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## GRANT SUMMARY SHEET

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**Grant Name:** Tennessee Certified Recovery Court Program (TCRCP) DC4 24  
Amendment 1

**Department:** STATE TRIAL COURTS

**Grantor:** TENNESSEE DEPARTMENT OF MENTAL HEALTH AND  
SUBSTANCE ABUSE

**Pass-Through Grantor  
(If applicable):**

**Total Award this Action:** \$25,000.00

**Cash Match Amount** \$0.00

**Department Contact:** Kati Guenther  
880-3664

**Status:** AMENDMENT

**Program Description:**

Amend 1 is for \$25,000 funding increase to operate a Certified Recovery Court Program at the Davidson County Drug Court.

**Plan for continuation of services upon grant expiration:**

We would seek other grants and funding to maintain the program

### Grants Tracking Form

Part One

<b>Pre-Application</b> <input type="radio"/>		<b>Application</b> <input type="radio"/>		<b>Award Acceptance</b> <input type="radio"/>		<b>Contract Amendment</b> <input checked="" type="radio"/>	
Department	Dept. No.	Contact	Phone	Fax			
STATE TRIAL COURTS	028	Kati Guenther	880-3664				
<b>Grant Name:</b>		Tennessee Certified Recovery Court Program (TCRCP) DC4 24 Amendment 1					
<b>Grantor:</b>		TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE			<b>Other:</b>		
<b>Grant Period From:</b>		07/01/23	<small>(applications only)</small> <b>Anticipated Application Date:</b>				
<b>Grant Period To:</b>		06/30/24	<small>(applications only)</small> <b>Application Deadline:</b>				
<b>Funding Type:</b>		STATE	<b>Multi-Department Grant</b>		<input type="checkbox"/> <b>If yes, list below.</b>		
<b>Pass-Thru:</b>			<b>Outside Consultant Project:</b>		<input type="checkbox"/>		
<b>Award Type:</b>		COMPETITIVE	<b>Total Award:</b>		\$25,000.00		
<b>Status:</b>		AMENDMENT	<b>Metro Cash Match:</b>		\$0.00		
<b>Metro Category:</b>		Est. Prior.	<b>Metro In-Kind Match:</b>		\$0.00		
<b>CFDA #</b>		N/A	<b>Is Council approval required?</b>		<input checked="" type="checkbox"/>		
<b>Project Description:</b>		Amend 1 is for \$25,000 funding increase to operate a Certified Recovery Court Program at the Davidson County Drug Court.					
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>		We would seek other grants and funding to maintain the program					
<b>How is Match Determined?</b>							
<b>Fixed Amount of \$</b>		\$0.00	or	<b>% of Grant</b>		<b>Other:</b> <input type="checkbox"/>	
<b>Explanation for "Other" means of determining match:</b>							
<b>For this Metro FY, how much of the required local Metro cash match:</b>							
<b>Is already in department budget?</b>				<b>Fund</b>	<b>Business Unit</b>		
<b>Is not budgeted?</b>				<b>Proposed Source of Match:</b>			
<b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>							
<b>Other:</b>							
<b>Number of FTEs the grant will fund:</b>			23.00	<b>Actual number of positions added:</b>		0.00	
<b>Departmental Indirect Cost Rate</b>			22.90%	<b>Indirect Cost of Grant to Metro:</b>		\$5,725.00	
<b>*Indirect Costs allowed?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>% Allow.</b>	0.00%	<b>Ind. Cost Requested from Grantor:</b>		
					\$0.00 <b>in budget</b>		
<small>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</small>							
<b>Draw down allowable?</b> <input type="checkbox"/>							
<b>Metro or Community-based Partners:</b>							



Part Two

Grant Budget

Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY24	\$0.00	\$1,787,000.00	\$0.00	\$0.00		\$0.00	\$1,787,000.00	\$5,725.00	\$0.00
Yr 2	FY__									
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		\$0.00	\$1,787,000.00	\$0.00	\$0.00		\$0.00	\$1,787,000.00	\$5,725.00	\$0.00
<b>Date Awarded:</b>				06/24/24	<b>Tot. Awarded:</b>		\$25,000.00	<b>Contract#:</b>		
<b>(or) Date Denied:</b>					<b>Reason:</b>					
<b>(or) Date Withdrawn:</b>					<b>Reason:</b>					

Contact: [juanita.paulsen@nashville.gov](mailto:juanita.paulsen@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)



