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## GRANT SUMMARY SHEET

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**Grant Name:** HIV STI Prevention Services 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:** \$320,427.00

**Cash Match Amount** \$0.00

**Department Contact:** Brad Thompson  
340-0407

**Status:** CONTINUATION

**Program Description:**

This Tennessee Department of Health grant provides funds to implement and coordinate activities and services related to HIV/AIDS/STD prevention, testing, diagnosis and treatment, and surveillance, including, but not limited to, the provision of medical and support services in accordance with HIV biomedical prevention standards consistent with the CDC HIV PrEP Clinical Practice Guidelines. Attn: 5 month grant

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

Services will end

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 STI Prevention Services 23					
Grantor:		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:	
Grant Period From:		01/01/23	(applications only) Anticipated Application Date:				
Grant Period To:		05/31/23	(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:		\$320,427.00			
Status:	CONTINUATION	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.940, 93.977	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:		Applic. Submitted Electronically?					<input type="checkbox"/>
<p>This Tennessee Department of Health grant provides funds to implement and coordinate activities and services related to HIV/AIDS/STD prevention, testing, diagnosis and treatment, and surveillance, including, but not limited to, the provision of medical and support services in accordance with HIV biomedical prevention standards consistent with the CDC HIV PrEP Clinical Practice Guidelines. <b>Attn:</b> 5 month grant</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Services will end							
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:		12.00		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		24.43%		Indirect Cost of Grant to Metro:		\$78,280.32	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 8.41%		Ind. Cost Requested from Grantor:		\$26,963.00 in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable?		<input type="checkbox"/>					
Metro or Community-based Partners:							

Part Two

Grant Budget											
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor	
Yr 1	FY23	\$320,427.00						\$320,427.00	\$78,280.32	\$26,963.00	
Yr 2	FY										
Yr 3	FY										
Yr 4	FY										
Yr 5	FY										
<b>Total</b>		\$320,427.00	\$0.00	\$0.00	\$0.00		\$0.00	\$320,427.00	\$78,280.32	\$26,963.00	
Date Awarded:				05/15/23		Tot. Awarded:		\$320,427.00		Contract#:	
(or) Date Denied:						Reason:					
(or) Date Withdrawn:						Reason:					

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



 <b>GOVERNMENTAL GRANT CONTRACT</b> (cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)					
<b>Begin Date</b> January 1, 2023		<b>End Date</b> May 31, 2023		<b>Agency Tracking #</b> 34349-00423	
<b>Edison ID</b>					
<b>Grantee Legal Entity Name</b> Metropolitan Government of Nashville and Davidson County					<b>Edison Vendor ID</b> 4
<b>Subrecipient or Recipient</b> <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Recipient		CFDA # 93.940 & 93.977			
		Grantee's fiscal year end June 30th			
<b>Service Caption</b> (one line only) HIV Prevention Services					
<b>Funding</b> —					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Grant Contract Amount</b>
2023		\$320,427.00			\$320,427.00
<b>TOTAL:</b>		\$320,427.00			\$320,427.00
<b>Grantee Selection Process Summary</b>					
<input type="checkbox"/> Competitive Selection					
<input checked="" type="checkbox"/> Non-competitive Selection					
The metro health department is a governmental entity that has been determined to be capable and willing to provide HIV prevention, surveillance, and testing services to clients. The terms of the grant as well as the grant budget were negotiated taking into consideration the grantee's training, experience, quality of services provided, location of the grantee in relation to clients, willingness to serve departmental clients and willingness to accept departmental reimbursement rates.					
<b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.  <i>Eric Buchholz</i>				CPO USE - GG	
<b>Speed Chart</b> (optional)  HL00007902			<b>Account Code</b> (optional)  71301000		

**GRANT CONTRACT  
BETWEEN THE STATE OF TENNESSEE,  
DEPARTMENT OF HEALTH  
AND  
METROPOLITAN GOVERNMENT, ON BEHALF OF DAVIDSON COUNTY HEALTH DEPARTMENT**

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 on behalf of Davidson County Health Department, hereinafter referred to as the "Grantee," is for the provision of HIV Prevention and Surveillance 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. Accurant – a locate, and research tool used by the HIV and STI surveillance programs to identify and update contact information (address, phone numbers) on persons living with HIV for program evaluation and to guide re-engagement services or by the STI program for partner services.
  - b. Centers for Disease Control and Prevention (CDC) - a division of the U.S. Department of Health and Human Services.
  - c. ChemBio, Dual Path Platform (DPP) – a rapid test for the detection of HIV antibodies.
  - d. Community Based Organizations (CBOs) - a public or private nonprofit (including a church or religious entity) that serves a significant segment of a community and is engaged in meeting health and community needs.
  - e. Cases of public health importance (COPHI) – cases initially reported with a rare or unusual risk factor for HIV (i.e., occupational exposure, blood transfusion). COPHI cases are high priority for follow up and required to be reported to CDC.
  - f. Disease Intervention Services – activities designed to prevent the spread of disease and the development of complications.
  - g. Disease Intervention Specialist – a health professional trained to prevent disease transmission of non-treatable sexually transmitted infections (STIs), including HIV, and ensure that all people who currently have or have been exposed to a treatable STI are promptly examined and adequately treated.
  - h. Enhanced HIV/AIDS Reporting System (eHARS) – a computer application for collecting, storing, and retrieving the data the CDC has identified as necessary to monitor the HIV epidemic and evaluate HIV prevention policies and programs.
  - i. EvaluationWeb – an online data collection and reporting system specifically for HIV testing and prevention activities. EvaluationWeb adheres to the latest CDC requirements and utilizes the latest security and encryption technologies.
  - j. Expedited Partner Therapy (EPT) – the clinical practice of treating the sex partners of patients diagnosed with chlamydia by providing prescriptions or medications to the patient

to take to his/her partner without the health care provider first examining the partner, according to Tenn. R. & Regs. 0880-02-. 14.

- k. False Positives – those tests that give HIV positive test results that are then proven false by additional HIV testing.
- l. HIV Surveillance and Epidemiology Program – program within the HIV/STD/Viral Hepatitis Section of Tennessee Department of Health (“TDH”), responsible for collecting, analyzing, and disseminating data on people newly diagnosed or living with HIV infection in Tennessee.
- m. HIV Testing – test devices or kits cleared by the U.S. Food and Drug Administration (FDA) that are determined to meet the criteria for waiver under Clinical Laboratory Improvement Amendments (CLIA) of 1988, 42 U.S.C. 263a, PL100-578 (1988). They are simple, single-use, disposable devices, using minimal reagents, that can provide results in less than sixty (60) minutes and are designed for use with unprocessed specimens (whole blood specimens).
- n. HIV Transmission Clusters - A group of HIV-infected persons (diagnosed and undiagnosed) who have a direct or indirect epidemiological connection related to HIV transmission. An HIV Transmission Cluster can be detected through multiple mechanisms, including analysis of molecular HIV surveillance data or case surveillance data.
- o. Integrase Strand Transfer Inhibitors (INSTI) - block integrase (an HIV enzyme). HIV uses integrase to insert (integrate) its viral DNA into the DNA of the host CD4 cell. Blocking integrase prevents HIV from replicating.
- p. Medical Case Manager (MCM) – an individual who is responsible for supporting a range of patient centered activities focused on improving access, adherence, and health outcomes in support of the PrEP care continuum.
- q. MSM – men who have sex with men.
- r. National Electronic Disease Surveillance System Base System (NBS) – a database designed for the management, surveillance, and reporting of communicable diseases, including viral hepatitis. Partner services documentation will be added to NBS effective fall 2023.
- s. OraQuick Advance - The OraQuick ADVANCE Rapid HIV-1/2 Antibody Test is a single-use, qualitative immunoassay to detect antibodies to Human Immunodeficiency Virus Type 1 (HIV-1) and Type 2 (HIV-2) in oral fluid, fingerstick whole blood, venipuncture whole blood and plasma specimens.
- t. Partner Services - Partner Services provides free services to people with HIV or other sexually transmitted infections (syphilis, gonorrhea, and chlamydia) and their partners. Partner Services is a function of local and state health department staff, who help to identify and locate sexual or drug injection partners to inform them of their risk for HIV and to provide them with testing, counseling, and referrals for other services.
- u. Patient Reporting Investigating Surveillance Manager (PRISM) – an application designed for the management, surveillance, and reporting of sexually transmitted diseases. Use of PRISM will transition to NBS effective September 4, 2023 and thereafter will be used for historical purposes only.
- v. Patient Tracking Billing Management Information System (PTBMIS) – a statewide database combined for all services provided by TDH. The PTBMIS has modules for patient registration, collection of financial information, tracking of services, and maintaining medical records.

