPTIVE METHOD
	Based on approved Family Planning Formulary and State Contract or 340B Pricing

STATE OF TENNESSEE
INVOICE FOR REIMBURSEMENT

For ACCOUNTS MANAGEMENT OFFICE USE ONLY			
PO#	LINE#	RECEIPT #	TDOH AGENCY INVOICE #
EDISON CONTRACT #			
EDISON VENDOR #		EDISON ADDRESS LINE #	VOUCHER #

NAME AND REMITTANCE ADDRESS OF CONTRACTOR/GRANTEE			INVOICE NUMBER
			INVOICE DATE
			INVOICE PERIOD
			FROM TO
Edison Vendor #			CONTRACT PERIOD
CONTRACTING STATE AGENCY Tennessee Department of Health			FROM TO
PROGRAM AREA			CONTACT PERSON/TELEPHONE NO.
OCR CONTRACT NUMBER			

BUDGET LINE ITEMS	(A) TOTAL CONTRACT BUDGET	(B) AMOUNT BILLED YTD (MO./DAY/YR.)	(C) MONTHLY EXPENDITURES DUE	FOR CENTRAL OFFICE USE ONLY
				SPEEDCHART NUMBER:
				USERCODE:
				PROJECT ID:
				AMOUNT:
Salaries	\$0.00	\$0.00	\$0.00	
Benefits	\$0.00	\$0.00	\$0.00	SPEEDCHART NUMBER:
Professional Fee/Grant & Award	\$0.00	\$0.00	\$0.00	USERCODE:
Supplies	\$0.00	\$0.00	\$0.00	PROJECT ID:
Telephone	\$0.00	\$0.00	\$0.00	AMOUNT:
Postage & Shipping	\$0.00	\$0.00	\$0.00	
Occupancy	\$0.00	\$0.00	\$0.00	SPEEDCHART NUMBER:
Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00	USERCODE:
Printing & Publications	\$0.00	\$0.00	\$0.00	PROJECT ID:
Travel/Conferences & Meetings	\$0.00	\$0.00	\$0.00	AMOUNT:
Interest	\$0.00	\$0.00	\$0.00	
Insurance	\$0.00	\$0.00	\$0.00	SPEEDCHART NUMBER:
Specific Assistance to Individuals	\$0.00	\$0.00	\$0.00	USERCODE:
Depreciation	\$0.00	\$0.00	\$0.00	PROJECT ID:
Other Non Personnel	\$0.00	\$0.00	\$0.00	AMOUNT:
Capital Purchase	\$0.00	\$0.00	\$0.00	
Indirect Cost	\$0.00	\$0.00	\$0.00	
TOTAL	\$0.00	\$0.00	\$0.00	

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

RECOMMENDED FOR PAYMENT

CONTRACTOR'S/GRANTEE'S AUTHORIZED SIGNATURE

PROGRAM APPROVAL AUTHORIZED SIGNATURE

CONTRACTING STATE AGENCY'S AUTHORIZED CERTIFICATION
FOR FISCAL USE ONLY

Title: _____
Date: _____

Title: _____
Date: _____

Title: _____
Date: _____

ATTACHMENT:

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 a refund is 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

or mailing Address:

Monaliz Hana

Telephone: 615-253-3406

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 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 TRACEABLE 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.

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 require 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 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 _____

Schedule A, 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 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)	0.00	0.00	0.00	0.00
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)	0.00	0.00	0.00	0.00
20	Reimbursable Capital Purchases				
21	TOTAL DIRECT PROGRAM EXPENSES	0.00	0.00	0.00	0.00
22	Administrative Expenses				
23	TOTAL DIRECT AND ADMINISTRATIVE EXPENSES	0.00	0.00	0.00	0.00
24	In-Kind Expenses				
25	TOTAL EXPENSES	0.00	0.00	0.00	0.00



