

GRANT SUMMARY SHEET

Grant HIV Core Medical & Early Intervention Services 20-21 Amend. 1
Department: HEALTH DEPARTMENT
Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Pass-Through Grantor TENN. DEPT. OF HEALTH
Total Award this \$46,400.00

Cash Match \$0.00

Department Brad Thompson
340-0407

Status AMENDMENT

Program Description:

This grant is to provide HIV related care and support services for those persons affected by HIV disease who do not have sufficient health care coverage or financial resources and are seeking such services. Amendment 1 adds an additional \$46,400.00 to the previous amount of \$54,700.00 for a new grand total of \$101,100.00 and extends the end date from 3/31/21 to 3/31/22.

Plan for continuation of services upon
Services will continue on local funding.

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:	HIV Core Medical & Early Intervention Services 20-21 Amend. 1						
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:		
Grant Period From:	04/01/20	(applications only) Anticipated Application Date:					
Grant Period To:	03/31/22	(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:		\$46,400.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.917	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:	Applic. Submitted Electronically?		<input type="checkbox"/>				
<p>This grant is to provide HIV related care and support services for those persons affected by HIV disease who do not have sufficient health care coverage or financial resources and are seeking such services. Amendment 1 adds an additional \$46,400.00 to the previous amount of \$54,700.00 for a new grand total of \$101,100.00 and extends the end date from 3/31/21 to 3/31/22.</p>							
<p>Plan for continuation of service after expiration of grant/Budgetary Impact: Services will continue on local funding.</p>							
<p>How is Match Determined? Fixed Amount of \$ _____ or _____ % of Grant _____ Other: <input type="checkbox"/></p> <p>Explanation for "Other" means of determining match: _____</p>							
<p>For this Metro FY, how much of the required local Metro cash match:</p> <p>Is already in department budget? _____ Fund _____ Business Unit _____</p> <p>Is not budgeted? _____ Proposed Source of Match: _____</p> <p>(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)</p> <p>Other: _____</p> <p>Number of FTEs the grant will fund: 0.75 Actual number of positions added: 0.00</p> <p>Departmental Indirect Cost Rate 22.91% Indirect Cost of Grant to Metro: \$23,160.59</p> <p>*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No % Allow. 9.14% Ind. Cost Requested from Grantor: \$5,000.00 in budget</p> <p>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</p> <p>Draw down allowable? <input type="checkbox"/></p> <p>Metro or Community-based Partners: _____</p>							

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY20	\$13,675.00			\$0.00		\$0.00	\$13,675.00	\$3,132.75	\$1,250.00
Yr 2	FY21	\$52,625.00			\$0.00		\$0.00	\$52,625.00	\$12,055.65	\$3,750.00
Yr 3	FY22	\$34,800.00			\$0.00		\$0.00	\$34,800.00	\$7,972.19	\$2,000.00
Yr 4	FY									
Yr 5	FY									
Total		\$101,100.00	\$0.00	\$0.00	\$0.00		\$0.00	\$101,100.00	\$23,160.59	\$7,000.00
Date Awarded:				02/23/21	Tot. Awarded:		\$46,400.00	Contract#:		34349-85920-1
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

VW



GRANT AMENDMENT

Agency Tracking # 34349-85920	Edison ID 67709	Contract # GG2067709	Amendment # 1		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) HIV/AIDS Core Medical Services and Early Intervention Services					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: March 31, 2022			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			+\$46,400		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2020		\$13,675			\$13,675
2021		\$52,625			\$52,625
2022		\$34,800			\$34,800
TOTAL:		\$101,100			\$101,100
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 Bucholz</i>			<i>CPO USE</i> GG-20-67709-01		
Speed Chart (optional) HL00006855		Account Code (optional) 71304000			

**AMENDMENT 1
OF GRANT CONTRACT GG2067709**

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

1. The following row is added to the bottom of Grant Contract section A.6.Table 1:

Program/Category of Service	Deadline for Reporting	Notes/Description	Ryan White Contact for Submitting the Required Reporting/Data
Program Income Outside of Ryan White Part B Funding	July 15, October 15, January 15, April 15	Please see A6f, for more information	Josh Rosenfeld (joshua.rosenfeld@tn.gov) Stephanie Thomas (stephanie.d.thomas@tn.gov)

2. The following is added as Grant Contract Section A.6.f:
- f. The Grantee shall complete Attachment [10], “Program Income Outside of Ryan White Part B Funding”, and complete quarterly regarding program income reporting, as noted in Table 1.
3. Grant Contract Section B is deleted in its entirety and replaced as follows:
- B. TERM OF CONTRACT:**
- B.1. This Grant Contract shall be effective on April 1, 2020 (“Effective Date”) and extend for a period of twenty-four (24) months after the Effective Date (“Term”). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
- B.2. Renewal Options. This Grant Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to three (3) renewal options under the same terms and conditions for a period not to exceed thirty-six (36) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.
4. Grant Contract section C.1. is deleted in its entirety and replaced with the following:
- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed One Hundred One Thousand One Hundred Dollars (\$101,100.00) (“Maximum Liability”). The Grant Budget, attached and incorporated hereto as Attachment 4, shall constitute the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
5. Grant Contract Attachments 1, 2, 3, and 4 are deleted in their entirety and replaced with the new attachments 1, 2, 3, and 4 attached hereto.
6. Grant Contract Attachment 10 attached hereto is added as a new attachment.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