- w. Perinatal HIV Transmission – transmission of HIV from mother to baby that occurs during the perinatal period, immediately before and after birth.
  - x. Personal Identifiable Information (PII) – any information about an individual maintained by an agency, including information that can be used to distinguish or trace an individual's identity, such as name, Social Security Number, date and place of birth, mother's maiden name, or biometric records, and any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.
  - y. Pre-Exposure Prophylaxis (PrEP) - the prevention or control of the spread of HIV for HIV negative patients through the use of a daily one-pill medication.
  - z. PrEP Provider– a licensed/registered physician, physicians' assistant, or nurse practitioner who supports the provision of professional, diagnostic, and therapeutic services related to the delivery of PrEP, consistent with the guidelines outlined in the CDC PrEP Clinical Practice Guidelines.
  - aa. Protected Health Information (PHI) – information, including demographic information, which relates to an individual's past, present, or future physical or mental health or condition; the provision of health care to the individual; or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. PHI includes common identifiers (e.g., name, address, birth date, Social Security Number) when they can be associated with the health information listed above.
  - bb. Rapid Testing – an easy-to-perform, point-of-care investigation for detecting HIV-1 and HIV-2 antibodies to HIV, the result of which is provided at the same setting of the consultation. The test result is normally available within twenty (20) minutes.
  - cc. Research Electronic Data Capture (REDCap) – a secure web application for building and managing online surveys and databases.
  - dd. Safety Net Provider – provides healthcare to low-income, uninsured, and underinsured populations.
- A.3. Service Goals. The goal of HIV Prevention services is to implement and coordinate activities and services related to HIV prevention, testing, diagnosis and treatment, and surveillance, including, but not limited to, the provision of medical and support services in accordance with HIV biomedical prevention standards consistent with the CDC HIV PrEP Clinical Practice Guidelines.
- A.4. Service Recipients. Individuals seeking services provided by the Grantee who are at risk for HIV. In addition to patients who are referred from the Grantee STI Clinic, service recipients also include those referred from community-based organizations after initial evaluation for PrEP, prioritizing low income and uninsured patients.
- A.5. Service Description. The Grantee shall use the grant funds to implement and coordinate activities related to HIV/AIDS/STI prevention, testing, diagnosis and treatment, surveillance, and PrEP as follows:
- a. **HIV Prevention Services**
    - (1) HIV Testing Services
      - i. The Grantee shall follow the Tennessee Department of Health (TDH) Double Rapid HIV Testing Health Department Program Launch Toolkit, and available upon request from the HIV Prevention Program, regarding the use of serologic/rapid HIV Testing and applicable disease reporting statutes.
      - ii. The Grantee shall ensure all individuals who provide HIV counseling and testing services (serologic or rapid) complete the TDH HIV prevention HIV

counseling and testing course within three (3) months of employment. The curriculum is delivered by trainers certified by the TDH HIV Prevention Program.

(2) HIV Disease Intervention Services

- i. Provide Disease Intervention Services (interview and partner services) for all new HIV diagnoses, in accordance with HIV prevention program expectations set forth in the TDH STI/HIV Program Manual. Any reduction in service provision must receive approval from the HIV Prevention Program Director. Requests must be in writing and include a justification and timeline for return to normal services.
- ii. Monitor progress toward HIV interview and partner services goals. The specific performance goals for the coming year will be communicated to you in December of the prior calendar year. The Central Office will review your progress toward these metrics quarterly via the Partner Services Report and quarterly reviews with the HIV Prevention Health Department Consultant. Any jurisdiction not meeting performance goals for two consecutive quarters should provide a written corrective action plan to the HIV Prevention Health Department Consultant and HIV Prevention Director.

(3) Condom Distribution

- i. The Grantee shall ensure condoms are available for patients in the clinic(s).
- ii. The Grantee shall report the percentage of condoms distributed to patients diagnosed with HIV and patients at high risk of acquiring HIV to the HIV Prevention Services Manager and the HIV Prevention Director on January 31<sup>st</sup> and July 31<sup>st</sup> of the Term.

(4) PrEP Referral Services

- i. The Grantee will provide education and referral for PrEP to patients that meet the criteria set forth by the TDH STI/HIV Program Manual.
- ii. The Grantee shall ensure that all Disease Intervention Specialists who provide PrEP referral services complete the PrEP in the Health Department training for Disease Intervention Specialists within the first year of employment.
- iii. The Grantee shall provide the HIV Prevention program with a list of PRISM ID numbers (or NBS post-transition) for those patients that were counseled and referred to PrEP, before the 15<sup>th</sup> of each month via email to the TDH PrEP Evaluator.

(5) PrEP Prescription and Case Management Services

- i. Grantees funded for clinical PrEP services shall:
  - a) Employ at least one (1) full-time MCM to support patient-centered activities to improve PrEP care continuum outcomes.
  - b) Ensure collaboration between Grantee MCM and community-based organizations to identify potential PrEP clients.
  - c) Ensure that the MCM identifies a minimum number of clients per month for PrEP services, as determined by the TDH HIV prevention program each year.
  - d) Ensure that the MCM refers all clients with an interest in starting PrEP to the Grantee PrEP Clinic provider or other local PrEP provider as needed.
  - e) Provide services for all clients referred to the PrEP Provider in accordance with the CDC PrEP Clinical Practice Guidelines, available upon request to Program.
  - f) Ensure that the MCM completes the PrEP Navigation Certification training within the first year of employment.

- g) Employ at least one (1) full-time PrEP Provider to specialize in the clinical screening/assessment and prescribing of PrEP to patients as an HIV Prevention tool.
  - h) Ensure the PrEP Provider prescribes PrEP to a minimum number of PrEP clients per month as determined by the TDH HIV Prevention located on the Community Health Services SharePoint website.
  - i) The Grantee shall ensure that the PrEP Provider delivers PrEP services in accordance with the CDC PrEP Clinical Practice Guidelines, available from Program by request.
  - ii. PrEP services monitoring and evaluation (data entry)
    - a) Enter all patient level data into TDH-supplied PrEP REDCap database for each patient by the 15th of the month per the Health Department PrEP Case Management data entry guidelines.
- (6) Maintain the confidentiality of HIV prevention services data (see Clauses D.35 and E.9.).
- (7) Jail Testing and Linkage to Care Services
- i. For health departments funded for jail testing and/or linkage to care services, the Grantee shall meet with all persons diagnosed with HIV at the county jail(s) at the time of diagnosis and immediately prior to release to provide education on HIV care and treatment centers located in the community where they plan to reside upon release.
  - ii. Ensure that the MCM identifies a minimum number of clients per month for PrEP services, as determined by the TDH HIV prevention program each year.
  - iii. The Grantee shall link 85% of persons diagnosed with HIV at the county jail(s) to HIV medical care within 30 days of release.
  - iv. The Grantee shall submit reports to the State per the TDH Double Rapid HIV Testing Health Department Program Launch Toolkit guidelines.

**b. HIV Surveillance Services and Cluster Response**

- (1) Complete HIV surveillance services and cluster response activities per most recent version of surveillance protocol/guidelines found in the HIV Surveillance Manual.
- (2) Monitor progress toward HIV Surveillance Program goals as outlined in the most recent version of the HIV Surveillance Manual. Specific performance goals for the coming year will be communicated to you in December of the prior calendar year. The Central Office HIV Surveillance Program will review your progress toward these metrics on an ongoing basis and annually during site visits.

**c. Integrated HIV Prevention Services**

- (1) The Grantee shall provide HIV/STI Program services as follows:
  - i. Provide diagnostic and treatment services to persons suspected of having one (1) or more STIs or seeking diagnostic screening for STIs and/or HIV at minimum during operating hours of the health department.
- (2) Provide Disease Intervention Services for patients diagnosed and treated for HIV and/or STIs in the Grantee's county in accordance with established policies, procedures, communications, protocols, and process performance standards found in the most recent version of the HIV/STI Prevention Program Guidelines, published by the TDH HIV and STI Prevention Programs and available upon request.



- (3) In PRISM (or NBS post-transition), ensure data completeness of core HIV variables as required by each program and outlined in the current HIV Program Manual.
- (4) Ensure that appropriate laboratory services are available for processing HIV tests.
- (5) Conduct an annual laboratory visit of laboratories in the Grantee's county that are performing tests for gonorrhea, chlamydia, syphilis, and/or HIV.
  - i. Assure each identified laboratory is aware of reporting requirements, procedures, and mechanisms; and
  - ii. Establish a mechanism to monitor reporting compliance.
- (6) Ensure adherence to standard Disease Intervention Specialist requirements. Refer to the TDH STI/HIV Program Manual for details.
- (7) Perform data entry and quality assurance measures in PRISM or other designated system to meet the State's statistical, evaluation, and reporting requirements.
- (8) Train all new Disease Intervention Specialists in accordance with the training recommendations published by the TDH STI and HIV Prevention Programs, and available to the Grantee upon request.
- (9) Analyze and evaluate morbidity, intervention, risk behavior, and other programmatic data to direct effective and appropriate disease control strategies for the county.
- (10) Central Office facilitated Perinatal HIV/Congenital Syphilis Review Board (CSRБ) meeting(s)
  - i. Attend and participate in scheduled meetings.
  - ii. Complete and/or submit chart abstraction and maternal interview documents to the board review members,
  - iii. Establish quality improvement activities based on CSRБ recommendations.

**d. Outbreak Response**

- (1) Upon the identification of a possible STI or other infectious disease outbreak in, or affecting, the Grantee's jurisdiction, collaborate with TDH on response activities, including:
  - i. Identify team members to be part of response efforts and ensure participation.
  - ii. Perform follow-up on identified persons. This could include re-interviews and/or targeted follow-up for screening.
  - iii. Assist in collection and transport of specimens for testing to TDH Laboratory Services.
  - iv. Offer appropriate preventative and prophylactic measures to exposed, including informing, and collaborating with local organizations to facilitate partnering and decrease risk of transmission.
  - v. Perform data entry and data collection as determined by Central Office as part of the response.
  - vi. Any other duties as requested by the program or outlined in HIV and STI Cluster and Outbreak Response protocols.