CONTRACTOR/GRANTEE _____ **FEDERAL ID #** _____

CONTRACTING STATE AGENCY _____ **REPORT PERIOD** _____

Program # _____
 Contract Number _____
 Grant Period _____
 Program Name _____
 Service Name _____

Schedule B		QUARTER TO DATE	YEAR TO DATE	QUARTER TO DATE	YEAR TO DATE
Item #	SOURCES OF REVENUE				
Reimbursable Program Funds					
31	Reimbursable Federal Program Funds				
32	Reimbursable State Program Funds				
33	Total Reimbursable Program Funds (equals line 55)	0.00	0.00	0.00	0.00
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)	0.00	0.00	0.00	0.00
39	Program Income				
40	Other Matching Revenue				
41	Total Matching Revenue Funds (lines 34 - 40)	0.00	0.00	0.00	0.00
42	Other Program Funds				
43	Total Revenue (lines 33, 41, & 42)	0.00	0.00	0.00	0.00
Reconciliation Between Total and Reimbursable Expenses					
51	Total Expenses (line 25)	0.00	0.00	0.00	0.00
52	Subtract Other Unallowable Expenses (contractual)				
53	Subtract Excess Administration Expenses (contractual)				
54	Subtract Matching Expenses (equals line 41)	0.00	0.00	0.00	0.00
55	Reimbursable Expenses (line 51 less lines 52,53,54)	0.00	0.00	0.00	0.00
56	Total Reimbursement To Date				
57	Difference (line 55 less line 56)	0.00	0.00	0.00	0.00
58	Advances	0.00	0.00	0.00	0.00
59	This reimbursement (line 57 less line 58)	0.00	0.00	0.00	0.00



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		YEAR TO DATE	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE
Item #	EXPENSE BY OBJECT:				
1	Salaries and Wages				0.00
2	Employee Benefits & Payroll Taxes				0.00
3	Total Personnel Expenses	0.00	0.00	0.00	0.00
4	Professional Fees				0.00
5	Supplies				0.00
6	Telephone				0.00
7	Postage and Shipping				0.00
8	Occupancy				0.00
9	Equipment Rental and Maintenance				0.00
10	Printing and Publications				0.00
11	Travel				0.00
12	Conferences and Meetings				0.00
13	Interest				0.00
14	Insurance				0.00
15	Grants and Awards				0.00
16	Specific Assistance to Individuals				0.00
17	Depreciation				0.00
18	Other Non-personnel Expenses (detail)				
a					0.00
b					0.00
c					0.00
d					0.00
19	Total Non-personnel Expenses	0.00	0.00	0.00	0.00
20	Reimbursable Capital Purchases				0.00
21	TOTAL DIRECT PROGRAM EXPENSES	0.00	0.00	0.00	0.00
22	Administrative Expenses				0.00
23	TOTAL DIRECT AND ADMINISTRATIVE EXPENSES	0.00	0.00	0.00	0.00
24	In-Kind Expenses				0.00
25	TOTAL EXPENSES	0.00	0.00	0.00	0.00

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, any activities that were not completed)*

Submit one copy to:

Danni Lambert, danni.lambert@tn.gov, Family Planning Services Program Director, TN Department of Health; and fa.audit@tn.gov, TN Department of Finance and Administration

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	

Auditor's name:

Auditor's address:

Auditor's phone number:

Auditor's email:

ATTACHMENT 7

Parent Child Information

Send completed documents as a PDF file to cpo.auditnotice@tn.gov. **The Grantee should submit only one, completed "Parent Child Information" document to the State during the Grantee's fiscal year if the Grantee indicates it is subject to an audit on the "Notice of Audit Report" document.**

"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: _____

2022 MAR 8 PM 12:08
FILED METROPOLITAN CLERK

ORIGINAL

METROPOLITAN COUNTY COUNCIL

Resolution No. RS2022-1430

A resolution accepting a grant from the State of Tennessee, Department of Health, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, for family planning services.