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

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by: <i>Tina Lester</i> 5EE94599A8D6403...	_____	2/12/2021	_____
Interim Administrative Director Metro Public Health Department		Date	

DocuSigned by: <i>Alex Jahangir</i> 7F973F49A06A4DF...	_____	2/12/2021	_____
Chair, Board of Health		Date	

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by: <i>Kevin Crumboltz</i> 34E07E11E...	_____	3/3/2021	_____
Director, Department of Finance		Date	

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by: <i>Balogun Cobb</i> D1E070FC...	_____	3/3/2021	_____
Director of Risk Management Services		Date	

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by: <i>Miki Eke</i>	_____	3/3/2021	_____
Metropolitan Attorney		Date	

_____	_____	Date	_____
Metropolitan Mayor			

ATTEST:

_____	_____	Date	_____
Metropolitan Clerk			

DEPARTMENT OF HEALTH:

_____	_____	Date	_____
Lisa Piercey, MD, MBA, FAAP Commissioner			

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name		Prepared By			Total Service Category Funds		
					Allocation	Expenditure	
Service Category Name: Case Management (Non-Medical)					\$ -	\$ -	
Service Category Goal: Provide Case Management Services in order to facilitate and support PLWHA's access, to HIV medical care and access to other needed services in order to enhance their ability to effectively manage their HIV disease.							
Stage of the HIV Care Continuum related to this service category: Diagnosed; Linked to Care; Retained in Care							
1. Objectives:	2. Service Unit Definition:	3. Quantity:		4. Funds:			
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be provided</i>		<i>Provide the approximate and actual amount of funds to be used to provide this service.</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: Provide Case Management initial assessment , service planning, monitoring and follow-up activities based on identified need to 90% of PLWA.	15 Minute Increments (Office Visit, Non Face-to-face, etc.)					\$ -	\$ -
b: Provide Case Management reassessment , service planning, monitoring and follow-up activities based on identified need to 90% of PLWA.	15 Minute Increments (Office Visit, Non Face-to-face, etc.)					\$ -	\$ -
c: Provide ongoing Case Management services.	15 Minute Increments (Office Visit, Non Face-to-face, etc.)					\$ -	\$ -
d: Provide Non-Face to Face Case Management	Connected Phone Call					\$ -	\$ -
e: 100% of eligible clients have been accurately entered into RWES.	1 Unit = 1 RWES Record					\$ -	\$ -
5. Unduplicated: <i>Provide the number of unduplicated clients served.</i>							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category:							
				Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %	
<i>HAB MCM Care Plan Measure: Medical Case Management: Care Plan</i>				1375/1500, 92%	1450/1500, 97%		
				Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %	
<i>HAB MCM Care Plan Measure: HIV Medical Visit Frequency</i>				1375/1500, 92%	1450/1500, 97%		
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table									
Provider Name		0		Prepared By		0			
						Total Service Category Funds			
						Allocation	Expenditure		
Service Category Name: Early Intervention Services - Corrections Navigation						\$ -	\$ -		
Service Category Goal: Improve rates of linkage, re-engagement and retention in medical care by providing linkage services to HIV positive inmates upon release from prison.									
Stage of the HIV Care Continuum related to this service category: Linked to Care, Retained in Care									
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:			
List SMART objectives that support the service goal listed above.		Define the service unit to be provided		Number of people to be served		Total Number of service units to be			
				Provide the approximate amount of funds to be used to provide this					
				Annual Target	Actual	Annual Target	Actual		
				Allocation	Expenditure				
a: Link 75% of recently released clients to medical services, within 30 days after their release date.		15 Minute Increments				\$ -	\$ -		
b: 75% of recently released clients have been referred to housing, employment and transportation services will actually receive assistance within 30 days of release.		15 Minute Increments				\$ -	\$ -		
c: 75% of recently released clients have received follow-up services to determine if they remain in care after six (6) months.		15 Minute Increments				\$ -	\$ -		
d: Provide pre-release Correctional Navigation services to 75% of clients currently in a facility that will be released <90 days.		15 Minute Increments				\$ -	\$ -		
5. Unduplicated: Provide the number of unduplicated clients served.									
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)									
<i>HAB Systems-Level Measures: Linkage to HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				67/75, 90%		18/23, 78%			
<i>HHS Measure: Retention in HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				60/67, 90%		13/18, 75%			
TDH or United Way Feedback:									