A.6. Confidentiality of HIV, records should be maintained, and contract deliverables shall be conducted in compliance with CDC HIV/STI/VH/Tuberculosis Security and Confidentiality Guidelines as well as TDH HIV/STI/VH Security and Confidentiality Guidelines. Steps to ensure data confidentiality and security include:

- a. Ensure persons working with hard copies of documents containing confidential, identifiable information do so in a secure area and use locked file cabinets that are large and heavy enough to render them immobile. Specifically:
  - (1) Minimize use of fax transmissions and only use fax transmissions in secure (e.g., non-public) workspaces; minimize inclusion of protected health information (PHI) in fax transmissions.
    - i. Take precautions (such as a telephone call) to ensure that the recipient is present to receive and confirm receipt of the fax.
  - (2) Immediately destroy physical documents containing confidential information after use (e.g., entry into secure electronic database).
  - (3) Ensure that physical documents containing confidential information are shredded with crosscutting shredders prior to disposal. A staff member shall be present if a commercial shredding service is used for documents shredded on-site.
- b. Annually, update and send local HIV data security and confidentiality manual(s) to the TDH HIV/STI/VH Medical Director and HIV/AIDS Director. If local security and confidentiality (S&C) manual does not exist, develop local S&C manual, and update annually thereafter.
- c. Annually, identify and document an Overall Responsible Party to manage and ensure adherence of local security and confidentiality policies; form (to be provided by TDH upon request) shall be sent to the TDH HIV/STI/VH Medical Director and HIV/AIDS Director for TDH records.
- d. Establish and maintain a data use agreement with TDH and adhere to data sharing, retention, storage rules, and E.9. Grantee Hosted Services Confidential Data, Audit and Other Requirements, as outlined in agreement, including the following:
  - (1) TDH will make available HIV surveillance data using secure methods, with specific method of transfer, file formatting and encryption methods to be determined by both parties.
  - (2) Grantee shall use these HIV data only for its surveillance and public health duties, including linkage to care and re-engagement activities for persons living with diagnosed HIV, responding to HIV clusters, and as necessary to provide Ryan White services.
  - (3) HIV surveillance data is highly sensitive and confidential information. Only Grantee employees engaged in activities directly related to HIV surveillance, prevention, and Ryan White programs shall have access to HIV surveillance data. Grantee shall provide these employees with the minimum data necessary to achieve scopes outlined in this contract.
  - (4) Grantee will require that all employees with access to HIV surveillance data complete and maintain current training in the management, storage, and use of HIPAA protected data prior to access to HIV data.
  - (5) Grantee shall not share HIV data with any third parties, including, but not limited to, law enforcement, external agencies and partners, contractors, and media. Media requests for HIV data shall be directed to the TDH Public Information Officer. All other requests and inquiries related to HIV data shall be directed to the Director of the HIV Epidemiology and Surveillance Program.
  - (6) Grantee shall not disclose names nor other identifying information from the HIV surveillance data bases (i.e., eHARS) or data files either during this Agreement or

hereafter to any persons other than Grantee employees engaged in activities directly related to HIV surveillance, prevention, and Ryan White programs.

- e. Request approval for eHARS access by completing the REDCap survey, eHARS user request at <https://redcap.health.tn.gov/redcap/surveys/?s=77NLL3FJ79>. Provide justification for access in the additional information section of the survey. Immediately notify the eHARS Database Administrator and HIV Surveillance Coordinator of local eHARS user accounts that need to be deactivated.
  - f. Request approval for PRISM access in writing, with justification, to PRISM Database Administrator. Immediately notify the PRISM Database Administrator of local PRISM user accounts that need to be deactivated.
  - g. Request approval for NBS access by completing the REDCap survey NBS New User Request at <https://redcap.health.tn.gov/redcap/surveys/index.php?s=EXCFM3MJEL>. Immediately notify the NBS Database Administrator and SSIP? of local NBS user accounts that need to be deactivated.
  - h. Upon authorization and annually, ensure that all eHARS, NBS, and PRISM users, and other program staff with access (any capacity) to HIV, STI, and/or VH data, complete HIV/STI/VH security and confidentiality training provided by TDH and sign HIV/STI/VH data security and confidentiality agreement.
  - i. Ensure that all analyses and reporting involving the use of HIV surveillance data adhere to TDH policies and procedures, specifically:
    - (1) Ensure that TDH designated analytic files (i.e., fields with PHI are removed) are used to conduct local data analyses. A Data use agreement must be completed prior to obtaining any analytic data files from TDH.
    - (2) Ensure data files at rest are encrypted password protected and are stored in limited access folders. Maintain log of personnel with access to folders housing confidential data and share quarterly with Program Director.
    - (3) Ensure data files in transit are encrypted and password protected.
    - (4) Ensure that all public reports involving the use of HIV, STI, or VH surveillance data are submitted to the program surveillance director or designee for approval prior to public dissemination.
  - j. Report within twenty-four (24) hours any potential data breaches to the State of Tennessee Epidemiologist, HIV/STI/VH Medical Director, TDH Privacy Officer, and/or HIV/AIDS Director.
  - k. In the event 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 Parent Child Report.
- 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.

This Grant Contract document with any attachments or exhibits (excluding the items listed at subsections b., c., d., e., f., and g., below);

- a. CDC TN Integrated HIV Surveillance and Prevention Program (CDC-RFA—PS18-1802)
- b. TDH HIV/STI Prevention Program Guidelines

- c. State testing procedures, protocols, and all applicable disease reporting statutes
- d. TDH HIV Surveillance Guidelines
- e. TDH HIV Testing Guidelines

- A.8. Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, 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. Subrecipients 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 CDC and to the HHS OIG at the following addresses:

Valerie McCloud, Grants Management Specialist, Office of Grants Services  
 Office of Financial Resources  
 Centers for Disease Control and Prevention  
 Email: [fyq4@CDC.gov](mailto:fyq4@CDC.gov) | 770-488-4790 | 770-488-2868 Fax

AND

U.S. Department of Health and Human Services, Office of the 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](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all sub awards and contracts under this award. Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321). CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b)).

- A.9. Incorporation of Federal Award Identification Worksheets. The federal award identification worksheets, which appear as Attachment 1, are incorporated in this Grant Contract.
- A.10. No funds awarded under this Grant Contract shall be used for lobbying federal, state, or local officials.

**B. TERM OF CONTRACT:**

- B.1. This Grant Contract shall be effective on January 1, 2023 ("Effective Date") and extend for a period of five (5) months after the Effective Date ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
- B.2. 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 Three Hundred Twenty Thousand, Four Hundred Twenty-Seven dollars (\$320,427.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 2 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
- C.2. Compensation Firm. The Maximum Liability of the State is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Contract and are not subject to escalation for any reason unless amended, except as provided in Section C.6.
- C.3. Payment Methodology. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in Section C.1. Upon progress toward the completion of the Scope, as described in Section A of this Grant Contract, the Grantee shall submit invoices (Attachment 3) prior to any reimbursement of allowable costs.
- C.4. Travel Compensation. Reimbursement to the Grantee for travel, meals, or lodging shall be subject to amounts and limitations specified in the "State Comprehensive Travel Regulations," as they are amended from time to time, and shall be contingent upon and limited by the Grant Budget funding for said reimbursement.
- C.5. Invoice Requirements. The Grantee shall invoice the State no more often than monthly, with all necessary supporting documentation, and present such to: [invoicing.hiv@tn.gov](mailto:invoicing.hiv@tn.gov)

[Celest.carter@tn.gov](mailto:Celest.carter@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: Tennessee 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 vary from a Grant Budget line-item amount by up to twenty percent (20%) of the line-item amount, provided that any increase is off-set by an equal reduction of other line-item amount(s) such that the net result of variances shall not increase the total Grant Contract amount detailed by the Grant Budget. Any increase in the Grant Budget, grand total amounts shall require an amendment of this Grant Contract.

C.7. Disbursement Reconciliation and Close Out. The Grantee shall submit any final invoice and a grant disbursement reconciliation report within ninety (90) days of the Grant Contract end date, in form and substance acceptable to the State. (Attachment 4)

- a. If total disbursements by the State pursuant to this Grant Contract exceed the amounts permitted by the section C, payment terms and conditions of this Grant Contract, the Grantee shall refund the difference to the State. The Grantee shall submit the refund with the final grant disbursement reconciliation report.
- b. The State shall not be responsible for the payment of any invoice submitted to the State after the grant disbursement reconciliation report. The State will not deem any Grantee costs submitted for reimbursement after the grant disbursement reconciliation report to be allowable and reimbursable by the State, and such invoices will NOT be paid.
- c. The Grantee's failure to provide a final grant disbursement reconciliation report to the State as required by this Grant Contract shall result in the Grantee being deemed ineligible for reimbursement under this Grant Contract, and the Grantee shall be required to refund any and all payments by the State pursuant to this Grant Contract.
- d. The Grantee must close out its accounting records at the end of the Term in such a way that reimbursable expenditures and revenue collections are NOT carried forward.

C.8. Indirect Cost. Should the Grantee request reimbursement for indirect costs, the Grantee must submit to the State a copy of the indirect cost rate approved by the cognizant federal agency or the cognizant state agency, as applicable. The Grantee will be reimbursed for indirect costs in accordance with the approved indirect cost rate and amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the Term. Any changes in the approved indirect cost rate must have prior approval of the cognizant federal agency or the cognizant state agency, as applicable. If the indirect cost rate is provisional during

the Term, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the State, and subject to the availability of funds the State agrees to remit any underpayment to the Grantee.