Introduced MAR 15 2022

Amended _____

Adopted MAR 15 2022

Approved 

By MAR 16 2022
Metropolitan Mayor


Certificate Of Completion

Envelope Id: FCC33E8B99E542139195A5D331BA17F9	Status: Completed
Subject: Complete with DocuSign: Health-Family Planning Services 23-27 Amend 1 Ready.pdf, HealthFamilyPl...	
Source Envelope:	
Document Pages: 76	Signatures: 6
Certificate Pages: 15	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Juanita Paulson
Time Zone: (UTC-06:00) Central Time (US & Canada)	730 2nd Ave. South 1st Floor
	Nashville, TN 37219
	Juanita.Paulsen@nashville.gov
	IP Address: 170.190.198.185

Record Tracking

Status: Original	Holder: Juanita Paulson	Location: DocuSign
1/17/2024 1:59:35 PM	Juanita.Paulsen@nashville.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Metropolitan Government of Nashville and Davidson County	Location: DocuSign

Signer Events

Signer Events	Signature	Timestamp
Brittany Bryant brittany.bryant@nashville.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 1/17/2024 2:06:04 PM Resent: 1/17/2024 3:11:28 PM Viewed: 1/17/2024 3:12:40 PM Signed: 1/18/2024 7:42:23 AM


Electronic Record and Signature Disclosure:

Accepted: 1/17/2024 3:12:40 PM
ID: bd56186f-9543-43ff-a582-e7832c98df25

Aaron Pratt Aaron.Pratt@nashville.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 1/18/2024 7:42:26 AM Viewed: 1/18/2024 8:00:30 AM Signed: 1/18/2024 8:00:50 AM
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Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Kevin Crumbo/mjw MaryJo.Wiggins@nashville.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 174.203.241.152 Signed using mobile	Sent: 1/18/2024 8:00:52 AM Viewed: 1/19/2024 10:11:35 AM Signed: 1/19/2024 10:15:05 AM
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Electronic Record and Signature Disclosure:

Accepted: 1/19/2024 10:11:35 AM
ID: a40221a3-9f95-4fea-81bd-ce4502f312c4

Matthew Garth Matthew.Garth@nashville.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 1/19/2024 10:15:08 AM Viewed: 1/19/2024 10:16:00 AM Signed: 1/19/2024 10:17:57 AM
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Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
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Accepted: 1/19/2024 10:16:00 AM
ID: 7faed628-a7fe-43a8-9aec-8f69ddb15b4

Balogun Cobb
balogun.cobb@nashville.gov
Security Level: Email, Account Authentication (None)

Balogun Cobb

Sent: 1/19/2024 10:17:59 AM
Viewed: 1/19/2024 10:23:34 AM
Signed: 1/19/2024 10:23:43 AM

Signature Adoption: Pre-selected Style
Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 1/19/2024 10:23:34 AM
ID: 3e22b891-f7bb-4a47-874c-ff09f3669068

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Danielle Godin
Danielle.Godin@nashville.gov
Security Level: Email, Account Authentication (None)

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Sent: 1/19/2024 10:23:46 AM
Viewed: 1/19/2024 10:38:12 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Sally Palmer
sally.palmer@nashville.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 1/19/2024 10:23:46 AM

Electronic Record and Signature Disclosure:

Accepted: 1/19/2024 10:26:04 AM
ID: b931c7ef-c2b8-4365-8d56-962eb6b9e332

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	1/17/2024 2:06:04 PM
Envelope Updated	Security Checked	1/17/2024 3:11:27 PM
Envelope Updated	Security Checked	1/17/2024 3:11:27 PM
Envelope Updated	Security Checked	1/17/2024 3:12:30 PM
Envelope Updated	Security Checked	1/17/2024 3:38:28 PM
Certified Delivered	Security Checked	1/19/2024 10:23:34 AM
Signing Complete	Security Checked	1/19/2024 10:23:43 AM
Completed	Security Checked	1/19/2024 10:23:46 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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