Ryan White Part B Implementation Plan: Service Category Table									
Provider Name		0		Prepared By		0			
						Total Service Category Funds			
						Allocation	Expenditure		
Service Category Name: Early Intervention Services - Re-engagement and Linkage to Care						\$ -	\$ -		
Service Category Goal: Improve rates of linkage, re-engagement and retention in medical care by providing linkage services to newly diagnosed HIV positive clients and PLWHA who have fallen out of care for 12 months or longer.									
Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care									
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:			
<i>List SMART objectives that support the service goal listed above.</i>		<i>Define the service unit to be provided</i>		<i>Number of people to be served</i>		<i>Total Number of service units to be</i>			
				<i>Provide the approximate amount of funds to be used to provide this</i>					
				Annual Target		Actual			
				Annual Target		Actual			
				Allocation		Expenditure			
a: Link 95% of new PLWHA to medical services within 30 days of diagnosis.		15 Minutes of Linkage Activities							
b: Investigate at least 90% of PLWHA (referred to the program) with no known medical visits within the past 12 months to verify their current care status.		15 Minute Record Search				\$ -	\$ -		
c: Locate 50% of known PLWHA who had no known medical visits within the past 12 months		15 minutes of Attempts to Contact/Locate (phone calls, field visits, letters)				\$ -	\$ -		
d: 1) Re-engage and link 40% of known PLWHA (who were located and had no known medical visits within the past 12 months) within 30 days of locating the client.		15 minutes of Re-engagement Activities (provider communication, transportation, provider visits)				\$ -	\$ -		
d: 2) Re-engage and link 50% of known PLWHA (who were located and had no known medical visits within the past 12 months) within 6 months of locating the client.		15 minutes of Re-engagement Activities (provider communication, transportation, provider visits)				\$ -	\$ -		
e: Follow up with PLWHA re-engaged in care and verify that 50% are retained in care		15 Minute Record Search				\$ -	\$ -		
f: Verify that 50% of PLWHA, with a known medical visit within the past 12 months, achieve viral suppression		15 Minute Record Search				\$ -	\$ -		
g: Make in-person contact with six points of entry across the state of Tennessee during the grant year to inform the providers of linkage services and where to refer clients for HIV care.		15 Minute Increments				\$ -	\$ -		
5. Unduplicated: Provide the number of unduplicated clients served.									
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)									
<i>HAB Systems-Level Measures: Linkage to HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				77/495, 16%		75/500, 15%			
<i>HHS Measure: Retention in HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				882/880, 100%		750/750, 100%			
<i>HHS Measure: Retention in HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				217/420, 50%		375/750, 50%			
<i>HHS Measure: Retention in HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				90/217, 41%		150/375, 40%			
<i>HHS Measure: Retention in HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				8,088/15,319, 53%		8,088/15,319, 53%			
<i>HHS Measure: Viral Load Suppression Among Persons in HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				7,979/15,319, 52%		7,979/15,319, 52%			
<i>HHS Measure: Retention in HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				N/a		6/6, 100%			
TDH or United Way Feedback:									