- C.9. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Department of Finance and Administration Policy Statement 03 or any amendments or revisions made to this policy statement during the Term.
- C.10. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any reimbursement, invoice, or related matter. A payment by the State shall not be construed as acceptance of any part of the work or service provided or as approval of any amount as an allowable cost.
- C.11. Non-allowable Costs. Any amounts payable to the Grantee shall be subject to reduction for amounts included in any invoice or payment that are determined by the State, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs.
- C.12. State's Right to Set Off. The State reserves the right to set off or deduct from amounts that are or shall become due and payable to the Grantee under this Grant Contract or under any other agreement between the Grantee and the State of Tennessee under which the Grantee has a right to receive payment from the State.
- C.13. Prerequisite Documentation. The Grantee shall not invoice the State under this Grant Contract until the State has received the following, properly completed documentation.
- a. The Grantee shall complete, sign, and return to the State an "Authorization Agreement for Automatic Deposit (ACH Credits) Form" provided by the State. By doing so, the Grantee acknowledges and agrees that, once this form is received by the State, all payments to the Grantee under this or any other grant contract will be made by automated clearing house ("ACH").
  - b. The Grantee shall complete, sign, and return to the State the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Grantee's Federal Employer Identification Number or Social Security Number referenced in the Grantee's Edison registration information.

**D. STANDARD TERMS AND CONDITIONS:**

- D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Grant Contract, the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).
- D.2. Modification and Amendment. This Grant Contract may be modified only by a written amendment signed by all parties and approved by the officials who approved the Grant Contract and, depending upon the specifics of the Grant Contract as amended, any additional officials required by Tennessee laws and regulations (the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).
- D.3. Termination for Convenience. The State may terminate this Grant Contract without cause for any reason. A termination for convenience shall not be a breach of this Grant Contract by the State. The State shall give the Grantee at least thirty (30) days written notice before the effective termination date. The Grantee shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the State be liable

to the Grantee for compensation for any service that has not been rendered. The final decision as to the amount for which the State is liable shall be determined by the State. The Grantee shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for the State's exercise of its right to terminate for convenience.

- D.4. Termination for Cause. If the Grantee fails to properly perform its obligations under this Grant Contract, or if the Grantee violates any terms of this Grant Contract, the State shall have the right to immediately terminate this Grant Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of the State's right to terminate this Grant Contract for cause, the Grantee shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Grant Contract by the Grantee.
- D.5. Subcontracting. The Grantee shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination," "Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.
- D.6. Conflicts of Interest. The Grantee warrants that no part of the total Grant Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Grantee in connection with any work contemplated or performed relative to this Grant Contract.
- D.7. Lobbying. The Grantee certifies, to the best of its knowledge and belief, that:
- a. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
  - b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
  - c. The Grantee shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

- D.8. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Contract shall be in writing and shall be made by certified, first-class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient



confirmation. All communications, regardless of method of transmission, shall be addressed to the respective party as set out below:

The State:

Kimberly Truss, HIV Program Director  
Tennessee Department of Health  
HIV/STD/Viral Hepatitis Section  
Andrew Johnson Tower, 4th Floor  
710 James Robertson Parkway  
Nashville, Tennessee 37243  
Email Address: [Kimberly.truss@tn.gov](mailto:Kimberly.truss@tn.gov)  
Telephone # (615) 532-5744  
FAX # (615) 741-3691

The Grantee:

Dr. Gill C. Wright, Director  
Metropolitan Government of Nashville and Davidson County  
2500 Charlotte Avenue  
Nashville, TN 37209  
Email Address: [Gill.Wright@Nashville.gov](mailto: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 an attachment 5 to the Grant Contract.
- D.19. Audit Report. The Grantee shall be audited in accordance with applicable Tennessee law.
- At least ninety (90) days before the end of its fiscal year, the Grantee shall complete the Information for Audit Purposes ("IAP") form online (accessible through the Edison Supplier portal) to notify the State whether or not Grantee is subject to an audit. The Grantee should submit only one, completed form online during the Grantee's fiscal year. Immediately after the fiscal year has ended, the Grantee shall fill out the End of Fiscal Year ("EOFY") (accessible through the Edison Supplier portal).
- When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.
- A copy of the audit report shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.
- 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](http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)
- D.29. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-408.
- D.30. Completeness. This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions agreed to by the parties. This Grant Contract supersedes any, and all prior understandings, representations, negotiations, or agreements between the parties, whether written or oral.
- D.31. Severability. If any terms and conditions of this Grant Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions shall not be affected and shall remain in full force and effect. To this end, the terms and conditions of this Grant Contract are declared severable.
- D.32. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.
- D.33. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Grant Contract. The Grantee certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.
- D.34. Debarment and Suspension. The Grantee certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors, and their principals:
- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or Agency.
  - b. have not within a three (3) year period preceding this Grant Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery,

falsification, or destruction of records, making false statements, or receiving stolen property;

- c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and
- d. have not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Grantee shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

- D.35. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the State or acquired by the Grantee on behalf of the State that is regarded as confidential under state or federal law shall be regarded as "Confidential Information." Nothing in this Section shall permit Grantee to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required or permitted under state or federal law. Grantee shall take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law.

The obligations set forth in this Section shall survive the termination of this Grant Contract.

**E. SPECIAL TERMS AND CONDITIONS:**

- E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Grant Contract, the special terms and conditions shall be subordinate to the Grant Contract's other terms and conditions.
- E.2. Printing Authorization. The Grantee agrees that no publication coming within the jurisdiction of Tenn. Code Ann. § 12-7-101, *et seq.*, shall be printed pursuant to this Grant Contract unless a printing authorization number has been obtained and affixed as required by Tenn. Code Ann. § 12-7-103(d).
- E.3. Environmental Tobacco Smoke. Pursuant to the provisions of the federal "Pro-Children Act of 1994" and the "Children's Act for Clean Indoor Air of 1995," Tenn. Code Ann. §§ 39-17-1601 through 1606, the Grantee shall prohibit smoking of tobacco products within any indoor premises in which services are provided to individuals under the age of eighteen (18) years. The Grantee shall post "no smoking" signs in appropriate, permanent sites within such premises. This prohibition shall be applicable during all hours, not just the hours in which children are present. Violators of the prohibition may be subject to civil penalties and fines. This prohibition shall apply to and be made part of any subcontract related to this Grant Contract.
- E.4. The Grantee shall provide a drug-free workplace pursuant to the "Drug-Free Workplace Act," 41 U.S.C. §§ 8101 through 8106, and its accompanying regulations.
- E.5. Personally 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.6 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 Unique Entity Identifier (SAM) and maintain its number for the term of this Grant Contract. More information about obtaining a Unique Entity Identifier can be found at: <https://www.gsa.gov>.

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.7. 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.8. Contract Work Hours and Safety Standard Act.** As a condition for receipt of grant funds, the Grantee agrees to comply with the Contract Work Hours and Safety Standard Act at 40 U.S.C. § 3701 et seq., as that section is amended from time to time during the term.



- E. 9. 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 [CDC] and the Region 4 Office of the Environmental Protection Agency.
- E. 10. Americans with Disabilities Act. The Grantee must comply with the Americans with Disabilities Act (ADA) of 1990, as amended, including implementing regulations codified at 28 CFR Part 35 "Nondiscrimination on the Basis of Disability in State and Local Government Services" and at 28 CFR Part 36 "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities," and any other laws or regulations governing the provision of services to persons with a disability, as applicable. For more information, please visit the ADA website: <http://www.ada.gov>.
- E. 11. 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. 12. Assistance Listing Number. When applicable, the Grantee shall inform its licensed independent public accountant of the federal regulations that require compliance with the performance of an audit. This information shall consist of the following Assistance Listing Numbers: (Catalog of Federal Domestic Assistance or CFDA# 93.940 & 93.977).
- E. 13. 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.
- E. 14. Security Audit. The State may conduct audits of Grantee's compliance with the State's Enterprise Information Security Policy ("The Policy") or under this Grant Contract, including those obligations imposed by Federal or State law, regulation or policy. The Policy, as may be periodically revised, can be located at the following link: <https://www.tn.gov/finance/strategic-technology-solutions/strategic-technology-solutions/sts-security-policies.html>. The State's right to conduct security audits is independent of any other audit or monitoring required by this Grant Contract. The timing and frequency of such audits shall be at the State's discretion and may, but not necessarily shall, be in response to a security incident.
- a. A security audit may include the following: (i) review of access logs, screen shots and other paper or electronic documentation relating to Grantee's compliance with the Policy. This may include review of documentation relevant to subcontractors or suppliers of security equipment and services used with respect to State data; (ii) physical inspection of controls such as door locks, file storage, communications systems, and employee identification procedures; and (iii) interviews of responsible technical and management personnel regarding security procedures.
- b. Grantee shall provide reports or additional information upon request of the state and access by the State or the State's designated staff to Grantee's facilities and/or any location involved with providing services to the State or involved with processing or storing State data, and Grantee shall cooperate with State staff and audit requests submitted under this Section. Any confidential information of either party accessed or disclosed during the course of the security audit shall be

treated as set forth under this Grant Contract or federal or state law or regulations. Each party shall bear its own expenses incurred in the course of conducting this security audit. Grantee shall at its own expense promptly rectify any non-compliance with the Policy or other requirements identified by this security audit and provide proof to the State thereof.

E.15. Grantee Hosted Services Confidential Data, Audit, and Other Requirements.

a. "Confidential State Data" is defined as data deemed confidential by State or Federal statute or regulation. The Grantee shall protect Confidential State Data as follows:

- (1) The Grantee shall ensure that all Confidential State Data is housed in the continental United States, inclusive of backup data.
- (2) The Grantee shall encrypt Confidential State Data at rest and in transit using the current version of Federal Information Processing Standard ("FIPS") 140-2 validated encryption technologies.
- (3) The Grantee and the Grantee's processing environment containing Confidential State Data shall either (1) be in accordance with at least one of the following security standards: (i) International Standards Organization ("ISO") 27001; (ii) Federal Risk and Authorization Management Program ("FedRAMP"); or (2) be subject to an annual engagement by a CPA firm in accordance with the standards of the American Institute of Certified Public Accountants ("AICPA") for a System and Organization Controls for service organizations ("SOC") Type II audit. The State shall approve the SOC audit control objectives. The Grantee shall provide proof of current ISO certification or FedRAMP authorization for the Grantee and subcontractor(s) or provide the State with the Grantee's and subcontractor's annual SOC Type II audit report within 30 days from when the CPA firm provides the audit report to the Grantee or subcontractor. The Grantee shall submit corrective action plans to the State for any issues included in the audit report within 30 days after the CPA firm provides the audit report to the Grantee or subcontractor.

