

GRANT SUMMARY SHEET

Grant Name: HIV Core Medical & Early Intervention Services 22-23 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: \$0.00

Cash Match Amount: \$0.00

Department Contact: 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 revises A.16. COVID-19 Vaccination Education Efforts from original contract.

Plan for continuation of services upon grant

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 22-23 Amend. 1 | | | | | | | | | | | | | | | | | | |
| Grantor: | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | | | Other: | | | | | | | | | | | | | |
| Grant Period From: | 04/01/22 | (applications only) Anticipated Application Date: | | | | | | | | | | | | | | | | | |
| Grant Period To: | 03/31/23 | (applications only) Application Deadline: | | | | | | | | | | | | | | | | | |
| Funding Type: | FED PASS THRU | Multi-Department Grant | | If yes, list below. | | | | | | | | | | | | | | | |
| Pass-Thru: | TENN. DEPT. OF HEALTH | Outside Consultant Project: | | | | | | | | | | | | | | | | | |
| Award Type: | OTHER | Total Award: | | \$0.00 | | | | | | | | | | | | | | | |
| 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 revises A.16. COVID-19 Vaccination Education Efforts from original contract.</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> <table border="1"> <tr> <td>Number of FTEs the grant will fund:</td> <td>0.75</td> <td>Actual number of positions added:</td> <td>0.00</td> </tr> <tr> <td>Departmental Indirect Cost Rate</td> <td>24.82%</td> <td>Indirect Cost of Grant to Metro:</td> <td>\$11,516.48</td> </tr> <tr> <td>*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No % Allow.</td> <td>9.05%</td> <td>Ind. Cost Requested from Grantor:</td> <td>\$4,200.00 in budget</td> </tr> </table> <p>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</p> | | | | | | | | Number of FTEs the grant will fund: | 0.75 | Actual number of positions added: | 0.00 | Departmental Indirect Cost Rate | 24.82% | Indirect Cost of Grant to Metro: | \$11,516.48 | *Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No % Allow. | 9.05% | Ind. Cost Requested from Grantor: | \$4,200.00 in budget |
| Number of FTEs the grant will fund: | 0.75 | Actual number of positions added: | 0.00 | | | | | | | | | | | | | | | | |
| Departmental Indirect Cost Rate | 24.82% | Indirect Cost of Grant to Metro: | \$11,516.48 | | | | | | | | | | | | | | | | |
| *Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No % Allow. | 9.05% | Ind. Cost Requested from Grantor: | \$4,200.00 in budget | | | | | | | | | | | | | | | | |
| <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 | FY22 | \$11,600.00 | | | \$0.00 | | \$0.00 | \$11,600.00 | \$2,879.12 | \$1,050.00 |
| Yr 2 | FY23 | \$34,800.00 | | | \$0.00 | | \$0.00 | \$34,800.00 | \$8,637.36 | \$3,150.00 |
| Yr 3 | FY | | | | | | | | | |
| Yr 4 | FY | | | | | | | | | |
| Yr 5 | FY | | | | | | | | | |
| Total | | \$46,400.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | \$46,400.00 | \$11,516.48 | \$4,200.00 |
| Date Awarded: | | 07/18/22 | | | Tot. Awarded: | \$0.00 | Contract#: | 34349-85922-1 | | |
| (or) Date Denied: | | | | | Reason: | | | | | |
| (or) Date Withdrawn: | | | | | Reason: | | | | | |

Contact: vaughn.wilson@nashville.gov

GCP Rec'd
07/25/22

GCP Approved
07/28/22

VW

**AMENDMENT 1
OF GRANT CONTRACT GG227419200**

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

A.16. COVID-19 Vaccination Education Efforts – Through March 31, 2023, any caseworker whose position is funded fifty percent or more (50%) under this grant shall make a good faith effort to counsel, educate, and inform clients about COVID-19 vaccination.

Before starting COVID-19 vaccination educational efforts, the grantee shall request permission from the client to engage in a series of COVID-19 discussion topics that may include the client's vaccination status, household members' vaccination status, and potential benefits of the COVID-19 vaccines. The grantee shall inform the client that participating in these discussions is optional and has no bearing on benefits the client receives through the grantee or the Ryan White Program. The grantee shall advise the client that, even after choosing to participate in COVID-19 discussions, the client may refuse to answer any question posed by a caseworker. After these conditions are met, the grantee shall make a good faith effort to:

- a. Determine client's COVID-19 vaccination status.
- b. Counsel, educate, and inform unvaccinated clients about COVID-19 vaccination.
- c. Facilitate COVID-19 vaccination appointments or walk-ins for vaccinations and additional doses recommended for persons living with HIV boosters for the client.
- d. Offer and assist, as needed, members of an unvaccinated client's household to obtain a COVID-19 vaccination or booster in accordance with CDC recommendations.
- e. Ensure that vaccination efforts do not impede or materially diminish the overall Ryan White services offered or provided to any client.

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:
Gill C Wright III, MD
 0460AC21E1CC408...

 Director, Metro Public Health Department

7/18/2022

 Date

DocuSigned by:
Tiné Hamilton Franklin
 BEBF0BBF14B14B0...

 Chair, Board of Health

7/18/2022

 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kelly Flannery
 6B9E04005F5F...

 Director, Department of Finance

8/2/2022

 Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
 6B9E04005F5F...

 Director of Risk Management Services

8/2/2022

 Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Meki Eke

 Metropolitan Attorney

8/2/2022

 Date

 Metropolitan Mayor

 Date

ATTEST:

 Metropolitan Clerk

 Date

DEPARTMENT OF HEALTH:

MORGAN McDONALD MD, FACP, FAAP
INTERIM COMMISSIONER

 Date

RESOLUTION NO. RS2022-1429

A resolution accepting a grant from the Tennessee Department of Health to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide HIV/AIDS core medical services and early intervention services.

WHEREAS, the State of Tennessee, Department of Health, has awarded a grant in an amount not to exceed \$46,400.00 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide HIV/AIDS core medical services and early intervention 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 Tennessee Department of Health and the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide HIV/AIDS core medical services and early intervention services, a copy of which is attached hereto and incorporated herein, is hereby approved.

Section 2. That the amount of this grant be appropriated to the Metropolitan Board 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

INTRODUCED BY:

Burke Miller

Sam Evans

Russ Bradford

Member(s) of Council

Greg Wild

Jennifer Jable

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

Nikki Sp
Assistant Metropolitan Attorney

GRANT SUMMARY SHEET

Grant Name: HIV Core Medical & Early Intervention Services 22-23

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: \$46,400.00

Cash Match \$0.00

Department Contact: Brad Thompson
340-0407

Status: CONTINUATION

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.

Plan for continuation of services upon grant expiration:

Services will continue on local funding.