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name		0		Prepared By		0	
Service Category Name: Emergency Financial Assistance						Total Service Category Funds	
						Allocation	Expenditure
						\$	-
Service Category Goal: Meet the emergency financial needs of PLWHAs by providing utility and emergency formulary pharmaceutical assistance.						\$	-
Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed							
1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be provided</i>		<i>Provide the approximate amount of funds to be used to provide this service.</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: Provide emergency financial assistance for 90% of PLWA's utilities not covered by other municipal, state or federal programs (HOWPA, etc.).	1 Utility Bill Paid = 1 Unit					\$ -	\$ -
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
<i>HHS Measure: Retention in HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
				17/20, 85%		20/20, 100%	
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name		0		Prepared By		0	
Service Category Name: Food Bank / Home-based Meal Services						Total Service Category Funds	
						Allocation	Expenditure
						\$	-
Service Category Goal: Provide food in order to improve nutritional status of PLWHA and enhance medication adherence.						\$	-
Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed							
1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be provided</i>		<i>Provide the approximate amount of funds to be used to provide this service.</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: Provide Food Voucher / Cards for 90% of clients referred and/or individual requests.	\$20 = 1 Unit						
b: Provide Food Bag / Box for 90% of clients referred and/or individual requests.	\$20 = 1 Unit						
c: Provide Home Delivered Meals for 90% of clients referred and/or individual requests.	\$20 = 1 Unit						
d: Provide Hygiene Kits for 90% of clients referred and/or individual requests.	\$15 = 1 Unit						
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
<i>HHS Measure: Retention in HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
				1520/1575, 96%		1550/1600,97%	
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name		0		Prepared By		0	
						Total Service Category Funds	
Service Category Name: Health Insurance Premium and Cost Sharing Assistance						Allocation	Expenditure
						\$ -	\$ -
Service Category Goal: Provide financial assistance in the form of premiums, co-pays and deductibles.							
Stage of the HIV Care Continuum related to this service category: Retained in Care							
1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be</i>		<i>Provide the approximate amount of funds to be used to provide this</i>	
		Annual Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide access to medical care for low income HIV+ clients by paying health insurance premiums, co-pays, and deductibles for eligible Ryan White clients.	Premiums ONLY					\$ -	\$ -
	Copays ONLY					\$ -	\$ -
	Deductible ONLY					\$ -	\$ -
	Premiums & Copay ONLY					\$ -	\$ -
	Premiums & Deductible ONLY					\$ -	\$ -
	Copays/Deductibles ONLY					\$ -	\$ -
	All 3 - Premium/Copay/Deductible					\$ -	\$ -
	Benefits Management Services					\$ -	\$ -
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
<i>HHS Measure: Retention in HIV Medical Care</i>		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		4900/5000, 98%		3000/4900, 62%			
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name	0	Prepared By	0	Total Service Category Funds			
				Allocation	Expenditure		
Service Category Name: Housing Services				\$ -	\$ -		
Service Category Goal: Provide short-term housing assistance to PLWHA's to enhance maintenance and adherence to HIV medical care and services.							
Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed							
1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be provided</i>		<i>Provide the approximate amount of funds to be used to provide this service.</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: Provide housing assistance in the form of payment of Rent.	1 Rent Bill Paid = 1 Unit					\$ -	\$ -
b: Provide housing assistance in the form of payment of Hotel.	1 Hotel Night Paid = 1 Unit					\$ -	\$ -
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
<i>HHS Measure: Housing Status</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
				N/a		188/250, 75%	
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name	0	Prepared By	0	Total Service Category Funds			
				Allocation	Expenditure		
Service Category Name: MAI - Outreach				\$	-	\$	-
Service Category Goal: Ensure access and linkage to quality medical nutrition services for all eligible HIV/AIDS diagnosed residents of Tennessee.							
Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed							
1. Objectives:	2. Service Unit Definition:	3. Quantity:		4. Funds:			
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be</i>		<i>Provide the approximate amount of funds to be used to provide this</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: 80% of newly diagnosed minority individuals not engaged in care will be successfully linked to medical care.	15 Minute Increments					\$ -	\$ -
b: 67% of previously diagnosed individuals with no evidence of medical visits or viral load draws have been successfully linked to medical care.	15 Minute Increments					\$ -	\$ -
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
<i>HAB Systems-Level Measures: Linkage to HIV Medical Care</i>		71/75, 95%		75/75, 100%			
		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
<i>HAB Systems-Level Measures: Linkage to HIV Medical Care</i>		71/75, 95%		75/75, 100%			
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name	0	Prepared By	0	Total Service Category Funds			
Service Category Name: Medical Case Management				Allocation	Expenditure		
				\$ -	\$ -		
Service Category Goal: Provide Medical Case Management assistance to PLWHA to determine eligibility and enhance maintenance and adherence to HIV medical care and services.							
Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed							
1. Objectives:	2. Service Unit Definition:	3. Quantity:		4. Funds:			
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be provided</i>		<i>Provide the approximate amount of funds to be used to provide this service.</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: Provide Medical Case Management assessment , service planning, monitoring and follow-up activities based on identified need to 90% of PLWA.	15 Minute Increments (Office Visit)					\$ -	\$ -
b: Provide Medical Case Management reassessment , service planning, monitoring and follow-up activities based on identified need to 90% of PLWA.	15 Minute Increments (Office Visit)					\$ -	\$ -
c: Provide on going Medical Case Management services.	15 Minute Office Visit					\$ -	\$ -
d. Provide Non-Face to Face Medical Case Management	Connected Phone Call					\$ -	\$ -
e. 100% of eligible clients have been accurately entered into RWES.	1 Unit = 1 RWES Record					\$ -	\$ -
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
HAB MCM Care Plan Measure: Medical Case Management: Care Plan		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		6000/7400, 81%		6800/7400, 92%			
HAB ADAP Measures:ADAP: Eligibility Recertification		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		5400/6000, 90%		6120/6800, 90%			
HAB ADAP Measures:ADAP: Application Determination		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		6000/7400, 81%		6800/7400, 92%			
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table									
Provider Name		0		Prepared By		0			
Service Category Name: Medical Case Management - Housing						Total Service Category Funds			
						Allocation	Expenditure		
						\$ -	\$ -		
Service Category Goal: Provide Medical Case Management Services in order to facilitate and support PLWHA's access to permanent housing to enable an individual or family to gain or maintain their ability to effectively manage their HIV disease.									
Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed									
1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:			
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be provided</i>		<i>Provide the approximate amount of funds to be used to provide this service.</i>			
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure		
a: Provide Medical Case Management housing assessment , service planning, monitoring, follow-up activities and advocacy services to help maintain client in permanent housing.	15 Minute Increments					\$ -	\$ -		
b: Provide Medical Case Management housing reassessment , service planning, monitoring, follow-up activities and advocacy services to help maintain client in permanent housing.	15 Minute Increments					\$ -	\$ -		
c: Provide ongoing Medical Case Management housing services.	15 Minute Increments					\$ -	\$ -		
5. Unduplicated: Provide the number of unduplicated clients served.									
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)									
<i>HHS Measure: Housing Status</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
				N/a		500/750, 67%			
TDH or United Way Feedback:									