If the scope of the most recent SOC audit report does not include all of the current State fiscal year, upon request from the State, the Grantee must provide to the State a letter from the Grantee or subcontractor stating whether the Grantee or subcontractor made any material changes to their control environment since the prior audit and, if so, whether the changes, in the opinion of the Grantee or subcontractor, would negatively affect the auditor's opinion in the most recent audit report.

No additional funding shall be allocated for these certifications, authorizations, or audits as these are included in the Maximum Liability of this Contract.

- (4) The Grantee must annually perform Penetration Tests and Vulnerability Assessments against its Processing Environment. "Processing Environment" shall mean the combination of software and hardware on which the Application runs. "Application" shall mean the computer code that supports and accomplishes the State's requirements as set forth in this Contract. "Penetration Tests" shall be in the form of attacks on the Grantee's computer system, with the purpose of discovering security weaknesses which have the potential to gain access to the Processing Environment's features and data. The "Vulnerability Assessment" shall be designed and executed to define, identify, and classify the security holes (vulnerabilities) in the Processing Environment. The Grantee shall allow the State, at its option, to perform Penetration Tests and Vulnerability Assessments on the Processing Environment.

- (5) Upon State request, the Grantee shall provide a copy of all Confidential State Data it holds. The Grantee shall provide such data on media and in a format determined by the State
- (6) Upon termination of this Contract and in consultation with the State, the Grantee shall destroy all Confidential State Data it holds (including any copies such as backups) in accordance with the current version of National Institute of Standards and Technology ("NIST") Special Publication 800-88. The Grantee shall provide a written confirmation of destruction to the State within ten (10) business days after destruction.

b. Minimum Requirements

- (1) The Grantee and all data centers used by the Grantee to host State data, including those of all subcontractors, must comply with the State's Enterprise Information Security Policies as amended periodically. The State's Enterprise Information Security Policies document is found at the following URL:  
<https://www.tn.gov/finance/strategic-technology-solutions/strategic-technology-solutions/sts-security-policies.html>.
- (2) The Grantee agrees to maintain the Application so that it will run on a current, manufacturer-supported Operating System. "Operating System" shall mean the software that supports a computer's basic functions, such as scheduling tasks, executing applications, and controlling peripherals.
- (3) If the Application requires middleware or database software, Grantee shall maintain middleware and database software versions that are at all times fully compatible with current versions of the Operating System and Application to ensure that security vulnerabilities are not introduced.

c. Comptroller Audit Requirements

Upon reasonable notice and at any reasonable time, the Grantee and subcontractor(s) agree to allow the State, the Comptroller of the Treasury, or their duly appointed representatives to perform information technology control audits of the Grantee and all subcontractors used by the Grantee. Grantee will maintain and cause its subcontractors to maintain a complete audit trail of all transactions and activities in connection with this Grant Contract. Grantee will provide to the State, the Comptroller of the Treasury, or their duly appointed representatives access to Grantee and subcontractor(s) personnel for the purpose of performing the information technology control audit.

The information technology control audit may include a review of general controls and application controls. General controls are the policies and procedures that apply to all or a large segment of the Grantee's or subcontractor's information systems and applications and include controls over security management, access controls, configuration management, segregation of duties, and contingency planning. Application controls are directly related to the application and help ensure that transactions are complete, accurate, valid, confidential, and available. The audit shall include the Grantee's and subcontractor's compliance with the State's Enterprise Information Security Policies and all applicable requirements, laws, regulations or policies.

The audit may include interviews with technical and management personnel, physical inspection of controls, and review of paper or electronic documentation.

For any audit issues identified, the Grantee and subcontractor(s) shall provide a corrective action plan to the State within 30 days from the Grantee or subcontractor receiving the audit report.

Each party shall bear its own expenses incurred while conducting the information technology controls audit.


d. Business Continuity Requirements. The Grantee shall maintain set (s) of documents, instructions, and procedures which enable the Grantee to respond to accidents, disasters, emergencies, or threats without any stoppage or hindrance in its key operations ("Business Continuity Requirements"). Business Continuity Requirements shall include:

(1) "Disaster Recovery Capabilities" refer to the actions the Grantee takes to meet the Recovery Point and Recovery Time Objectives defined below. Disaster Recovery Capabilities shall meet the following objectives:

- i. Recovery Point Objective ("RPO"). The RPO is defined as the maximum targeted period in which data might be lost from an IT service due to a major incident: 1 hour
- ii. Recovery Time Objective ("RTO"). The RTO is defined as the targeted duration of time and a service level within which a business process must be restored after a disaster (or disruption) in order to avoid unacceptable consequences associated with a break in business continuity: 24 hours

(2) The Grantee and the subcontractor(s) shall perform at least one Disaster Recovery Test every three hundred sixty-five (365) days. A "Disaster Recovery Test" shall mean the process of verifying the success of the restoration procedures that are executed after a critical IT failure or disruption occurs. The Disaster Recovery Test shall use actual State Data Sets that mirror production data, and success shall be defined as the Grantee verifying that the Grantee can meet the State's RPO and RTO requirements. A "Data Set" is defined as a collection of related sets of information that is composed of separate elements but can be manipulated as a unit by a computer. The Grantee shall provide written confirmation to the State after each Disaster Recover Test that its Disaster Recovery Capabilities meet the RPO and RTO requirements.

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

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 Director  
 Metro Public Health Department

5/15/2023  
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 Date

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 Chair, Board of Health

5/17/2023  
 \_\_\_\_\_  
 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

  
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5/22/2023 | 11:31 AM CDT  
 \_\_\_\_\_

Director, Department of Finance

Date

APPROVED AS TO RISK AND INSURANCE:

*Lora Bark Fox*

5/24/2023 | 1:08 PM CDT

Director of Risk Management Services

Date

APPROVED AS TO FORM AND LEGALITY:

*Courtney Mohan*

5/23/2023 | 9:34 AM CDT

Metropolitan Attorney

Date

FILED:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Ralph Alvarado, MD, FACP,  
Commissioner

Date

**ATTACHMENT 1****Federal Award Identification Worksheet**

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	Metropolitan Government of Nashville and Davidson County
Subrecipient's Unique Entity Identifier (SAM)	LGZLHP6ZHM55 CAGE Code: 3QKW8
Federal Award Identification Number (FAIN)	NU62PS924520
Federal award date	04/11/2023
Subaward Period of Performance Start and End Date	01/01/2018 – 05/31/2024
Subaward Budget Period Start and End Date	01/01/2022 – 05/31/2024
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.940 HIV Prevention Activities Health Department Based
Grant contract's begin date	01/01/2023
Grant contract's end date	05/31/2023
Amount of federal funds obligated by this grant contract	\$211,640.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$7,763,045.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	TN Integrated HIV Surveillance and Prevention Programs for Health Departments CDC-RFA-PS18-1802
Name of federal awarding agency	Centers for Disease Control (CDC)
Name and contact information for the federal awarding official	Ms. Valerie McCloud Grants Management Specialist <a href="mailto:fyq4@cdc.gov">fyq4@cdc.gov</a> 770.488.4790
Name of pass-through entity	Department of Health - CEDEP
Name and contact information for the pass-through entity awarding official	Valerie Oliver Director, Fiscal Services <a href="mailto:Valerie.oliver@tn.gov">Valerie.oliver@tn.gov</a> 615-532-7121
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)	13.1%

**ATTACHMENT 1**

cont.

**Federal Award Identification Worksheet**

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	Metropolitan Government of Nashville and Davidson County
Subrecipient's Unique Entity Identifier (SAM)	LGZLHP6ZHM55 CAGE Code: 3QKW8
Federal Award Identification Number (FAIN)	NU51PS005188
Federal award date	04/06/2023
Subaward Period of Performance Start and End Date	05/01/2021 – 04/30/2026
Subaward Budget Period Start and End Date	05/01/2023 – 04/30/2024
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.270 Adult Viral Hepatitis Prevention and Control
Grant contract's begin date	01/01/2023
Grant contract's end date	05/31/2023
Amount of federal funds obligated by this grant contract	\$44,575.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$7,763,045.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	TN Integrated HIV Surveillance and Prevention Programs for Health Departments CDC-RFA-PS18-1802
Name of federal awarding agency	Centers for Disease Control (CDC)
Name and contact information for the federal awarding official	Ms. Valerie McCloud Grants Management Specialist <a href="mailto:fyq4@cdc.gov">fyq4@cdc.gov</a> 770.488.4790
Name of pass-through entity	Department of Health - CEDEP
Name and contact information for the pass-through entity awarding official	Valerie Oliver Director, Fiscal Services <a href="mailto:Valerie.oliver@tn.gov">Valerie.oliver@tn.gov</a> 615-532-7121
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)	13.1%