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: HIV Core Medical & Early Intervention Services 22-23 | | | | |
| Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | | |
| Grant Period From: 04/01/22 | | (applications only) Anticipated Application Date: | | |
| Grant Period To: 03/31/23 | | (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: CONTINUATION | | Metro Cash Match: | | |
| Metro Category: Est. Prior. | | Metro In-Kind Match: | | |
| CFDA # 93.917 | | Is Council approval required? <input checked="" type="checkbox"/> | | |
| Project Description: | | Applic. Submitted Electronically? <input type="checkbox"/> | | |
| 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. | | | | |
| Plan for continuation of service after expiration of grant/Budgetary Impact: | | | | |
| Services will continue on local funding. | | | | |
| 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: | | 0.75 | Actual number of positions added: 0.00 | |
| Departmental Indirect Cost Rate | | 24.82% | Indirect Cost of Grant to Metro: \$11,516.48 | |
| *Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No | | % Allow. 9.05% | Ind. Cost Requested from Grantor: \$4,200.00 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 |
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| Yr 2 | FY23 | \$34,800.00 | | | \$0.00 | | \$0.00 | \$34,800.00 | \$8,637.36 | \$3,150.00 |
| Yr 3 | FY | | | | | | | | | |
| Yr 4 | FY | | | | | | | | | |
| Yr 5 | FY | | | | | | | | | |
| Total | | \$46,400.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | \$46,400.00 | \$11,516.48 | \$4,200.00 |
| Date Awarded: | | | | 02/14/22 | Tot. Awarded: | | \$46,400.00 | Contract#: | | 34349-85922 |
| (or) Date Denied: | | | | | Reason: | | | | | |
| (or) Date Withdrawn: | | | | | Reason: | | | | | |

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

VW



GOVERNMENTAL GRANT CONTRACT

(cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)

| | | | | | |
|--|-----------------------------------|---|--------------------------|------------------------------|------------------------------------|
| Begin Date April 1, 2022 | End Date March 31, 2023 | Agency Tracking # 34349-85922 | Edison ID | | |
| Grantee Legal Entity Name Metropolitan Government of Nashville and Davidson County | | | | Edison Vendor ID 4 | |
| Subrecipient or Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Recipient | | CFDA # 93.917 | | | |
| | | Grantee's fiscal year end: June 30 | | | |
| Service Caption (one line only) HIV Centers of Excellence | | | | | |
| Funding — | | | | | |
| FY | State | Federal | Interdepartmental | Other | TOTAL Grant Contract Amount |
| 2022 | | \$11,600 | | | \$11,600 |
| 2023 | | \$34,800 | | | \$34,800 |
| | | | | | |
| | | | | | |
| TOTAL: | | \$46,400 | | | \$46,400 |
| Grantee Selection Process Summary | | | | | |
| <input type="checkbox"/> Competitive Selection | | | | | |
| <input checked="" type="checkbox"/> Non-competitive Selection | | The Grantee was chosen for its current capacity to perform all needed services, its proximity to the target audience, and its prior experience with HIV/STD Core Medical Service. | | | |
| 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> | | | CPO USE - GG | | |
| Speed Chart (optional) HL00006855 | | 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 Human Immunodeficiency Virus (HIV) infection and Acquired Immunodeficiency Syndrome (AIDS) Core Medical and Support 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 the scope of services and deliverables ("Scope") as required, described, and detailed in this Grant Contract.

A.2. Service Definitions.

- a. CAREWare Database- free, scalable software for managing and monitoring HIV clinical and supportive care which quickly produces a completed Ryan White HIV/AIDS Services Report.
- b. Early Intervention Services (EIS) – services that include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures.

EIS must include the following four (4) components:

- (1) Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected.
 - i. Grantee must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts;
 - ii. HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources.
 - (2) Referral service to improve HIV care and treatment service at key points of entry.
 - (3) Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care.
 - (4) Outreach Service and Health Education/Risk Reduction related to HIV diagnosis.
- c. Health Resource and Services Administration (HRSA) - the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable.
 - d. HIV Consortia - the four (4) regional Tennessee consortiums that are responsible for the planning, development, and delivery of comprehensive HIV-related services funded under Part B of the RWHAP.
 - e. HIV Drug Assistance Program (HDAP) - a state-administered program authorized under Part B of the RWHAP to provide Food and Drug Administration approved medications to

low-income clients with HIV disease who have no coverage or limited health care coverage.

- f. Medical Case Management - the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).
 - g. Medical Case Manager (MCM) – a professional who assists eligible HIV/AIDS clients to ensure that they access care and treatment.
 - h. Ryan White HIV/AIDS Program (RWHAP)- a federal program, the purpose of which is to assist states and territories in developing and/or enhancing access to a comprehensive continuum of high quality HIV care and treatment for low-income people living with HIV. This program supports the National HIV/AIDS Strategy: Updated to 2020 (NHAS 2020), which is inclusive of the HIV continuum of care. The goals of NHAS 2020 are to reduce HIV incidence, increase access to care and optimize health outcomes, and reduce HIV-related health disparities.
 - i. Ryan White Services Report (RSR) – an annual performance report that documents client demographics, services delivered, and expenditures by funded programs.
 - n. Women, Infants, Children, and Youth (WICY) Report - a report that indicates the number of clients and Ryan White Part D funds spent, by priority service area, in each of the following groups: Women (ages 25 and older), Infants (under 2 years), Children (ages 2-12), and Youth (ages 13-24).
- A.3. Service Goals. 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.
- A.4. Service Recipients. Service recipients are those persons seeking services in Tennessee who are infected with or affected by HIV disease and meeting all program eligibility requirements.
- A.5. Service Description. The Grantee shall use the grant funds to implement and coordinate activities related to HIV/AIDS treatment and services as follows:
- a. The Grantee agrees that during the Term of the Grant Contract, the State shall have access to the Grantee's patient records in order to fulfill the State's goals for patients in the program. Upon expiration or termination of the Grant Contract for any reason, the Grantee shall provide the State with copies of all patient records associated with the Grant Contract. Such records shall be maintained by the State in accordance with all applicable State laws and rules pertaining to confidentiality and records retention.
 - b. The Grantee shall create and/or maintain an agency Quality Management Plan and an agency Quality Management Committee. The committee shall meet periodically, maintain minutes of those meetings, and perform a minimum of two (2) quality improvement studies annually. Additionally, each Grantee shall cooperate with the Ryan White Part B Quality Management Program in performing selected statewide quality studies in accordance with the most current version of the Ryan White Part B Quality Management Plan developed by the State, on file in the Ryan White Part B program office, and distributed to the Grantee. The Ryan White Part B Quality Management staff updates the Ryan White Part B Quality Management Plan annually, or more frequently if needed, and updates are distributed to the Grantee via email.