 <h2 style="margin: 0;">GRANT AMENDMENT</h2>					
<b>Agency Tracking # 33901</b> No longer used	<b>Edison ID</b> 79641	<b>Contract #</b> See Edison ID	<b>Amendment #</b> 1		
<b>Contractor Legal Entity Name</b> Metropolitan Government of Nashville and Davidson County				<b>Edison Vendor ID</b> 4	
<b>Amendment Purpose &amp; Effect(s)</b> The purpose of this amendment is to add State funding to this Grantee's Tennessee Certified Recovery Court Program (TCRCP) to provide service recipients with services to meet Federal and State program goals.					
<b>Amendment Changes Contract End Date:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<b>End Date:</b> June 30, 2024		
<b>TOTAL Contract Amount <u>INCREASE</u> or <u>DECREASE</u> per this Amendment</b> (zero if N/A):					<b>\$ 25,000.00</b>
<b>Funding —</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>
2024	\$1,762,000.00				\$1,762,000.00
2024	\$25,000.00				\$25,000.00
<b>TOTAL:</b>	<b>\$1,787,000.00</b>				<b>\$1,787,000.00</b>
<b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.  			CPO USE		
<b>Speed Chart (optional)</b>		<b>Account Code (optional)</b>			

**AMENDMENT ONE  
OF GRANT CONTRACT 79641**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Mental Health and Substance Abuse Services, 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 C.1. Maximum Liability is deleted in its entirety and replaced with the following:
  - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed One Million Seven Hundred Eighty-Seven Thousand Dollars (\$1,787,000.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment One [1] 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.
2. Grant Contract Attachment One (1) (Grant Budget) is deleted in its entirety and replaced with new Attachment One (1) (Grant Budget) 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 once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

**FOR THE PROVISION OF THE TENNESSEE CERTIFIED RECOVERY COURT PROGRAM (TCRCP):**

**IN WITNESS WHEREOF,**

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

	
<b>GRANTEE SIGNATURE</b>	<b>DATE</b>


<b>PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)</b>

**DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES:**

<hr style="border: 1px solid black;"/>	<hr style="border: 1px solid black;"/>
<b>MARIE WILLIAMS, COMMISSIONER</b>	<b>DATE</b>

**SIGNATURE PAGE  
FOR**

**GRANT NO. Tennessee Certified Recovery court (TCRCP) DC4 24 Amendment 1**

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

**METROPOLITAN GOVERNMENT OF  
NASHVILLE AND DAVIDSON COUNTY**

**\*\*\*See attached signature page\*\*\***

J. Bart Pickett, Trial Court Administrator  
State Trial Courts

\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY  
OF FUNDS:

Kevin Crumbo/mal  
Kevin Crumbo, Director of Finance  
Department of Finance

6/28/2024 | 8:41 AM CDT

\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

Balaguer Cobb  
Director of Insurance

6/28/2024 | 9:16 AM CDT

\_\_\_\_\_  
Date

APPROVED AS TO FORM AND  
LEGALITY:

Courtney Mohan  
Metropolitan Attorney

6/28/2024 | 9:11 AM CDT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Freddie O'Connell  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date

<b>GRANT BUDGET SUMMARY</b>				
<b>Agency Name: Metropolitan Government of Davidson County</b>				
<b>Program Code Name: TCRCP</b>				
<b>The grant budget line-item amounts below shall be applicable only to expense incurred during the following</b>				
<b>Applicable Period: BEGIN 7/1/2023 END: 6/30/2024</b>				
<b>POLICY 03 Object Line-Item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup></b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1, 2	Salaries, Benefits & Taxes <sup>2</sup>	\$1,555,690.00	\$0.00	\$1,555,690.00
4, 15	Professional Fee, Grant & Award <sup>2</sup>	\$24,500.00	\$0.00	\$24,500.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications <sup>2</sup>	\$198,710.00	\$0.00	\$198,710.00
11, 12	Travel, Conferences & Meetings <sup>2</sup>	\$8,100.00	\$0.00	\$8,100.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance <sup>2</sup>	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost <sup>2</sup>	\$0.00	\$0.00	\$0.00
24	In-Kind Expense <sup>2</sup>	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$1,787,000.00</b>	<b>\$0.00</b>	<b>\$1,787,000.00</b>

<sup>1</sup> Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E>) and CPO Policy 2013-007 (posted online at <https://www.tn.gov/generalservices/procurement/central-procurement-office-cpo-library-.html>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