**ATTACHMENT 1**  
END**Federal Award Identification Worksheet**

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	Metropolitan Government of Nashville and Davidson County
Subrecipient's Unique Entity Identifier (SAM)	LGZLHP6ZHM55 CAGE Code: 3QKW8
Federal Award Identification Number (FAIN)	NU62PS924520
Federal award date	04/11/2023
Subaward Period of Performance Start and End Date	01/01/2018 – 05/31/2024
Subaward Budget Period Start and End Date	01/01/2022 – 05/31/2024
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.940 HIV Prevention Activities Health Department Based
Grant contract's begin date	01/01/2023
Grant contract's end date	05/31/2023
Amount of federal funds obligated by this grant contract	\$64,212.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$7,763,045.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	TN Integrated HIV Surveillance and Prevention Programs for Health Departments CDC-RFA-PS18-1802
Name of federal awarding agency	Centers for Disease Control (CDC)
Name and contact information for the federal awarding official	Ms. Valerie McCloud Grants Management Specialist <a href="mailto:fyq4@cdc.gov">fyq4@cdc.gov</a> 770.488.4790
Name of pass-through entity	Department of Health - CEDEP
Name and contact information for the pass-through entity awarding official	Valerie Oliver Director, Fiscal Services <a href="mailto:Valerie.oliver@tn.gov">Valerie.oliver@tn.gov</a> 615-532-7121
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)	13.1%



## ATTACHMENT 2

## GRANT BUDGET

(BUDGET PAGE 1)

Metropolitan Government of Nashville & Davidson County ROLLUP				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2023, and ending May 31, 2023.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$218,700.00	\$0.00	\$218,700.00
2	Benefits & Taxes	\$50,960.00	\$0.00	\$50,960.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$10,000.00	\$0.00	\$10,000.00
5	Supplies	\$2,829.00	\$0.00	\$2,829.00
6	Telephone	\$4,000.00	\$0.00	\$4,000.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$6,975.00	\$0.00	\$6,975.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (10% and salary & Benefits)	\$26,963.00	\$0.00	\$26,963.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$320,427.00</b>	<b>\$0.00</b>	<b>\$320,427.00</b>

<sup>1</sup> 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>).

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

## ATTACHMENT 2

## GRANT BUDGET

(BUDGET PAGE 2)

Metropolitan Government of Nashville & Davidson County		HIV Prevention Federal HL00006849		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2023 and ending May 31, 2023.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH <sup>3</sup>	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$144,800.00	\$0.00	\$144,800.00
2	Benefits & Taxes	\$33,460.00	\$0.00	\$33,460.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$7,500.00	\$0.00	\$7,500.00
5	Supplies	\$2,254.00	\$0.00	\$2,254.00
6	Telephone	\$3,000.00	\$0.00	\$3,000.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$2,800.00	\$0.00	\$2,800.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (10% and salary & Benefits)	\$17,826.00	\$0.00	\$17,826.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$211,640.00</b>	<b>\$0.00</b>	<b>\$211,640.00</b>

<sup>1</sup> 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>).

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

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
**(BUDGET PAGE 3)**

SALARIES	Rate	# of Months	Pct	(Longevity, if applicable)		AMOUNT
Taylor Alexander, Communicable Disease Investigator	3,760.30	x 5	x 12%			\$2,256.18
Alexandra Oldham, Communicable Disease Investigator	3,637.40	x 5	x 40%			\$7,274.80
Alexis Ayers, Communicable Disease Investigator	3,519.64	x 3	x 85%			\$8,975.08
Alexis Ayers, Communicable Disease Investigator	3,519.64	x 2	x 100%			\$7,039.28
Monica Woodruff , Communicable Disease Investigator	3,605.59	x 3	x 85%			\$9,194.25
Monica Woodruff , Communicable Disease Investigator	3,605.59	x 2	x 100%			\$7,211.18
Corrina Burks, Communicable Disease Investigator	3,637.40	x 3	x 85%			\$9,275.37
Corrina Burks, Communicable Disease Investigator	3,637.40	x 2	x 100%			\$7,274.80
Zylan Smith, Communicable Disease Investigator	3,637.40	x 3	x 85%			\$9,275.37
Zylan Smith, Communicable Disease Investigator	3,637.40	x 2	x 100%			\$7,274.80
Terrence Henderson, Program Coordinator	3,637.40	x 5	x 100%			\$18,187.00
Sarah Rash, Office Support Representative	3,098.44	x 5	x 100%		0	\$15,492.20
Norm Foster, Manager	7,221.19	x 5	x 100%		0	\$36,105.95
<b>SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)</b>		x	x	+		\$144,836.27
<b>ROUNDED TOTAL</b>						<b>\$144,800.00</b>

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Temporary Support Services	\$7,500.00
<b>ROUNDED TOTAL</b>	<b>\$7,500.00</b>

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Routine Travel (4800 miles @ \$0.585/mile)	\$2,808.00
<b>ROUNDED TOTAL</b>	<b>\$2,800.00</b>

INTEREST	AMOUNT
<b>SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)</b>	<b>\$0.00</b>
<b>ROUNDED TOTAL</b>	<b>\$0.00</b>

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
<b>SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)</b>	<b>\$0.00</b>
<b>ROUNDED TOTAL</b>	<b>\$0.00</b>

DEPRECIATION	AMOUNT
<b>SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)</b>	<b>\$0.00</b>
<b>ROUNDED TOTAL</b>	<b>\$0.00</b>

OTHER NON-PERSONNEL	AMOUNT
<b>SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)</b>	<b>\$0.00</b>
<b>ROUNDED TOTAL</b>	<b>\$0.00</b>

CAPITAL PURCHASE	AMOUNT
<b>SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)</b>	<b>\$0.00</b>
<b>ROUNDED TOTAL</b>	<b>\$0.00</b>

## ATTACHMENT 2

## GRANT BUDGET

(BUDGET PAGE 4)

Metropolitan Government of Nashville & Davidson County		HIV Surveillance Federal HL00006853		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2023 and ending May 31, 2023.				
POLICY or Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH <sup>3</sup>	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$27,500.00	\$0.00	\$27,500.00
2	Benefits & Taxes	\$7,500.00	\$0.00	\$7,500.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$2,500.00	\$0.00	\$2,500.00
5	Supplies	\$575.00	\$0.00	\$575.00
6	Telephone	\$1,000.00	\$0.00	\$1,000.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$2,000.00	\$0.00	\$2,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (10% and salary & Benefits)	\$3,500.00	\$0.00	\$3,500.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$44,575.00</b>	<b>\$0.00</b>	<b>\$44,575.00</b>

<sup>1</sup> 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>).

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

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 5)

SALARIES	Rate		# of Months		Pct	(Longevity, if applicable)	AMOUNT
Alexandra Oldham, Communicable Disease Investigator	3,637.40	x	5	x	60%		\$10,912.20
Taylor Alexander, Communicable Disease Investigator	3,760.30	x	5	x	88%		\$16,545.32
ROUNDED TOTAL							\$27,500.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT	
Temporary Support Services	\$2,500.00	
ROUNDED TOTAL		\$2,500.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT	
Routine Travel (3500 miles x \$0.585/mile)	\$2,047.50	
ROUNDED TOTAL		\$2,000.00

INTEREST	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

DEPRECIATION	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

OTHER NON-PERSONNEL	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

CAPITAL PURCHASE	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

## ATTACHMENT 2

## GRANT BUDGET

(BUDGET PAGE 6)

Metropolitan Government of Nashville & Davidson County HIV Testing HL00006849				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2023 and ending May 31, 2023.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH <sup>3</sup>	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$46,400.00	\$0.00	\$46,400.00
2	Benefits & Taxes	\$10,000.00	\$0.00	\$10,000.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$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 <sup>2</sup>	\$2,175.00	\$0.00	\$2,175.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (10% and salary & Benefits)	\$5,637.00	\$0.00	\$5,637.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$64,212.00</b>	<b>\$0.00</b>	<b>\$64,212.00</b>

<sup>1</sup> 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>).

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

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 7)

SALARIES	Rate		# of Months		Pct	(Longevity, if applicable)		AMOUNT
Sherronda Broughton, Program Specialist	3,945.59	x	5	x	65%		0	\$12,823.17
Vacant, Program Specialist	3,166.44	x	5	x	100%			\$15,832.20
Carolyn Pillow, Program Specialist	3,545.25	x	5	x	100%			\$17,726.25
ROUNDED TOTAL								\$46,400.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT	
Parking reimbursements (\$435/month for parking)	\$2,175.00	
ROUNDED TOTAL		\$2,175.00

INTEREST	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

DEPRECIATION	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

OTHER NON-PERSONNEL	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00

CAPITAL PURCHASE	AMOUNT	
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00	
ROUNDED TOTAL		\$0.00



**Invoice Reimbursement Form**

**Section 1: Contract Information (to be completed by TDH Accounts)**

PO #	PO Line #	Receipt #	Agency Invoice #
_____	_____	_____	_____
Edison Contract #	Edison Vendor #	Edison Address Line #	AP Attachment (check if yes)
_____	_____	_____	<input type="checkbox"/>

**Section 2: Invoice Information (to be completed by Contractor/Grantee)**

Contract Invoice #	Invoice Date	Service Start Date	Service End Date
_____	_____	_____	_____
Contract Start Date	Contract End Date		
_____	_____		
Contact Person Name	Phone #		
_____	_____		

**Remit Payment to:**

Business Name

\_\_\_\_\_

Street Address	City	State	ZIP
_____	_____	_____	_____

Budget Line Items	(A) Total Contract Budget	(B) Amount Billed YTD	(C) Monthly Expenditures Due
Salaries			
Benefits			
Professional Fee/Grant/Award			
Supplies			
Telephone			
Postage and Shipping			
Occupancy			
Equipment Rental and Maintenance			
Printing and Publications			
Travel/Conferences and Meetings			
Interest			
Insurance			
Specific Assistance to Individuals			
Depreciation			
Other Non-Personnel			
Capital Purchase			
Indirect Costs			
<b>TOTAL</b>	\$ 0.00	\$ 0.00	\$ 0.00



**Section 3: Payment Information (to be completed by TDH Program)**

Service Type (Select One):  Medical Services  Non-Medical Services

Speedchart	User Code	Project ID	Amount (\$)

**Section 4: Authorized Signatures**

**Contractor/Grantee Authorization**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**TDH Program Authorization**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**TDH Accounts Authorization**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

## 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](mailto:Policy3.AMO.Health@tn.gov)

e-mail filing replaces mailing forms

or mailing Address:

Monaliz Hana

Telephone: 615-253-3406

Tennessee Department of Health

Fiscal Services

6th Floor Andrew Johnson Tower

710 James Robertson Parkway

Nashville, TN 37243

**PROGRAM EXPENSE REPORT (Excerpted from Policy 3 statement)**

**SCHEDULE A**

**EXPENSE BY OBJECT LINE-ITEMS**

There are seventeen specific object expense categories; two subtotals (Line 3, Total Personnel Expenses, and Line 19, Total Non-personnel Expenses); and Reimbursable Capital Purchases (Line 20), above Line 21, Total Direct Program Expenses. All expenses should be included in one or more of the specific categories, or in an additional expense category entered under Line 18, Other Non-personnel Expenses. The contracting state state agency may determine these requirements.