- c. The Grantee shall provide at least one (1) staff person to be a member of the Ryan White Part B Quality Management Committee. The Ryan White Part B Quality Management Committee and staff will provide leadership and technical assistance to individual agency Quality Management Committees, and provide worksheets, checklists, and other documentation materials as necessary.
- d. The Grantee shall provide EIS and refer ninety percent (90%) or more of newly diagnosed HIV-positive cases identified in STD clinics to HIV care within ninety (90) days of diagnosis.
- e. The Grantee shall send at least one (1) representative to the HIV/STD Statewide Meetings held annually. The Grantee will be notified of the dates and times of the meeting by the State (or designee) as they are scheduled.
- f. In accordance with the Ryan White Part B Monitoring Standards (located at <https://hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringpartb.pdf>), comprehensive monitoring site visits will be conducted at least annually. As part of the fiscal assessment requirements, program income and time and effort analyses will be verified as part of the monitoring site visit process.

A.6. Reporting Requirements.

Table 1, below provides a summary of the expected reports and monitoring data that the grantee shall submit to the Part B program.

Table 1: Expected Part B Program Update, Reporting, and Monitoring Data to be submitted during fiscal year 2022.

| Program/Category of Service | Deadline for Reporting | Notes/Description | Ryan White Contact for Submitting the Required Reporting/Data |
|---|---|--|--|
| Service Data (to be entered in CAREWare) | As services are rendered/completed | Please see A6a, for more information | N/A- Data will be submitted directly into CAREWare |
| Implementation Plans | <u>-Initial Plan</u> July 15 <u>-Quarterly Plans</u> July 15, October 15, January 15, April 15 | The initial implementation plan will be concurrent with the first quarterly implementation plan. Please see A6b, for more information. | Joseph Nault (joseph.nault@tn.gov) |
| Ryan White Services Report (RSR) | February 15 | Submitted via CAREWare. Please see A6c, for more information. | N/A- Data/report will be submitted via the HRSA Electronic Handbook |
| Women, Infants, Children and Youth (WICY) Report | June 15 | Please see A6d, for more information. | Joseph Nault (joseph.nault@tn.gov) |
| Quarterly data for Quality Improvement (QI) | April 30, July 31, October 31, January 31, | | Uche Okeke (uche.okeke@tn.gov) |
| Quality Management Work Plan | April 30 | | Uche Okeke (uche.okeke@tn.gov) |
| Program Income Outside of Ryan White Part B Funding | July 15, October 15, January 15, April 15 | Please see A6f, for more information | Phadre Johnson (phadre.johnson@tn.gov) Stephanie Thomas (stephanie.d.thomas@tn.gov) |

- a. The Grantee shall utilize the Part B CAREWare database version 6, and enter service data, as services are rendered/completed. Quarterly exports of CAREWare databases shall no longer be accepted.

- b. The Grantee shall complete and submit an Annual Target Implementation Plan, and a Quarterly Implementation Plan using the State's Redcap application. The Annual Target Implementation Plan will list the services to be provided, the projected number of clients to be served, and the projected units of service to be provided (as defined by the service category). The Quarterly Implementation Plan will list the progress made toward the projections of the Annual Target Implementation Plan by submitting subservice-level data on the number of clients served and units of service provided, as well as any changes, challenges, or successes. These reports are due to the State no later than the fifteenth (15th) day of the month following the end of each calendar year quarter.
- c. The Grantee agrees to gather all the data elements required to complete the Ryan White Services Report (RSR) and shall be in the format described by the Health Resources and Services Administration Guidelines. A copy has been provided to the Grantee and is posted on the website www.hab.hrsa.gov and includes:
- (1) the Grantee Report, which collects information about the services the provider was funded to provide;
 - (2) the Service Provider Report which captures services actually delivered on a contract-by-contract basis under each Ryan White HIV/AIDS Program Part; and
 - (3) the Client Report which captures the services received by each individual client.

The RSR shall be submitted electronically through the HRSA Electronic Handbook. (<https://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-services-report-rsr>). The submission will be for the complete calendar year (January – December) and the due date is determined annually by HRSA and is typically the first week of March of each following calendar year.

- d. The Grantee shall gather all data elements required to complete the WICY Report. All funded agencies are required to submit an annual WICY Report to the State Ryan White Office no later than June 15th. The report should cover relevant activities completed during the previous grant year.
- e. The Grantee shall complete and submit a monthly and annual Multi Budget Supplemental Form (Attachment 1). The Multi Budget Supplemental Form will list the expenditures in each priority area for services provided during the month. The monthly report is to be submitted with the INVOICE FOR REIMBURSEMENT and is due 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. The annual report is to be submitted to the State no later than April 15 of each year that the Grant Contract is effective.
- f. The Grantee shall complete and submit the Program Income Report (Attachment 2) quarterly. Program income is income earned as a result of the Federal award during the period of performance. Program Income includes but is not limited to 340b income, insurance collections, etc. as it relates to income generated from the RWPB program. Policy Clarification 15-03 states that Ryan White programs must monitor and track program income earned by subrecipients. The Program Income report is due to the RWPB Program no later than the fifteenth (15th) day of the month following the end of each calendar year quarter.
- A.7. Incorporation of Additional Documents. Each of the following documents is included as a part of this Grant Contract by reference or attachment. In the event of a discrepancy or ambiguity regarding the Grantee's duties, responsibilities, and performance hereunder, these items shall govern in order of precedence below.

- a. This Grant Contract document with any attachments or exhibits (excluding the items listed at subsections b. through e., below);
 - b. The most current version of the Ryan White Part B Medical Services Fee Schedule;
 - c. The most current version of the HRSA/HAB Part B Manual and other applicable guidelines;
 - d. The most current version of the MCM Handbook; and
 - e. The most current version of the State Ryan White Part B Quality Management Plan.
- A.8. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment 3, is incorporated in this Grant Contract.
- A.9 Mandatory disclosures. Grantee shall assist the State in complying with mandatory disclosures under the federal grant award. Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

Department of Health and Human Services
Health Resources and Services Administration
Office of Federal Assistance Management
Division of Grants Management Operations
5600 Fishers Lane, Mailstop 10SWH-03
Rockville, MD 20879

AND

U.S. Department of Health and Human Services
Office of Inspector General
Attn: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201
Fax: (202) 205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email:
MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures may result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

Non-Federal entities that have received a Federal award including the terms and conditions outlined in Appendix XII are required to report certain civil, criminal, or administrative proceeds to www.sam.gov. Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321). If the total Federal share of the Federal award is more than \$500,000 over the period of performance, [Appendix XII to CFR Part 200](#) is applicable to this award.