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name	0	Prepared By	0	Total Service Category Funds			
				Allocation	Expenditure		
Service Category Name: Medical Nutrition				\$	-	\$	-
Service Category Goal: Ensure access and linkage to quality medical nutrition services for all eligible HIV/AIDS diagnosed residents of Tennessee.							
Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed							
1. Objectives:	2. Service Unit Definition:	3. Quantity:		4. Funds:			
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be</i>		<i>Provide the approximate amount of funds to be used to provide this</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: 100% of clients receiving medical nutrition services have been linked (receive at least one medical visit with a provider with prescribing privileges) to medical care.	15 Minute Increments						
b: 80% of clients receiving medical nutrition services have been retained (receive at least two medical visits with a provider with prescribing privileges) in medical care.	15 Minute Increments					\$ -	\$ -
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
<i>HHS Measure: Retention in HIV Medical Care</i>		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		50/52, 96%		52/52, 100%			
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name	0	Prepared By	0	Total Service Category Funds			
				Allocation	Expenditure		
Service Category Name: Medical Transportation				\$	-	\$	-
Service Category Goal: Provide transportation services to PLWHA s in order to access HIV medical care and other services.							
Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed							
1. Objectives:	2. Service Unit Definition:	3. Quantity:		4. Funds:			
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be provided</i>		<i>Provide the approximate amount of funds to be used to provide this service.</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: Provide Bus Tokens / Pass for 90% of clients referred and/or individual requests.	\$20 = 1 Unit					\$ -	\$ -
b: Provide Mileage Reimbursement (i.e. gas card / voucher) for 90% of clients referred and/or individual requests.	\$20 = 1 Unit						
c: Provide Taxi Rides (Emergency Only) for 90% of clients referred and/or individual requests.	\$20 = 1 Unit					\$ -	\$ -
d: Provide Agency Based Transportation for 90% of clients referred and/or individual requests.	\$20 = 1 Unit						
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
<i>HHS Measure: Retention in HIV Medical Care</i>		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		N/a		550/750, 73%			
<i>HHS Measure: Retention in HIV Medical Care</i>		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		N/a		300/500, 60%			
<i>HHS Measure: Retention in HIV Medical Care</i>		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		N/a		25/25, 100%			
<i>HHS Measure: Retention in HIV Medical Care</i>		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		N/a		225/225, 100%			
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name	0	Prepared By	0	Total Service Category Funds			
				Allocation	Expenditure		
Service Category Name: Mental Health				\$ -	\$ -		
Service Category Goal: Provide Outpatient Mental Health Treatment Services based on national best practice models in order to enhance maintenance and adherence to HIV medical care and services.							
Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed							
1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be provided</i>		<i>Provide the approximate amount of funds to be used to provide this service.</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: Provide 90% of PLWHA comprehensive "Individual" outpatient Mental Health Services.	15 Minute Increments					\$ -	\$ -
b: Provide 90% of PLWHA comprehensive "Group" outpatient Mental Health Services.	15 Minute Increments					\$ -	\$ -
c: Provide 90% of PLWHA comprehensive diagnostic evaluation and treatment from a "Psychiatrist" or "Psychiatric Nurse."	15 Minute Increments					\$ -	\$ -
d: Referrals for psychiatric assessment/treatment or inpatient mental health treatment.	1 Referral					\$ -	\$ -
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
<i>HHS Measure: Retention in HIV Medical Care</i>		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		345/450, 76%		500/550, 90%			
<i>HHS Measure: Retention in HIV Medical Care</i>		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		120/150, 80%		135/50, 90%			
<i>HHS Measure: Retention in HIV Medical Care</i>		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		N/a		50/75, 67%			
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name	0	Prepared By	0	Total Service Category Funds			
				Allocation	Expenditure		
Service Category Name: Oral Health Services				\$ -	\$ -		
Service Category Goal: Provide Oral Health Services in order to maintain or improve oral health and the overall health status of PLWHAs.							
Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed							
1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be provided</i>		<i>Provide the approximate amount of funds to be used to provide this service.</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: Provide diagnostic, preventative, restorative and prosthetic dental care services for 75% of clients.	1 Oral Health Care Visit = 1 Unit					\$ -	\$ -
b. Oral health Case Management service planning , appointment follow up and associated activities.	15 Minute Increments						
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
			Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %
<i>HAB Oral Care Measures: Oral Health Services: Dental Treatment Plan</i>							
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name	0	Prepared By	0	Total Service Category Funds			
Service Category Name: Outpatient Ambulatory Medical Care				Allocation	Expenditure		
				\$ -	\$ -		
Service Category Goal: Improve health outcomes by providing HIV medical care to people living with HIV that is consistent with the most recent DHHS Guidelines.							
Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed							
1. Objectives:	2. Service Unit Definition:	3. Quantity:		4. Funds:			
List SMART objectives that support the service goal listed above.	Define the service unit to be provided	Number of people to be served		Total Number of service units to be		Provide the approximate amount of funds to be used to provide this	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a. Clients who were seen this quarter who have received Outpatient / Ambulatory services.	1 unit = 1 Visit						
b. Clients who were seen this quarter who have attend at least two medical visits with a provider with prescribing privileges in the past 12 months.	1 unit = 1 Visit					\$ -	-
c. Clients who were seen this quarter who have been virally suppressed in the past 12 months.	1 unit = 1 Visit					\$ -	\$ -
d. Clients who were seen this quarter who have been prescribed ART.	1 unit = 1 Visit					\$ -	\$ -
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
HAB Core Measures: HIV Medical Visit Frequency		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		4950/5000, 99%		4680/5200, 90%			
HHS Measure: Viral Load Suppression Among Persons in HIV Medical Care		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		3500/5000, 70%		3750/5000, 75%			
HAB Core Measures: Prescription of HIV Antiretroviral Therapy		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		4750/5000, 95%		4680/5200, 90%			
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name	0	Prepared By	0	Total Service Category Funds			
Service Category Name: Psychosocial Support Services				Allocation	Expenditure		
				\$	-	\$	-
Service Category Goal: Improve or maintain the emotional well-being of PLWHAs in order to enhance the activities of daily living and access to HIV medical care and services.							
Stage of the HIV Care Continuum related to this service category: Retained in Care; Virally Suppressed							
1. Objectives:	2. Service Unit Definition:	3. Quantity:		4. Funds:			
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be provided</i>		<i>Provide the approximate amount of funds to be used to provide this service.</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: Provide 90% of clients with individual "PEER" support to PLWHA.	15 Minute Increments						
b: Provide 90% of clients with group "PEER" support to PLWHA.	15 Minute Increments						
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
HHS Measure: Retention in HIV Medical Care		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		178/200, 89%		200/220, 90%			
HHS Measure: Retention in HIV Medical Care		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		N/a		68/75, 90%			
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name	0			Prepared By	0		
						Total Service Category Funds	
Service Category Name: Referral for Health Care / Support Services						Allocation	Expenditure
						\$ -	\$ -
Service Category Goal: Provide telephone referral services to engage and maintain clients in HIV medical care and services.							
Stage of the HIV Care Continuum related to this service category: Linked to Care							
1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be provided</i>		<i>Provide the approximate amount of funds to be used to provide this service.</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: Provide a client with referral resources through telephone communication.	15 Minute Increments					\$ -	\$ -
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
<i>HAB Systems-Level Measures: Linkage to HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
				1400/1500, 93%		1400/1500, 93%	
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name		0		Prepared By		0	
Service Category Name: Substance Abuse						Total Service Category Funds	
						Allocation	Expenditure
Service Category Goal: Provide outpatient substance abuse treatment services based on national best practice models to PLWHA who are abusing Alcohol or Other Drugs (AOD) in order to enhance maintenance in and adherence to HIV medical care and treatment.						\$	-
Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed						\$	-
1. Objectives:	2. Service Unit Definition:	3. Quantity:		4. Funds:			
List SMART objectives that support the service goal listed above.	Define the service unit to be provided	Number of people to be served		Total Number of service units to be provided		Provide the approximate amount of funds to be used to provide this service.	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: Provide 90% of clients PLWA with "individual" Substance Abuse Treatment.	15 Minute Increments					\$ -	\$ -
b: Provide 90% of clients PLWHA with "group" outpatient substance use / abuse treatment.	15 Minute Increments					\$ -	\$ -
c: Make referrals for linkage to inpatient Alcohol + Drug treatment services as clinically indicated.	15 Minute Increments					\$ -	\$ -
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
HHS Measure: Retention in HIV Medical Care		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		N/a		180/200,			
HHS Measure: Retention in HIV Medical Care		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		N/a		50/75, 93%			
HAB Systems -Level Measures: Linkage to HIV Medical Care		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
		N/a		25/50, 50%			
TDH or United Way Feedback:							