With the exception of depreciation, everything reported in Lines 1 through 21 must represent an actual cash disbursement or accrual as defined in the Basis For Reporting Expenses/Expenditures section on page 13.

**THE YEAR-TO-DATE EXPENSES MUST BE TRACEABLE TO THE REPORTING AGENCY'S GENERAL LEDGER**

**Line 1 Salaries And Wages**

On this line, enter compensation, fees, salaries, and wages paid to officers, directors, trustees, and employees. An attached schedule may be required showing client wages or other included in the aggregations.

**Line 2 Employee Benefits & Payroll Taxes**

Enter (a) the organization's contributions to pension plans and to employee benefit programs such as health, life, and disability insurance; and (b) the organization's portion of payroll taxes such as social security and Medicare taxes and unemployment and workers' compensation insurance. An attached schedule may be required showing client benefits and taxes or other included in the aggregations.

**Line 3 Total Personnel Expenses**

Add lines 1 and 2.

**Line 4 Professional Fees**

Enter the organization's fees to outside professionals, consultants, and personal-service contractors. Include legal, accounting, and auditing fees. An attached schedule may be required showing the details in the aggregation of professional fees.

**Line 5 Supplies**

Enter the organization's expenses for office supplies, housekeeping supplies, food and beverages, and other supplies. An attached schedule may be required showing food expenses or other details included in the aggregations.

**Line 6 Telephone**

Enter the organization's expenses for telephone, cellular phones, beepers, telegram, FAX, E-mail, telephone equipment maintenance, and other related expenses.

**Line 7 Postage And Shipping**

Enter the organization's expenses for postage, messenger services, overnight delivery, outside mailing service fees, freight and trucking, and maintenance of delivery and

shipping vehicles. Include vehicle insurance here or on line 14.

**Line 8 Occupancy**

Enter the organization's expenses for use of office space and other facilities, heat, light, power, other utilities, outside janitorial services, mortgage interest, real estate taxes, and similar expenses. Include property insurance here or on line 14.

**Line 9 Equipment Rental And Maintenance**

Enter the organization's expenses for renting and maintaining computers, copiers, postage meters, other office equipment, and other equipment, except for telephone, truck, and automobile expenses, reportable on lines 6, 7, and 11, respectively.

**Line 10 Printing And Publications**

Enter the organization's expenses for producing printed materials, purchasing books and publications, and buying subscriptions to publications.

**Line 11 Travel**

Enter the organization's expenses for travel, including transportation, meals and lodging, and per diem payments. Include gas and oil, repairs, licenses and permits, and leasing costs for company vehicles. Include travel expenses for meetings and conferences. Include vehicle insurance here or on line 14.

**Line 12 Conferences And Meetings**

Enter the organization's expenses for conducting or attending meetings, conferences, and conventions. Include rental of facilities, speakers' fees and expenses, printed materials, and registration fees (but not travel).

**Line 13 Interest**

Enter the organization's interest expense for loans and capital leases on equipment, trucks and automobiles, and other notes and loans. Do not include mortgage interest reportable on line 8.

**Line 14 Insurance**

Enter the organization's expenses for liability insurance, fidelity bonds, and other insurance. Do not include employee-related insurance reportable on line 2. Do not include property and vehicle insurance if reported on lines 7, 8, or 11.

**Line 15 Grants And Awards**

Enter the organization's awards, grants, subsidies, and other pass-through expenditures to individuals and to other organizations. Include allocations to affiliated organizations. Include in-kind grants to individuals and organizations. Include scholarships, tuition payments, travel allowances, and equipment allowances to clients and individual beneficiaries. Pass-through funds are not included when computing administrative expenses reported on Line 22.

**Line 16 Specific Assistance to Individuals**

Enter the organization's direct payment of expenses of clients, patients, and individual beneficiaries. Include such expenses as medicines, medical and dental fees, children's board, food and homemaker services, clothing, transportation, insurance coverage, and wage supplements.

**Line 17 Depreciation**

Enter the expenses the organization records for depreciation of equipment, buildings, leasehold improvements, and other depreciable fixed assets.

**Line 18 Other Non-personnel Expenses**

NOTE: Expenses reportable on lines 1 through 17 should not be reported in an additional expense category on line 18. A description should be attached for each additional category entered on line 18. The contracting state agency may determine these requirements.

Enter the organization's allowable expenses for advertising (1), bad debts (2), contingency provisions (7), fines and penalties (14), independent research and development (reserved) (17), organization (27), page charges in professional journals (29), rearrangement and alteration (39), recruiting (41), and taxes (47). Include the organization's and employees' membership dues in associations and professional societies (26). Include other fees for the organization's licenses, permits, registrations, etc.

**Line 19 Total Non-personnel Expenses**

Add lines 4 through 18.

**Line 20 Reimbursable Capital Purchases**

Enter the organization's purchases of fixed assets. Include land, equipment, buildings, leasehold improvements, and other fixed assets. An attached schedule may be required showing the details for each such purchase.

**Line 21 Total Direct Program Expenses**

Add lines 3, 19, and 20.

Includes direct and allocated direct program expenses.

**Line 22 Administrative Expenses**

The distribution will be made in accordance with an allocation plan approved by your cognizant state agency.

**Line 23 Total Direct And Administrative Expenses**

Line 23 is the total of Line 21, Total Direct Program Expenses, and Line 22, Administrative Expenses. Line 23, Total Direct and Administrative Expenses Year-to-Date should agree with the Total of Column B, Year-to-Date Actual Expenditures of the *Invoice for Reimbursement*.

**Line 24 In-Kind Expenses**

In-kind Expenses (Line 24) is for reporting the value of contributed resources applied to the program. Approval and reporting guidelines for in-kind contributions will be specified by those contracting state agencies who allow their use toward earning grant funds.

Carry forward to Schedule B, Line 38.

**Line 25 Total Expenses**

The sum of Line 23, Total Direct and Administrative Expenses, and Line 24, In-kind Expenses, goes on this line.

## **SOURCES OF REVENUE**

The revenue page is intended to be an extension of the total expenses page, in that the columns should match up by contract/attachment number and program title. There are ten revenue sources (Schedule B, Part 1) and three subtotals (Lines 33, 41, and 43). Additional supplemental schedules for one or more of the line items may be attached, if needed. Each revenue column should be aligned with its corresponding expense column from Schedule A.

### **Reimbursable Program Funds**

#### **Line 31 Reimbursable Federal Program Funds**

Enter the portion of Total Direct & Administrative Expenses reported on Line 23, Schedule A, that is reimbursable from federal program funds. The state funding agency may require an attached detail listing and reconciliation schedule.

#### **Line 32 Reimbursable State Program Funds**

Enter the portion of Total Direct & Administrative Expenses reported on Line 23, Schedule A, that is reimbursable from state program funds. The state funding agency may require an attached detail listing and reconciliation schedule.

#### **Line 33 Total Reimbursable Program Funds (Equals Schedule B, Line 55)**

Add lines 31 and 32.

### **Matching Revenue Funds**

#### **Line 34 Other Federal Funds**

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other federal funds. The state funding agency may require an attached detail listing and reconciliation schedule.

#### **Line 35 Other State Funds**

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other state funds. The state funding agency may require an attached detail listing and reconciliation schedule.

#### **Line 36 Other Government Funds**

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other government funds. The state funding agency may require an attached detail listing and reconciliation schedule.

#### **Line 37 Cash Contributions (Non-government)**

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from such sources of cash contributions as corporations, foundations, trusts, individuals, United Ways, other not-for-profit organizations, and from affiliated organizations. The state funding agency may require an attached detail listing and reconciliation schedule.

#### **Line 38 In-Kind Contributions (Equals Schedule A, Line 24)**

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from direct and administrative in-kind contributions. The state

funding agency may require an attached detail listing and reconciliation schedule. Approval and guidelines for valuation and reporting of in-kind contributions will be specified by those grantor agencies who allow their use toward earning grant funds.

**Line 39 Program Income**

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from program income related to the program funded by the state agency. The state funding agency may require an attached detail listing.

**Line 40 Other Matching Revenue**

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other revenues not included in lines 34 through 39. The state funding agency may require an attached detail listing.

**Line 41 Total Matching Revenue Funds**

Add lines 34 through 40

**Line 42 Other Program Funds**

Enter program income related to the program funded by the state agency but not reported as matching revenue funds on Line 54.