- A.10. Federal Government Audit. If the State is audited by Health Resources and Services Administration (HRSA) as a recipient of federal funds and it is determined that a repayment of funds is required based on the activities of the Grantee subrecipient, the State will notify Grantee in writing. Grantee shall submit payment to the State as outlined in the notification. The Grantee shall abide by all Ryan White HIV/AIDS Program rules and requirements as outlined in the Public Health Service Act- Title XXVI, Policy Clarification #16-02, and HRSA/HAB National Monitoring Standards for Ryan White Part B Grantees: Program – Part B.
- A.11. The Grantee is advised that a unilateral Term Extension under Section B.3. will only be utilized by the State to avoid lapse of this Grant Contract while a mutual Renewal Option is being executed under Section B.2.
- A.12. Upon approval of this Grant Contract, the State will provide via email to the Grantee an invoice template in Excel format that meets the requirements of Sections C.3. – C.5. The Grantee is required to use this template to create all invoice report submissions. If the Grantee has not received the invoice template within 30 days of the contract approval, then please contact contracts.hiv@tn.gov.
- A.13. 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 Section D.8 a copy of the audit report and Notice of Audit Report.
- A.14. No funds awarded under this Grant Contract shall be used for lobbying federal, state, or local officials.
- A.15. As a subrecipient of the federal grant funding herein, as indicated on the FAIW Attachment, the Grantor State Agency may potentially obtain status for operating a pharmacy under Section 340(B)(a)(4) of the Public Health Service Act (340B Pharmacy Status). If the Grantor State Agency obtains 340B Pharmacy Status based upon the subgrantee status resulting from this Grant Contract, the Grantor State Agency understands that all income of the 340B Pharmacy is program income of this grant award. The Grantor State Agency must disburse funds available from program income before requesting additional cash payments from the State. Receipt of program income earned in one grant budget year, but received in a later year, may be utilized by the Grantor State Agency in the year received. See HRSA HIV/AIDS Bureau Policy 15-03. Program income that is reasonably determinable shall appear on the grant budget herein as a grantee program income contribution. Furthermore, such income shall be reported quarterly, pursuant to Grant Section A.6.f. above.
- A.16. Covid-19 Vaccination Efforts - Until March 31, 2023, any Caseworker whose position is funded fifty percent (50%) or more under this grant, shall make a good faith effort to:
- a. Determine clients' Covid-19 vaccination status.
 - b. Counsel, educate, and inform unvaccinated clients about the Covid-19 vaccines.
 - c. Facilitate Covid-19 vaccination appointments or walk-ins for vaccinations and additional doses recommended for persons living with HIV boosters for the client.
 - d. Offer and assist, as needed, members of an unvaccinated client's household to obtain a Covid-19 vaccination or booster, in accordance with CDC recommendations.
 - e. Such vaccination efforts shall not impede or materially diminish the overall Ryan White services offered or provided to any client.

An individual Ryan White caseworker's effort regarding immunizations may be no more than fifty percent (50%) of their job performance during the period beginning April 1, 2022 and ending March 31, 2023. The Grantee shall report the time (hours) and salary (% FTE) attributable to vaccination efforts on a monthly basis, so that the State can properly account for these supplemental services.

B. TERM OF GRANT CONTRACT:

- B.1. This Grant Contract shall be effective for the period beginning on April 1, 2022 ("Effective Date") and ending on March 31, 2023, ("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 two (2) renewal options under the same terms and conditions for a period not to exceed twelve (12) 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.
- B.3. 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 Forty-Six Thousand Four Hundred Dollars (\$46,400.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 4 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 5) 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:

Invoices.hiv@tn.gov

- a. 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: Department of Health, CEDEP
 - (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 move up to twenty percent (20%) of a line-item amount to another line item category provided that any increase is off-set by an equal reduction of other line-item amount(s) and the total Grant Contract amount detailed by the Grant Budget does not increase. An increase of any line item funded at zero dollars (\$0.00) shall require prior approval of the Grantor State Agency.

C.7. Disbursement Reconciliation and Close Out. The Grantee State Agency 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 6).

- 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:

Josh Rosenfeld, MPP, MPH, Director Ryan White Part B Program
Tennessee Department of Health
HIV/STD/Viral Hepatitis Services
Communicable and Environmental Diseases and Emergency Preparedness
4th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243
Email Address: joshua.rosenfeld@tn.gov
Telephone #: (615) 741-0237

The Grantee:

Gill Wright, MD, Director
Metropolitan Government of Nashville and Davidson County
2500 Charlotte Avenue
Nashville, TN 37209
Email Address: gill.wright@nashville.gov
Telephone #: (615) 340-5622
FAX #: (615) 340-2131

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 Attachment 7 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 8 to notify the State whether or not Grantee is subject to an audit. The Grantee should submit only one, completed document during the Grantee's fiscal year. Any Grantee that is subject to an audit and so indicates on Attachment 8 shall complete Attachment 9. 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.

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.

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 Grantee shall also submit a copy of the Notice of Audit Report, Parent Child Form, and audit report to the State, via email to: contracts.hiv@tn.gov.

- 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.
- 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 Grant Grantee by the State or acquired by the Grant 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 Grant Grantee to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Grant 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. Grant 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. Personal Identifiable Information. While performing its obligations under this Grant Contract, Grantee may have access to Personally Identifiable Information held by the State ("PII"). For the purposes of this Grant Contract, "PII" includes "Nonpublic Personal Information" as that term is defined in Title V of the Gramm-Leach-Bliley Act of 1999 or any successor federal statute, and the rules and regulations thereunder, all as may be amended or supplemented from time to time ("GLBA") and personally identifiable information and other data protected under any other

applicable laws, rule or regulation of any jurisdiction relating to disclosure or use of personal information ("Privacy Laws"). Grantee agrees it shall not do or omit to do anything which would cause the State to be in breach of any Privacy Laws. Grantee shall, and shall cause its employees, agents, and representatives to: (i) keep PII confidential and may use and disclose PII only as necessary to carry out those specific aspects of the purpose for which the PII was disclosed to Grantee and in accordance with this Grant Contract, GLBA and Privacy Laws; and (ii) implement and maintain appropriate technical and organizational measures regarding information security to: (A) ensure the security and confidentiality of PII; (B) protect against any threats or hazards to the security or integrity of PII; and (C) prevent unauthorized access to or use of PII. Grantee shall immediately notify State: (1) of any disclosure or use of any PII by Grantee or any of its employees, agents, and representatives in breach of this Grant Contract; and (2) of any disclosure of any PII to Grantee or its employees, agents, and representatives where the purpose of such disclosure is not known to Grantee or its employees, agents, and representatives. The State reserves the right to review Grantee's policies and procedures used to maintain the security and confidentiality of PII and Grantee shall, and cause its employees, agents, and representatives to, comply with all reasonable requests or directions from the State to enable the State to verify or ensure that Grantee is in full compliance with its obligations under this Grant Contract in relation to PII. Upon termination or expiration of the Grant Contract or at the State's direction at any time in its sole discretion, whichever is earlier, Grantee shall immediately return to the State any and all PII which it has received under this Grant Contract and shall destroy all records of such PII.