Ryan White Part B Implementation Plan: Service Category Table							
Provider Name		0		Prepared By		0	
						Total Service Category Funds	
						Allocation	Expenditure
Service Category Name: MAI - Health Education / Risk Reduction						\$ -	\$ -
Service Category Goal: Ensure communities of color/minority populations receive education about HIV disease, the importance of HIV treatment, and increase awareness of care and treatment services with an emphasis on ADAP services.							
Stage of the HIV Care Continuum related to this service category: Diagnosed; Linked to Care							
1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
<i>List SMART objectives that support the service goal listed above.</i>	<i>Define the service unit to be provided</i>	<i>Number of people to be served</i>		<i>Total Number of service units to be</i>		<i>Provide the approximate amount of funds to be used to provide this</i>	
		Annual Target	Actual	Annual Target	Actual	Allocation	Expenditure
a: Conduct outreach activities in venues for at-risk populations.	15 Minute Increments					\$ -	\$ -
b: PLWA have been referred to Primary Medical Care / Centers of Excellence and Medical Care Management services.	15 Minute Increments					\$ -	\$ -
c. Follow up with PLWHA that have been retained in care for at least 12 months.	15 Minute Increments					\$ -	\$ -
5. Unduplicated: Provide the number of unduplicated clients served.							
Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
<i>HHS Measure: HIV Positivity</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
<i>HAB Systems-Level Measure: Linkage to HIV Medical Care</i>				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
TDH or United Way Feedback:							

**Multi Budget Supplemental Sheet
Ryan White Part B Program
April 2021 - March 2022 Annual Budget for Core Medical Services**

Contract Name:

Contract #:

	OAMC	MCM	MH	EIS	MNT	SAOut	CM(non)	EFA	FB/HDM	H	MedT	PSY	REF	Total Budget
Line Item														
Salaries														\$ -
Benefits														\$ -
Professional Fee/Grant & Award														\$ -
Supplies														\$ -
Telephone														\$ -
Postage & Shipping														\$ -
Occupancy														\$ -
Equipment Rental & Maintenance														\$ -
Printing & Publications														\$ -
Travel/Conferences & Meetings														\$ -
Interest														\$ -
Insurance														\$ -
Specific Assistance to Individuals														\$ -
Depreciation														\$ -
Other Non Personnel														\$ -
Capital Purchase														\$ -
Indirect Cost														\$ -
Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Revenue														
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

OAMC - Outpatient Ambulatory	SAOut - Substance Abuse Outpatient	MedT - Medical Transportation
MCM - Medical Case Management	CM (non) - Case Management (non)	PSY - Psychological Support
MH - Mental Health	EFA - Emergency Financial Assistance	REF - Referral
EIS - Early Intervention Services	FB/HDM - Food Bank/Home Delivered Meals	
MNT - Medical Nutrition Therapy	H - Housing	