**Line 43 Total Revenue**

Add lines 33, 41, and 42

**RECONCILIATION BETWEEN TOTAL EXPENSES  
AND REIMBURSABLE EXPENSES  
SCHEDULE B - (Lines 51 to 59)**

This section, at the bottom of Schedule B, is for subtracting non-reimbursable amounts included in Total Expenses (Line 25, Schedule A and Line 51, Schedule B).

The first line of this section, Line 51, Total Expenses, is brought forward from the last last line of the corresponding Schedule A Total Expense Page.

There are three categories of adjustments for which titled lines are provided:

**Line 52 OTHER UNALLOWABLE EXPENSES:**

Some program expenses may not be reimbursable under certain grants. This is a matter between the contracting parties, and will vary according to the state agency involved and the type of grant or contract. Consult your contract or the department that funds the program for guidelines.

**Line 53 EXCESS ADMINISTRATION:**

This adjustment line may be used to deduct allocated Administration and General expenses in excess of an allowable percentage specified in the grant contract. It may also be used to deduct an adjustment resulting from limitations on certain components of Administration and General expenses. Again, the specific guidelines of the department and grant involved are the controlling factor.

**Line 54 MATCHING EXPENSES (Equals Schedule B, Line 41)**

Since the goal is to arrive at a reimbursable amount, the expenses paid out of other sources

of funding, local support and program user fees for example, will have to be deducted. The amount left should be only that which is to be paid for by the contracting state agency.

**Line 55 REIMBURSABLE EXPENSES (Line 51 less Lines 52, 53, and 54)  
(Equals Schedule B, Line 33)**

This is the amount that the contracting state agency will pay for the quarter's operations of the program. The cumulative column is what the grant actually paid to date.

**Line 56 TOTAL REIMBURSEMENT-TO-DATE**

In the quarter-to-date column, this is the total received for this quarter from filing of the Invoice For Reimbursement. The cumulative column's amount is the total received for the grant year-to-date.

**Line 57 DIFFERENCE (Line 55 less Line 56)**

This is the portion of Reimbursable Expenses not yet paid.

**Line 58 ADVANCES**

Any advance payments for a grant should appear on this line.

**Line 59 THIS REIMBURSEMENT (Line 57 less Line 58)**

The remainder should be the amount due under the grant contract. Actual payments are made through the invoicing process and not through the filing of this report.



## **POLICY 3 REPORTING REQUIREMENTS - SUMMARY**

Policy 3 requires reporting the entire operation of the Grantee agency. This could include numerous programs and contracts. Policy 3 requirements are outlined in each contract and are available on line at: <http://www.state.tn.us/finance/act/policyb.html>

The "Contractor/Grantee" is the agency receiving the state grant.

The "Contracting State Agency" is the state agency that gives the grant.

Reports are normally due 30 days after the close of the Grantee's accounting quarter and year, which may/may not coincide with the State accounting quarter and year end. Exact requirements are in the contract.

Policy 3 reporting requires one report from each contracting agency consisting of Schedules A, B, and C and a Funding Information Summary. Schedules A and B detail each program added to a contract total. Schedules A and B are designed to show 2 programs per page and there would be only one Schedule C per grantee. On Schedules A and B, programs that are not state funded can be rolled into a single program category. The lines on Schedule A for year-to-date information add across all programs/contracts to the corresponding line on the Schedule C - Grant contracts in the first column and non-grant operations in the second column.

The third column of the Schedule C shows Administrative Expenses incurred by the Grantee. Administrative expenses are generally those that benefit programs but are not directly associated with the program/contract. These could include the Executive Director, office operation, accounting staff, and other similar expenses. This column will also show the allocation of Administrative Expenses to the various programs/contracts, if this is done by the Grantee. If allocated, a negative on line 22 is equal to the Administrative Expense allocated to the grant and non-grant programs/contracts. Administrative Expenses may include some items that are not subject to allocation so the amount allocated may/may not equal the total Administrative Expense reported. Allocation of Administrative Expenses requires an approved allocation plan.

The fourth column of the Schedule C shows the total operation of the reporting grantee for the year-to-date. The Policy 3 report should, in total, match the total operation of the Grantee.

The funding Information Summary shows the method of allocating Administrative Expenses. If there is no approved allocation plan and the grantee does not allocate Administrative Expenses, then there is no entry on Schedule C, line 22 and no allocation to the programs/contracts. This form must be submitted with every report.

### Tennessee Department of Health Funding Information Summary



AGENCY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

REPORTING PERIOD: (MM/DD/YY) FROM: \_\_\_\_\_ THRU: \_\_\_\_\_

AGENCY FISCAL YEAR END (MM/DD) \_\_\_\_\_

COST ALLOCATION: DOES YOUR ORGANIZATION HAVE AN APPROVED COST ALLOCATION PLAN?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, Name of organization that approved the Plan: \_\_\_\_\_

IF COST ALLOCATION IS APPLIED, INDICATE THE METHOD OF ALLOCATION:  
Ratio of direct program salaries to total direct salaries applied to administrative cost. \_\_\_\_\_  
Ratio of direct program expenditure to total direct expenditures applied to administrative cost. \_\_\_\_\_  
Cost step down. \_\_\_\_\_  
Other (describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your organization: \_\_\_\_\_ A private not-for-profit organization?  
\_\_\_\_\_ A state college or university, or part of a city government?

DIRECTOR \_\_\_\_\_ PHONE # \_\_\_\_\_

PREPARER OF REPORT \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

Schedule A, Part 1

STATE OF TENNESSEE

PROGRAM EXPENSE REPORT



**CONTRACTOR/GRANTEE**

**FEDERAL ID #**

**CONTRACTING STATE AGENCY**

**REPORT PERIOD**

Program # \_\_\_\_\_  
 Contract Number \_\_\_\_\_  
 Grant Period \_\_\_\_\_  
 Program Name \_\_\_\_\_  
 Service Name \_\_\_\_\_

Schedule A

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



**CONTRACTOR/GRANTEE** \_\_\_\_\_ **FEDERAL ID #** \_\_\_\_\_

**CONTRACTING STATE AGENCY** \_\_\_\_\_ **REPORT PERIOD** \_\_\_\_\_

Program # \_\_\_\_\_  
 Contract Number \_\_\_\_\_  
 Grant Period \_\_\_\_\_  
 Program Name \_\_\_\_\_  
 Service Name \_\_\_\_\_

Schedule B		QUARTER TO DATE	YEAR TO DATE	QUARTER TO DATE	YEAR TO DATE
Item #	SOURCES OF REVENUE				
<b>Reimbursable Program Funds</b>					
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
<b>Matching Revenue Funds</b>					
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
<b>Reconciliation Between Total and Reimbursable Expenses</b>					
51	Total Expenses (line 25)	0.00	0.00	0.00	0.00
52	Subtract Other Unallowable Expenses (contractual)				
53	Subtract Excess Administration Expenses (contractual)				
54	Subtract Matching Expenses (equals line 41)	0.00	0.00	0.00	0.00
55	Reimbursable Expenses (line 51 less lines 52,53,54)	0.00	0.00	0.00	0.00
56	Total Reimbursement To Date				
57	Difference (line 55 less line 56)	0.00	0.00	0.00	0.00
58	Advances	0.00	0.00	0.00	0.00
59	This reimbursement (line 57 less line 58)	0.00	0.00	0.00	0.00



CONTRACTOR/GRANTEE

FEDERAL ID #

CONTRACTING STATE AGENCY

REPORT PERIOD

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

**Annual (Final) Report**

1. **Grantee Name:**
2. **Grant Contract Edison Number:**
3. **Grant Term:**
4. **Grant Amount:**
5. **Narrative Performance Details:** *(Description of program goals, outcomes, successes and setbacks, benchmarks or indicators used to determine progress, any activities that were not completed)*

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**Submit one copy to:**

**Program, TN Department of Health:** [Celest.carter@tn.gov](mailto:Celest.carter@tn.gov)

**Certificate Of Completion**

Envelope Id: C683CE99FBF74FE7969AAB44B81C363B

Status: Completed

Subject: Complete with DocuSign: Health HIV STI Prevention Services 23 Ready.pdf

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Document Pages: 56

Signatures: 6

Envelope Originator:

Certificate Pages: 15

Initials: 1

Juanita Paulson

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730 2nd Ave. South 1st Floor

Envelope Stamping: Enabled

Nashville, TN 37219

Time Zone: (UTC-06:00) Central Time (US &amp; Canada)

Juanita.Paulsen@nashville.gov

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Brittany Bryant

brittany.bryant@nashville.gov

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*BB*

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Aaron Pratt

Aaron.Pratt@nashville.gov

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*Aaron Pratt*

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Kelly Flannery

Kelly.Flannery@nashville.gov

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*Kelly Flannery*

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ID: f9f79411-5be3-49c3-b963-85e236737dbb

Courtney Mohan

Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication (None)

*Courtney Mohan*

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Accepted: 5/23/2023 8:51:42 AM  
 ID: 0c77b99f-bf4b-4477-899a-4ef8eed208f

Lora Bark Fox  
 lora.fox@nashville.gov  
 Security Level: Email, Account Authentication (None)

*Lora Bark Fox*

Signature Adoption: Pre-selected Style  
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Danielle Godin  
 Danielle.Godin@nashville.gov  
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Sally Palmer  
 sally.palmer@nashville.gov  
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Notary Events	Signature	Timestamp
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Envelope Sent	Hashed/Encrypted	5/19/2023 8:05:19 AM
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Envelope Updated	Security Checked	5/24/2023 7:37:22 AM
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Signing Complete	Security Checked	5/24/2023 1:08:36 PM
Completed	Security Checked	5/24/2023 1:08:39 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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