The Grantee shall report to the State any instances of unauthorized access to or potential disclosure of PII in the custody or control of Grantee ("Unauthorized Disclosure") that come to the Grantee's attention. Any such report shall be made by the Grantee within twenty-four (24) hours after the Unauthorized Disclosure has come to the attention of the Grantee. Grantee shall take all necessary measures to halt any further Unauthorized Disclosures. The Grantee, at the sole discretion of the State, shall provide no cost credit monitoring services for individuals whose PII was affected by the Unauthorized Disclosure. The Grantee shall bear the cost of notification to all individuals affected by the Unauthorized Disclosure, including individual letters and public notice. The remedies set forth in this Section are not exclusive and are in addition to any claims or remedies available to this State under this Grant Contract or otherwise, available at law. The obligations set forth in this Section shall survive the termination of this Grant Contract.

- E.5. 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.6. Transfer of Grantee's Obligations. The Grantee shall not transfer or restructure its operations related to this Grant Contract without the prior written approval of the State. The Grantee shall immediately notify the State in writing of a proposed transfer or restructuring of its operations related to this Grant Contract. The State reserves the right to request additional information or impose additional terms and conditions before approving a proposed transfer or restructuring.
- E.7. Equal Opportunity. As a condition for receipt of grant funds, the Grantee agrees to comply with 41 C.F. R. § 60-1.4 as that section is amended from time to time during the term.
- E.8. Clean Air Act and Federal Water Pollution Control Act. As a condition for receipt of funds, the Grantee agrees to comply with the Clean Air Act, 42 U.S.C. § 7401 *et seq.* and the Federal Water Pollution Control Act, 33 U.S.C § 1251 *et seq.*, as those sections are amended from time to time

during the term. Violations must be reported to the [insert federal awarding agency] and the Region 4 Office of the Environmental Protection Agency.

- E.9. 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.10 Health Care Data. Grantee shall provide data reports about health care services provided under this Grant using the Department of Health’s Patient Tracking and Billing Management Information System (or its successor). Data regarding health care services provided by the Grantee shall be coded and entered into the Patient Tracking and Billing Management Information System (PTBMIS), using the PTBMIS Codes Manual. The PTBMIS Codes manual is available electronically at <http://hsaintranet.health.tn.gov/> and e-mail notices shall be sent to the Grantee regarding new revisions and/or updates, which can be accessed through the above-referenced website.

On a schedule defined by the State, the Grantee shall submit Central Office Database Report (CODB) files, as defined in PTBMIS, electronically to the State. The Grantee shall also submit other health care data reports, as requested by the State, and in a format acceptable to the State.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:

 DE075DFF90CE42E

 Director, Metro Public Health Department

2/14/2022

 Date

DocuSigned by:

 BEBF0BBE14D14B0

 Chair, Board of Health

2/14/2022

 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:

 18E021074249E

 Director, Department of Finance

3/3/2022

 Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:

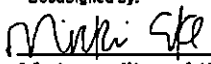
 18E021074249E

 Director of Risk Management Services

3/3/2022

 Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

Metropolitan Attorney
FILED:

3/3/2022
Date


Metropolitan Clerk 252022-1429

MAR 16 2022
Date

DEPARTMENT OF HEALTH:

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date

| LEGEND |
|----------------------------|
| Contract Grant Award |
| Exceeds Budget |
| Balance Remaining in Grant |

Multi-Budget Supplemental Sheet
 Ryan White Part B Program
 April 2022 - March 2023 Monthly for Core Medical Services

Contract Name:

Contract #:

| Line Item | OAMC | MCM | MH | EIS | MNT | SAOut | NMCM | EFA | FB/HDM | H | MedT | PSY | REF | ADAP | Monthly Expense (actual) | YTD Spent | Grant Budget Amount | Remaining in Grant | Comments | |
|------------------------------------|------|------|------|------|------|-------|------|------|--------|------|------|------|------|------|--------------------------|----------------------------|---|-----------------------------------|----------|--|
| | | | | | | | | | | | | | | | | Sum of Columns B through N | Sum of Actual Monthly Spend for Current and Past Months | Budget Amount Awarded in Contract | | Grant Budget Amount - YTD Actual Spend |
| Salaries | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Benefits | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Professional Fee/Grant & Award | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Supplies | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Telephone | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Postage & Shipping | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Occupancy | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Equipment Rental & Maintenance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Printing & Publications | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Travel/Conferences & Meetings | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Interest | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Insurance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Specific Assistance to Individuals | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Depreciation | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Other Non Personnel | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Capital Purchase | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Indirect Cost | | | | | | | | | | | | | | | \$0.00 | \$0.00 | | \$0.00 | | |
| Subtotal | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$0.00 | \$ - | \$ - | \$0.00 | | |
| Revenue | | | | | | | | | | | | | | | | | | | | |
| Total | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |

| Key | | |
|-----------------------------------|---|-------------------------------------|
| 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 | ADAP - AIDS Drug Assistance Program |
| MNT - Medical Nutrition Therapy | H - Housing | |

ATTACHMENT 1

| LEGEND | |
|----------------------------|--|
| Contract Grant Award | |
| Excess Budget | |
| Balance Remaining on Grant | |

Multi-Budget Supplemental Sheet
 Ryan White Part B Program
 April 2022 - March 2023 Monthly for Core Medical Services

Contract Name:
 Contract #:

| Line Item | OAMC | MCM | MH | EIS | MNT | SAOut | NMCM | EFA | FB/HDM | H | MedT | PSY | REF | ADAP | Monthly Expense (Actual) | YTD Spent | Grant Budget Amount | Remaining in Grant | Comments |
|------------------------------------|------|-----|----|-----|-----|-------|------|-----|--------|----|------|-----|-----|------|-----------------------------|--|-------------------------------------|----------------------------------|----------|
| | | | | | | | | | | | | | | | Sum of Columns 9 through 14 | Sum of Actual Monthly Spend for Contract and Past Months | Budget Amount Available in Contract | Budget Amount - YTD Actual Spent | |
| Salaries | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Benefits | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Professional Fee/Grant & Award | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Supplies | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Telephone | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Postage & Shipping | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Occupancy | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Equipment Rental & Maintenance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Printing & Publications | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Travel/Conferences & Meetings | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Interest | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Insurance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Specific Assistance to Individuals | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Depreciation | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Office Non-Personnel | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Capital Purchase | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Indirect Cost | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Subtotal | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$0.00 | \$ | \$ | \$0.00 | |
| Revenue | | | | | | | | | | | | | | | | | | | |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$0.00 | \$ | \$ | \$ | |

Key

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

ATTACHMENT 1

| LEGEND | |
|----------------------------|--|
| Contract Grant Award | |
| Excess Budget | |
| Balance Remaining in Grant | |