Effective November 24, 2020

**Multi Budget Supplemental Sheet
Ryan White Part B Program
April 2021 - March 2022 Annual Budget for Support Services**

Contract Name:

Contract #:

	OAMC	MCM	MH	EIS	MNT	SAOut	CM(non)	EFA	FB/HDM	H	MedT	PSY	REF	Total Budget
Line Item														
Salaries														\$ -
Benefits														\$ -
Professional Fee/Grant & Award														\$ -
Supplies														\$ -
Telephone														\$ -
Postage & Shipping														\$ -
Occupancy														\$ -
Equipment Rental & Maintenance														\$ -
Printing & Publications														\$ -
Travel/Conferences & Meetings														\$ -
Interest														\$ -
Insurance														\$ -
Specific Assistance to Individuals														\$ -
Depreciation														\$ -
Other Non Personnel														\$ -
Capital Purchase														\$ -
Indirect Cost														\$ -
Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Revenue														
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

OAMC - Outpatient Ambulatory	SAOut - Substance Abuse Outpatient	MedT - Medical Transportation
MCM - Medical Case Management	CM (non) - Case Management Non-medical	PSY - Psychological Support
MH - Mental Health	EFA - Emergency Financial Assistance	REF - Referral
EIS - Early Intervention Services	FB/HDM - Food Bank/Home Delivered Meals	
MNT - Medical Nutrition Therapy	H - Housing	

Effective November 24, 2020

**Multi Budget Supplemental Sheet
Ryan White Part B Program
April 2021 - March 2022 Monthly for Core Medical Services**

Contract Name:

Contract #:

	OAMC	MCM	MH	EIS	MNT	SAOut	CM(non)	EFA	FB/HDM	H	MedT	PSY	REF	Total Budget
Line Item														
Salaries														\$ -
Benefits														\$ -
Professional Fee/Grant & Award														\$ -
Supplies														\$ -
Telephone														\$ -
Postage & Shipping														\$ -
Occupancy														\$ -
Equipment Rental & Maintenance														\$ -
Printing & Publications														\$ -
Travel/Conferences & Meetings														\$ -
Interest														\$ -
Insurance														\$ -
Specific Assistance to Individuals														\$ -
Depreciation														\$ -
Other Non Personnel														\$ -
Capital Purchase														\$ -
Indirect Cost														\$ -
Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Revenue														
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

OAMC - Outpatient Ambulatory	SAOut - Substance Abuse Outpatient	MedT - Medical Transportation
MCM - Medical Case Management	CM (non) - Case Management (non-n	PSY - Psychological Support
MH - Mental Health	EFA - Emergency Financial Assistance	REF - Referral
EIS - Early Intervention Services	FB/HDM - Food Bank/Home Delivered Meals	
MNT - Medical Nutrition Therapy	H - Housing	

Effective November 24, 2020

**Multi Budget Supplemental Sheet
Ryan White Part B Program
April 2021 - March 2022 Monthly for Support Services**

Contract Name:

Contract #:

	OAMC	MCM	MH	EIS	MNT	SAOut	CM(non)	EFA	FB/HDM	H	MedT	PSY	REF	Total Budget
Line Item														
Salaries														\$ -
Benefits														\$ -
Professional Fee/Grant & Award														\$ -
Supplies														\$ -
Telephone														\$ -
Postage & Shipping														\$ -
Occupancy														\$ -
Equipment Rental & Maintenance														\$ -
Printing & Publications														\$ -
Travel/Conferences & Meetings														\$ -
Interest														\$ -
Insurance														\$ -
Specific Assistance to Individuals														\$ -
Depreciation														\$ -
Other Non Personnel														\$ -
Capital Purchase														\$ -
Indirect Cost														\$ -
Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Revenue														
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

OAMC - Outpatient Ambulatory	SAOut - Substance Abuse Outpatient	MedT - Medical Transportation
MCM - Medical Case Management	CM (non) - Case Management (non-medical)	PSY - Psychological Support
MH - Mental Health	EFA - Emergency Financial Assistance	REF - Referral
EIS - Early Intervention Services	FB/HDM - Food Bank/Home Delivered Meals	
MNT - Medical Nutrition Therapy	H - Housing	

Effective November 24, 2020

ATTACHMENT 3**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)	Pending
Federal award date	Pending
CFDA number and name	93.917
Grant contract's begin date	April 1, 2020
Grant contract's end date	March 31, 2022
Amount of federal funds obligated by this grant contract	\$101,100
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	Pending
Name of federal awarding agency	Health Resources and Services Administration (HRSA)
Name and contact information for the federal awarding official	Pending
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)	Up to 10% of Award

ATTACHMENT 4
GRANT BUDGET
(BUDGET PAGE 1)

Ryan White Part B Core Medical Services-EIS				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2020, and ending March 31, 2021.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$68,300.00	\$0.00	\$68,300.00
2	Benefits & Taxes	\$25,800.00	\$0.00	\$25,800.00
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	\$7,000.00	\$0.00	\$7,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$101,100.00	\$0.00	\$101,100.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

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

ATTACHMENT 4
GRANT BUDGET
(BUDGET PAGE 2)