<b>GRANT BUDGET</b>				
<b>Agency Name: Metropolitan Government of Davidson County</b>				
<b>Program Code Name: Recovery Courts - Adult</b>				
<b>The grant budget line-item amounts below shall be applicable only to expense incurred during the following</b>				
<b>Applicable Period: BEGIN 7/1/2023 END: 6/30/2024</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup></b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1, 2	Salaries, Benefits & Taxes <sup>2</sup>	\$1,505,690.00	\$0.00	\$1,505,690.00
4, 15	Professional Fee, Grant & Award <sup>2</sup>	\$24,500.00	\$0.00	\$24,500.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications <sup>2</sup>	\$198,710.00	\$0.00	\$198,710.00
11, 12	Travel, Conferences & Meetings <sup>2</sup>	\$8,100.00	\$0.00	\$8,100.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance <sup>2</sup>	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost <sup>2</sup>	\$0.00	\$0.00	\$0.00
24	In-Kind Expense <sup>2</sup>	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$1,737,000.00</b>	<b>\$0.00</b>	<b>\$1,737,000.00</b>

<sup>1</sup> Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E>) and CPO Policy 2013-007 (posted online at <https://www.tn.gov/generalservices/procurement/central-procurement-office-cpo-library-.html>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

**GRANT BUDGET LINE-ITEM DETAIL:**

Agency Name: Metropolitan  
 Government of  
 Davidson County  
 Program Code Name: Recovery Courts -  
 Adult  
 Begin Date: 7/1/2023  
 End Date: 6/30/2024

<b>SALARIES, BENEFITS &amp; TAXES</b>	<b>AMOUNT</b>
Salaries	\$1,227,011.00
Benefits and Taxes	\$278,679.00
<b>TOTAL</b>	<b>\$1,505,690.00</b>

<b>PROFESSIONAL FEE, GRANT &amp; AWARD</b>	<b>AMOUNT</b>
Drug testing of residents participating in the Drug Court program	\$24,000.00
Educational Services for Drug Court employees	\$500.00
<b>TOTAL</b>	<b>\$24,500.00</b>

<b>SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE &amp; SHIPPING, OCCUPANCY, EQUIPMENT RENTAL &amp; MAINTENANCE, PRINTING &amp; PUBLICATION</b>	<b>AMOUNT</b>
Supplies	\$52,110.00
Telephone, network access and cell phone charges for Drug Court employees	\$12,000.00
Postage and Shipping	\$100.00
Equipment Rental and Maintenance	\$3,100.00
Printing and Publication	\$1,400.00
Food	\$105,000.00
5% Rate Increase	\$25,000.00
<b>TOTAL</b>	<b>\$198,710.00</b>

<b>TRAVEL, CONFERENCES &amp; MEETINGS</b>	<b>AMOUNT</b>
Local Travel	\$200.00
Travel to MTAADC training	\$200.00
Cost for Senior Staff to attend the Tennessee Association of Recovery Court Professionals annual conference, MTAADAC training and National Association of Drug Court Professionals conference	\$7,700.00
<b>TOTAL</b>	<b>\$8,100.00</b>



<b>GRANT BUDGET</b>				
<b>Agency Name: Metropolitan Government of Davidson County</b>				
<b>Program Code Name: Integrated COD Court Program</b>				
<b>The grant budget line-item amounts below shall be applicable only to expense incurred during the following</b>				
<b>Applicable Period: BEGIN 7/1/2023 END: 6/30/2024</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup></b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1. 2	Salaries, Benefits & Taxes <sup>2</sup>	\$50,000.00	\$0.00	\$50,000.00
4. 15	Professional Fee, Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications <sup>2</sup>	\$0.00	\$0.00	\$0.00
11. 12	Travel, Conferences & Meetings <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance <sup>2</sup>	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost <sup>2</sup>	\$0.00	\$0.00	\$0.00
24	In-Kind Expense <sup>2</sup>	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$50,000.00</b>	<b>\$0.00</b>	<b>\$50,000.00</b>

<sup>1</sup> Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E>) and CPO Policy 2013-007 (posted online at <https://www.tn.gov/generalservices/procurement/central-procurement-office-cpo-library.html>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

**GRANT BUDGET LINE-ITEM DETAIL:**

Agency Name: Metropolitan  
Government of  
Davidson County  
Program Code Name: Integrated COD Court  
Program  
Begin Date: 7/1/2023  
End Date: 6/30/2024

<b>SALARIES, BENEFITS &amp; TAXES</b>	<b>AMOUNT</b>
Salaries	\$46,447.00
Benefits and Taxes	\$3,553.00
<b>TOTAL</b>	<b>\$50,000.00</b>