Multi-Budget Supplemental Sheet
Ryan White Part B Program
April 2022 - March 2023 Monthly for Core Medical Services

Contract Name:
Contract #:

| Line Item | OAMC | MCM | MH | EIS | MNT | SAOut | NMCM | EFA | FB/HDM | H | MedT | PSY | REF | ADAP | Monthly Expense (Actual) | YTD Spent | Grant Budget Amount | Remaining in Grant | Comments |
|------------------------------------|------|-----|----|-----|-----|-------|------|-----|--------|----|------|-----|-----|------|-----------------------------|---|-----------------------------------|--|----------|
| | | | | | | | | | | | | | | | Sum of Columns 8 through 15 | Sum of Actual Monthly Spend for Current and Past Months | Budget Amount Awarded in Contract | Grant Budget Amount - YTD Actual Spend | |
| Salaries | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Benefits | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Professional Fee/Grant & Award | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Supplies | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Telephone | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Postage & Shipping | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Occupancy | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Equipment Rental & Maintenance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Printing & Publications | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Travel/Conferences & Meetings | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Interest | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Insurance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Specific Assistance to Individuals | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Depreciation | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Office Non-Personnel | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Capital Purchase | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Indirect Cost | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Subtotal | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$0.00 | \$ | \$ | \$ | |
| Revenue | | | | | | | | | | | | | | | | | | | |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |

Key

| | | |
|-----------------------------------|--|-------------------------------------|
| 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/Homes Delivered Meals | ADAP - AIDS Drug Assistance Program |
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ATTACHMENT 1

| LEGEND | |
|----------------------------|--|
| Contract Grant Award | |
| Excess Budget | |
| Balance Remaining in Grant | |

Multi-Budget Supplemental Sheet
 Ryan White Part B Program
 April 2022 - March 2023 Monthly for Core Medical Services

Contract Name:
 Contract #:

| Line Item | OAMC | MCM | MH | EIS | MNT | SAOut | NMCM | EFA | FB/HDM | H | MedT | PSY | REF | ADAP | Monthly Expense | YTD Spent | Grant Budget Amount | Remaining in Grant | Comments | |
|------------------------------------|------|-----|----|-----|-----|-------|------|-----|--------|----|------|-----|-----|------|----------------------------|---|-------------------------------------|----------------------------------|----------|--|
| | | | | | | | | | | | | | | | (Actual) | | | | | |
| | | | | | | | | | | | | | | | SUM OF COLUMNS B THROUGH N | SUM OF ACTUAL MONTHLY SPEND FOR CONTRACT AND PER MONTHS | BUDGET AMOUNT AVAILABLE IN CONTRACT | BUDGET AMOUNT - YTD ACTUAL SPEND | | |
| Salaries | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Benefits | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Professional Fee/Grant & Award | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Supplies | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Telephone | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Postage & Shipping | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Occupancy | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Equipment Rental & Maintenance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Printing & Publications | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Travel/Conferences & Meetings | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Interest | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Insurance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Specific Assistance to Individuals | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Depreciation | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Office Non-Personnel | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Capital Purchase | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Indirect Cost | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Subtotal | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$0.00 | \$ | \$ | \$0.00 | | |
| Revenue | | | | | | | | | | | | | | | | | | | | |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | |

Key

| | | |
|-----------------------------------|---|-------------------------------------|
| OAMC - Outpatient Ambulatory | SAOut - Substance Abuse Outpatient | MedT - Medical Transportation |
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ATTACHMENT 1

| LEGEND | |
|----------------------------|--|
| Contract Grant Award | |
| Excess Budget | |
| Balance Remaining in Grant | |

Multi-Budget Supplemental Sheet
 Ryan White Part B Program
 April 2022 - March 2023 Monthly for Core Medical Services

Contract Name:
 Contract #:

| Line Item | OAMC | MCM | MH | EIS | MNT | SAOut | NMCM | EFA | FB/HDM | H | MedT | PSY | REF | ADAP | Monthly | YTD Spent | Grant Budget | Remaining in | Comments |
|------------------------------------|------|-----|----|-----|-----|-------|------|-----|--------|----|------|-----|-----|------|----------------------------|---|-----------------------------------|----------------------------------|----------|
| | | | | | | | | | | | | | | | Expense | | Amount | Grant | |
| | | | | | | | | | | | | | | | Actual | | Amount | Amount | |
| | | | | | | | | | | | | | | | Sum of Columns B through N | Sum of Actual Monthly Spend for Current and Past Months | Budget Amount Awarded in Contract | Budget Amount - YTD Actual Spend | |
| Salaries | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Benefits | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Professional Fee/Grant & Award | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Supplies | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Telephone | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Postage & Shipping | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Occupancy | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Equipment Rental & Maintenance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Printing & Publications | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Travel/Conferences & Meetings | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Interest | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Insurance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Specific Assistance to Individuals | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Depreciation | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Other Non Personnel | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Capital Purchase | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Indirect Cost | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Subtotal | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$0.00 | \$ | \$ | \$ | |
| Revenue | | | | | | | | | | | | | | | \$0.00 | \$ | \$ | \$ | |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |

Key

| | | |
|-----------------------------------|---|-------------------------------------|
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| EIS - Early Intervention Services | FB/HDM - Food Bank/Home Delivered Meals | ADAP - AIDS Drug Assistance Program |
| MNT - Medical Nutrition Therapy | H - Housing | |

ATTACHMENT 1

| LEGEND | |
|----------------------------|--|
| Contract Grant Award | |
| Expend Budget | |
| Balance Remaining in Grant | |

Multi-Budget Supplemental Sheet
Ryan White Part B Program
April 2022 - March 2023 Monthly for Core Medical Services

Contract Name:
Contract #:

| Line Item | OAMC | MCM | MH | EIS | MNT | SAOut | NMCM | EFA | FB/HDM | H | MedT | PSY | REF | ADAP | Monthly Expense (Actual) | YTD Spent | Grant Budget Amount | Remaining in Grant | Comments |
|------------------------------------|------|-----|----|-----|-----|-------|------|-----|--------|----|------|-----|-----|------|----------------------------|---|-----------------------------------|--------------------------------------|----------|
| | | | | | | | | | | | | | | | Sum of Columns B through N | Sum of Actual Monthly Spent for Current and Past Months | Budget Amount Awarded in Contract | Grant Budget Amount YTD Actual Spent | |
| Salaries | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Benefits | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Professional Fee/Grant & Award | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Supplies | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Telephone | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Postage & Shipping | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Printing | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Equipment Rental & Maintenance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Printing & Publications | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Travel/Conferences & Meetings | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Interest | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Insurance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Specific Assistance to Individuals | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Depreciation | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Other Non Personnel | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Capital Purchase | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Indirect Cost | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Subtotal | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$0.00 | \$ | \$ | \$0.00 | |
| Revenue | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |

| Key | | |
|-----------------------------------|--|-------------------------------------|
| OAMC - Outpatient Ambulatory | SAOut - Substance Abuse Outpatient | MedT - Medical Transportation |
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ATTACHMENT 1

| LEGEND | |
|----------------------------|--|
| Contract Grant Award | |
| Excess Budget | |
| Balance Remaining in Grant | |