Ryan White Part B Core Medical Services-EIS				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2020, and ending March 31, 2021.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$35,700.00	\$0.00	\$35,700.00
2	Benefits & Taxes	\$14,000.00	\$0.00	\$14,000.00
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 (10% of s&b)	\$5,000.00	\$0.00	\$5,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$54,700.00	\$0.00	\$54,700.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

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

ATTACHMENT 4 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 3)

SALARIES								AMOUNT
Melody Quarles, Communicable Disease Investigator	4,392.09	x	3	x	0.15	+		\$1,976.44
Melody Quarles, Communicable Disease Investigator	4,523.85	x	9	x	0.15	+	140 Longevity	\$6,247.20
Crystal Witt, Communicable Disease Investigator	3,941.63	x	3	x	0.15	+		\$1,773.73
Crystal Witt, Communicable Disease Investigator	4,059.88	x	9	x	0.15	+	53 Longevity	\$5,533.84
Rashanda Ridley, Program Coordinator	4,175.59	x	3	x	0.15	+		\$1,879.02
Rashanda Ridley, Program Coordinator	4,300.86	x	9	x	0.15	+	78 Longevity	\$5,884.16
John George Michael, Communicable Disease Investigator	3,378.55	x	3	x	0.15	+		\$1,520.35
John George Michael, Communicable Disease Investigator	3,479.91	x	9	x	0.15	+		\$4,697.88
Marty Carpenter, Communicable Disease Investigator	3,378.55	x	3	x	0.15	+		\$1,520.35
Marty Carpenter, Communicable Disease Investigator	3,479.91	x	9	x	0.15	+		\$4,697.88
ROUNDED TOTAL								\$35,700.00

ATTACHMENT 4
GRANT BUDGET
(BUDGET PAGE 4)

Metropolitan Government of Nashville and Davidson County - HIV Core-EIS				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2021, and ending March 31, 2022.				
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	\$32,600.00	\$0.00	\$32,600.00
2	Benefits & Taxes	\$11,800.00	\$0.00	\$11,800.00
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 (4.5% and salaries and benefits)	\$2,000.00	\$0.00	\$2,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$46,400.00	\$0.00	\$46,400.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

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

ATTACHMENT 4 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 5)

SALARIES							AMOUNT
Melody Quarles, Communicable Disease Investigator	4,523.85	x	15%	x	3		\$2,035.73
Melody Quarles, Communicable Disease Investigator	4,569.09	x	15%	x	9		\$6,168.27
Vacant, Communicable Disease Investigator	3,412.00	x	10%	x	3		\$1,023.60
Vacant, Communicable Disease Investigator	3,446.12	x	10%	x	9		\$3,101.50
Danielle Duke, Program Coordinator	4,175.60	x	15%	x	3		\$1,879.02
Danielle Duke, Program Coordinator	4,217.36	x	15%	x	9		\$5,693.43
John George Michael, Communicable Disease Investigator	3,479.91	x	15%	x	3		\$1,565.95
John George Michael, Communicable Disease Investigator	3,514.71	x	15%	x	9		\$4,744.85
Erene Bell, Communicable Disease Investigator	3,529.95	x	15%	x	3		\$1,588.47
Erene Bell, Communicable Disease Investigator	3,565.25	x	15%	x	9		\$4,813.09
ROUNDED TOTAL							\$32,600.00

Program Income Outside of Ryan White Part B Funding

Description: Per HIV/AIDS Bureau Policy Clarification 15-03, program income is defined as, "gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as HIV/AIDS Bureau Policy 15-03 provided on 45 CFR § 75.307(f)." Policy Clarification 15-03 also states that Ryan White programs must monitor and track program income earned by subrecipients. Please feel free to refer to Policy Clarification 15-03 at: https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-03_program_income.pdf

Directions: Please complete the table below with regards to the program income earned by your organization during the quarter. Please disaggregate and list the amount of program income earned, and provide a quick description of the program income. Do not submit one aggregated amount per quarter. Please feel free to add more lines for your quarterly reporting as needed.

Deadline for Submission
 Quarter 1 (April-June)- **July 15**
 Quarter 2 (July-Sept)- **Oct. 15**
 Quarter 3 (Oct-Dec)- **Jan. 15**
 Quarter 4 (Jan-March)- **Apr 15**

Agency Name								
Contact Name								
Grant Year								
Reporting Period	Qtr 1		Qtr 2		Qtr 3		Qtr 4	
Program Income	Amount	Description of Program Income (i.e. 340b, Other Ryan White Grant, etc)	Amount	Description of Program Income (i.e. 340b, Other Ryan White Grant, etc)	Amount	Description of Program Income (i.e. 340b, Other Ryan White Grant, etc)	Amount	Description of Program Income (i.e. 340b, Other Ryan White Grant, etc)
	\$0.00		\$0.00		\$0.00		\$0.00	
	\$0.00		\$0.00		\$0.00		\$0.00	
	\$0.00		\$0.00		\$0.00		\$0.00	
	\$0.00		\$0.00		\$0.00		\$0.00	
	\$0.00		\$0.00		\$0.00		\$0.00	
	\$0.00		\$0.00		\$0.00		\$0.00	
	\$0.00		\$0.00		\$0.00		\$0.00	
	\$0.00		\$0.00		\$0.00		\$0.00	
Totals	\$0.00		\$0.00		\$0.00		\$0.00	