Multi-Budget Supplemental Sheet
 Ryan White Part B Program
 April 2022 - March 2023 Monthly for Core Medical Services

Contract Name:
 Contract #:

| Line Item | OAMC | MCM | MH | EIS | MNT | SAOut | NMCM | EFA | FB/HDM | H | MedT | PSY | REF | ADAP | Monthly Expense (Actual) | YTD Spent | Grant Budget Amount | Remaining in Grant | Comments | |
|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------------------------|--|-------------------------------------|--|-----------|--|
| | | | | | | | | | | | | | | | Sum of Columns B through N | Sum of Actual Monthly Spend for Current and Prior Months | Budget Amount Available in Contract | Grant Budget Amount - YTD Actual Spend | | |
| Salaries | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Benefits | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Professional Fees/Grant & Award | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Supplies | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Telephone | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Postage & Shipping | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Occupancy | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Equipment Rental & Maintenance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Printing & Publications | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Travels/Conferences & Meetings | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Interest | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Insurance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Specific Assistance to Individuals | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Depreciation | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Other Non Personnel | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Capital Purchase | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Indirect Cost | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Subtotal | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$0.00 | \$ | \$ | \$0.00 | | |
| Revenue | | | | | | | | | | | | | | | | | | | | |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |

| Key | | |
|-----------------------------------|---|-------------------------------------|
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ATTACHMENT 1

| LEGEND | |
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| Contract Grant Award | |
| Excess Budget | |
| Balance Remaining in Grant | |

Multi-Budget Supplemental Sheet
 Ryan White Part B Program
 April 2022 - March 2023 Monthly for Core Medical Services

Contract Name:
 Contract #:

| Line Item | OAMC | MCM | MH | EIS | MNT | SAOut | NMCM | EFA | FB/HDM | H | MedT | PSY | REF | ADAP | Monthly Expense (actual) | YTD Spent | Grant Budget Amount | Remaining in Grant | Comments | |
|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------------------------|---|-----------------------------------|--|-----------|--|
| | | | | | | | | | | | | | | | Sum of Columns B through N | Sum of Actual Monthly Spent for Current and Past Months | Budget Amount Awarded in Contract | Grant Budget Amount - YTD Actual Spent | | |
| Salaries | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Benefits | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Professional Fee/Grant & Award | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Supplies | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Telephone | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Postage & Shipping | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Occupancy | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Equipment Rental & Maintenance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Printing & Publications | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Travel/Conferences & Meetings | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Interest | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Insurance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Specific Assistance to Individuals | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Depreciation | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Other Non Personnel | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Capital Purchase | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Indirect Cost | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Subtotal | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$0.00 | \$ | \$ | \$ | \$0.00 | |
| Revenue | | | | | | | | | | | | | | | | | | | | |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |

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ATTACHMENT 1

| LEGEND | |
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| Excess Budget | |
| Balance Remaining on Grant | |

Multi-Budget Supplemental Sheet
 Ryan White Part B Program
 April 2022 - March 2023 Monthly for Core Medical Services

Contract Name:
 Contract #:

| Line Item | OAMC | MCM | MH | ES | MNT | SAOut | NMCM | EFA | FB/HDM | H | MedT | PSY | REF | ADAP | Monthly Expense (Actual) | YTD Spent | Grant Budget Amount | Remaining in Grant | Comments |
|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------------------------|---|-----------------------------------|--------------------------------------|-----------|
| | | | | | | | | | | | | | | | Sum of Columns B through N | Sum of Actual Monthly Spent for Current and Past Months | Budget Amount Awarded by Contract | Grant Budget Amount YTD Actual Spent | |
| Salaries | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Benefits | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Professional Fee/Grant & Award | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Supplies | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Telephone | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Postage & Shipping | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Occupancy | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Equipment Rental & Maintenance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Furniture & Substairways | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Travels/Conferences & Meetings | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Interest | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Insurance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Specific Assistance to Individuals | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Depreciation | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Other Non Personnel | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Capital Purchase | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Indirect Cost | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Subtotal | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$0.00 | \$ | \$ | \$ | \$0.00 |
| Revenue | | | | | | | | | | | | | | | \$0.00 | \$ | \$ | \$ | \$0.00 |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

Key

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

ATTACHMENT 1

| LEGEND | |
|----------------------------|--|
| Contract Grant Award | |
| Exceeds Budget | |
| Balance Remaining on Grant | |

Multi-Budget Supplemental Sheet
 Ryan White Part B Program
 April 2022 - March 2023 Monthly for Core Medical Services

Contract Name:
 Contract #:

| Line Item | OAMC | MCM | MH | EIS | MINT | SAOut | NMCM | EFA | FB/HDM | H | MedT | PSY | REF | ADAP | Monthly Expense (Actual) | YTD Spent | Grant Budget Amount | Remaining in Grant | Comments |
|------------------------------------|------|-----|----|-----|------|-------|------|-----|--------|----|------|-----|-----|------|----------------------------|---|---------------------|--|----------|
| | | | | | | | | | | | | | | | Sum of Columns B through N | Sum of Actual Monthly Spent for Current and Past Months | Budget Amount | Grant Budget Amount - YTD Actual Spent | |
| Salaries | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Benefits | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Professional Fees/Grant & Award | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Supplies | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Telephone | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Postage & Shipping | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Occupancy | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Equipment Rental & Maintenance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Furniture & Substancies | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Travels/Conferences & Meetings | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Interest | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Insurance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Specific Assistance to Individuals | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Depreciation | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Other Non Personnel | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Capital Purchase | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Indirect Cost | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Subtotal | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$0.00 | \$ | \$ | \$ | |
| Revenue | | | | | | | | | | | | | | | \$0.00 | \$ | \$ | \$ | |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |

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

ATTACHMENT 1

| LEGEND | |
|----------------------------|--|
| Contract Grant Award | |
| Excess Budget | |
| Balance Remaining on Grant | |

Multi-Budget Supplemental Sheet
 Ryan White Part B Program
 April 2022 - March 2023 Monthly for Core Medical Services

Contract Name:
 Contract #:

| Line Item | OAMC | MCM | MH | EIS | MNT | SAOut | NMCM | EFA | FB/HDM | H | MedT | PSY | REF | ADAP | Monthly Expense (Actual) | YTD Spent | Grant Budget Amount | Remaining in Grant | Comments |
|------------------------------------|------|-----|----|-----|-----|-------|------|-----|--------|----|------|-----|-----|------|------------------------------|---|-----------------------------------|--|----------|
| | | | | | | | | | | | | | | | Sum of Column's through 4/30 | Sum of Actual Monthly Spend for Current and Past Months | Budget Amount Awarded to Contract | Grant Budget Amount - YTD Actual Spend | |
| Salaries | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Benefits | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Professional Fee/Grant & Award | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Supplies | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Telephone | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Postage & Shipping | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Occupancy | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Equipment Rental & Maintenance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Furniture & Substairways | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Travel/Conferences & Meetings | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Interest | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Insurance | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Specific Assistance to Individuals | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Depreciation | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Other Non Personnel | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Capital Purchase | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Indirect Cost | | | | | | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Subtotal Revenue | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$0.00 | \$ | \$ | \$0.00 | |
| Total | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |

Key

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

ATTACHMENT 1

Multi-Budget Supplemental Sheet
 Ryan White Part B Program
 April 2022 - March 2023 Monthly for Core Medical Services

Contract Name:
 Contract #:

| Line Item | OAMC | MCM | MH | EIS | MNT | SAOut | NMCM | EFA | FB/HDM | H | MedT | PSY | REF | ADAP | Total | Comments |
|------------------------------------|------|-----|----|-----|-----|-------|------|-----|--------|---|------|-----|-----|------|-------|----------|
| 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 | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - |

Key

| | | |
|-----------------------------------|--|-------------------------------------|
| 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 | ADAP - AIDS Drug Assistance Program |
| MNT - Medical Nutrition Therapy | H - Housing | |

ATTACHMENT 1

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 Clarication 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 | |

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 | 074893033 |
| Federal Award Identification Number (FAIN) | pending |
| Federal award date | pending |
| CFDA number and name | 93.917 |
| Grant contract's begin date | April 1, 2022 |
| Grant contract's end date | March 31, 2023 |
| Amount of federal funds obligated by this grant contract | \$46,400 |
| Total amount of federal funds obligated to the subrecipient | N/A |
| 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 |
| 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 Salaries and Benefits |

ATTACHMENT 4
GRANT BUDGET
(BUDGET PAGE 1)

| 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, 2022, and ending March 31, 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 | \$32,800.00 | \$0.00 | \$32,800.00 |
| 2 | Benefits & Taxes | \$9,400.00 | \$0.00 | \$9,400.00 |
| 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% and salaries and benefits) | \$4,200.00 | \$0.00 | \$4,200.00 |
| 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 2)

| SALARIES | | | | | | | | AMOUNT |
|---|----------|---|-----|---|---|--|--|--------------------|
| Cameshia Beard, Communicable Disease Investigator | 3,596.67 | x | 15% | x | 3 | | | \$1,618.50 |
| Cameshia Beard, Communicable Disease Investigator | 3,704.57 | x | 15% | x | 9 | | | \$5,001.17 |
| Danielle Duke, Program Coordinator | 3,795.78 | x | 15% | x | 3 | | | \$1,708.10 |
| Danielle Duke, Program Coordinator | 3,909.65 | x | 15% | x | 9 | | | \$5,278.03 |
| Terrence Henderson, Communicable Disease Investigator | 3,480.60 | x | 15% | x | 3 | | | \$1,566.27 |
| Terrence Henderson, Communicable Disease Investigator | 3,585.02 | x | 15% | x | 9 | | | \$4,839.78 |
| Vacant, Communicable Disease Investigator | 3,480.60 | x | 15% | x | 3 | | | \$1,566.27 |
| Vacant, Communicable Disease Investigator | 3,585.02 | x | 15% | x | 9 | | | \$4,839.78 |
| Vacant, Communicable Disease Investigator | 3,480.60 | x | 15% | x | 3 | | | \$1,566.27 |
| Vacant, Communicable Disease Investigator | 3,585.02 | x | 15% | x | 9 | | | \$4,839.78 |
| ROUNDED TOTAL | | | | | | | | \$32,800.00 |

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 |
|------------------------------------|------------------------------|---|---------------------------------|-----------------------------|
| Salaries | | | | SPEEDCHART NUMBER: |
| Benefits | | | | USERCODE: |
| Professional Fee/Grant & Award | | | | PROJECT ID: |
| Supplies | | | | AMOUNT: |
| Telephone | | | | |
| Postage & Shipping | | | | SPEEDCHART NUMBER: |
| Occupancy | | | | USERCODE: |
| Equipment Rental & Maintenance | | | | PROJECT ID: |
| Printing & Publications | | | | AMOUNT: |
| Travel/Conferences & Meetings | | | | |
| Interest | | | | SPEEDCHART NUMBER: |
| Insurance | | | | USERCODE: |
| Specific Assistance to Individuals | | | | PROJECT ID: |
| Depreciation | | | | AMOUNT: |
| Other Non Personnel | | | | |
| Capital Purchase | | | | |
| Indirect Cost | | | | |
| TOTAL | | | | |

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: 5

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

QUESTIONS:

Monaliz Hana 615-253-3406, Monaliz.Hana@tn.gov

Milton Threet 615-253-7133, Milton.K.Threet@tn.gov

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 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.

**PROGRAM REVENUE REPORT (PRR)
SCHEDULE B**

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 : _____

CONTRACTOR/GRANTEE _____

FEDERAL ID # _____

CONTRACTING STATE AGENCY **TENNESSEE DEPARTMENT OF HEALTH** _____

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 |

Schedule B, Part 1

STATE OF TENNESSEE

PROGRAM EXPENSE REPORT

2/1/2022

CONTRACTOR/GRANTEE _____ FEDERAL ID # _____

CONTRACTING STATE AGENCY **TENNESSEE DEPARTMENT OF HEALTH** REPORT PERIOD _____

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

Schedule B

| Item # | SOURCES OF REVENUE | QUARTER TO DATE | YEAR TO DATE | QUARTER TO DATE | YEAR TO DATE |
|---|---|-----------------|--------------|-----------------|--------------|
| 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 TENNESSEE DEPARTMENT OF HEALTH | | 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 7

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 and any activities that were not completed).*

Submit one copy each to:

- contracts.hiv@tn.gov
- fa.audit@tn.gov

ATTACHMENT 8

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 9

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 2 12:06
FILED METROPOLITAN CLERK

ORIGINAL

METROPOLITAN COUNTY COUNCIL

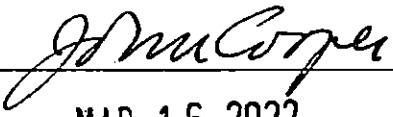
Resolution No. RS2022-1429

A resolution accepting a grant from the Tennessee Department of Health to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide HIV/AIDS core medical services and early intervention services.

Introduced MAR 15 2022

Amended _____

Adopted MAR 15 2022

Approved 

By MAR 16 2022
Metropolitan Mayor
