

**LEGISLATIVE TRACKING FORM**Filing for Council Meeting Date: 06/17/25

Resolution



Ordinance

Contact/Prepared By: Brad ThompsonDate Prepared: 05/07/25Title (Caption): Viral Hepatitis Services 24-25, Amendment 1 to RS2024-651, Amendment #1 - adds \$116,930.00 for a new total of \$330,530.00,extends the contract from 6/30/25 to 6/30/26, Contract Sections B.1,B.2,C.1 & D.20 deleted and replaced and Attachment1 deleted andreplaced with a new Attachment 1.7/1/23 - 6/30/26Submitted to Planning Commission? ☒ N/A

Yes-Date: \_\_\_\_\_

Proposal No: \_\_\_\_\_

Proposing Department: HealthRequested By: HealthAffected Department(s): HealthAffected Council District(s): all

Legislative Category (check one):

<input type="checkbox"/> Bonds	<input type="checkbox"/> Contract Approval	<input type="checkbox"/> Intergovernmental Agreement
<input type="checkbox"/> Budget - Pay Plan	<input type="checkbox"/> Donation	<input type="checkbox"/> Lease
<input type="checkbox"/> Budget - 4%	<input type="checkbox"/> Easement Abandonment	<input type="checkbox"/> Maps
<input type="checkbox"/> Capital Improvements	<input type="checkbox"/> Easement Accept/Acquisition	<input type="checkbox"/> Master List A&E
<input type="checkbox"/> Capital Outlay Notes	<input checked="" type="checkbox"/> Grant	<input type="checkbox"/> Settlement of Claims/Lawsuits
<input type="checkbox"/> Code Amendment	<input type="checkbox"/> Grant Application	<input type="checkbox"/> Street/Highway Improvements
<input type="checkbox"/> Condemnation	<input type="checkbox"/> Improvement Acc.	<input type="checkbox"/> Other: _____

**FINANCE** Amount +/-: \$ \$ 116,930.00

Funding Source: Capital Improvement Budget  
Capital Outlay Notes  
Departmental/Agency Budget  
Funds to Metro  
General Obligation Bonds  
Grant  
Increased Revenue Sources

Match: \$ \$ 0.00

Judgments and Losses  
Local Government Investment Project  
Revenue Bonds  
Self-Insured Liability  
Solid Waste Reserve  
Unappropriated Fund Balance  
4% Fund  
Other: \_\_\_\_\_

Approved by OMB: Aaron Pratt

Approved by Finance/Accounts: \_\_\_\_\_

Approved by Div Grants Coordination: Quantia Paulsen<sup>DH</sup>

Date to Finance Director's Office: \_\_\_\_\_

**APPROVED BY****FINANCE DIRECTOR'S OFFICE:** \_\_\_\_\_**ADMINISTRATION**

Council District Member Sponsors: \_\_\_\_\_

Council Committee Chair Sponsors: \_\_\_\_\_

Approved by Administration: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT OF LAW**

Date to Dept. of Law: \_\_\_\_\_

Approved by Department of Law: \_\_\_\_\_

**Settlement Resolution/Memorandum Approved by:** \_\_\_\_\_

Date to Council: \_\_\_\_\_

For Council Meeting: \_\_\_\_\_



E-mailed Clerk

☐ All Dept. Signatures ☐ Copies ☐ Backing ☐ Legislative Summary ☐ Settlement Memo ☐ Clerk Letter ☐ Ready to File

Department of Law - White Copy

Administration - Yellow Copy

Finance Department - Pink Copy

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## GRANT SUMMARY SHEET

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**Grant Name:** Viral Hepatitis Program Services 24-25 Amend 1

**Department:** HEALTH DEPARTMENT

**Grantor:** TENNESSEE DEPARTMENT OF HEALTH

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

**Total Award this Action:** \$116,930.00

**Cash Match Amount** \$0.00

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

**Status:** AMENDMENT

**Program Description:**

This purpose of this grant from the Tennessee Department of Health is to implement and coordinate activities and services related to prevention, testing, diagnosis, surveillance and linkage to treatment and other supportive services. The data use agreement is for the sharing of certain data to support public health surveillance and response. Amendment #1 - adds \$116,930.00 for a new total of \$330,530.00, extends the contract from 6/30/25 to 6/30/26, Contract Sections B.1,B.2,C.1 & D.20 deleted and replaced, Attachment 1 deleted and replaced with a new Attachment 1.

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

program ends

Grants Tracking Form

Part One

Pre-Application <input type="radio"/> Application <input type="radio"/> Award Acceptance <input type="radio"/> Contract Amendment <input checked="" type="radio"/>									
Department		Dept. No.	Contact					Phone	Fax
HEALTH DEPARTMENT		038	Brad Thompson					340-0407	
Grant Name:		Viral Hepatitis Program Services 24-25 Amend 1							
Grantor:		TENNESSEE DEPARTMENT OF HEALTH					Other:		
Grant Period From:		07/01/23	(applications only) Anticipated Application Date:						
Grant Period To:		06/30/26	(applications only) Application Deadline:						
Funding Type:		STATE	<input type="checkbox"/> Multi-Department Grant			<input type="checkbox"/> If yes, list below.			
Pass-Thru:			<input type="checkbox"/> Outside Consultant Project:						
Award Type:		FORMULA	Total Award:			\$116,930.00			
Status:		AMENDMENT	Metro Cash Match:			\$0.00			
Metro Category:		Est. Prior.	Metro In-Kind Match:			\$0.00			
CFDA #		N/A	Is Council approval required?			<input type="checkbox"/>			
Project Description:		<input type="checkbox"/> Applicable Submitted Electronically?							
This purpose of this grant from the Tennessee Department of Health is to implement and coordinate activities and services related to prevention, testing, diagnosis, surveillance and linkage to treatment and other supportive services. The data use agreement is for the sharing of certain data to support public health surveillance and response. <b>Amendment #1 - adds \$116,930.00 for a new total of \$330,530.00, extends the contract from 6/30/25 to 6/30/26, Contract Sections B.1,B.2,C.1 &amp; D.20 deleted and replaced, Attachment 1 deleted and replaced with a new Attachment 1.</b>									
Plan for continuation of service after expiration of grant/Budgetary Impact:									
program ends									
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:		1.00	Actual number of positions added:		0.00				
Departmental Indirect Cost Rate		24.17%	Indirect Cost of Grant to Metro:		\$79,889.10				
*Indirect Costs allowed?		<input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow.	1.97%	Ind. Cost Requested from Grantor:		\$6,500.00	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	24		\$106,800.00					\$106,800.00	\$25,813.56	\$0.00
Yr 2	25		\$106,800.00					\$106,800.00	\$25,813.56	\$0.00
Yr 3	26		\$116,930.00					\$116,930.00	\$28,261.98	\$6,500.00
Yr 4	FY									
Yr 5	FY									
Total		\$0.00	\$330,530.00	\$0.00	\$0.00		\$0.00	\$330,530.00	\$79,889.10	\$6,500.00
	Date Awarded:			05/12/25	Tot. Awarded:		\$116,930.00	Contract#:	GG-24-84355-01	
	(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)

JP

RESOLUTION NO. \_\_\_\_\_

A resolution approving amendment one to a Viral Hepatitis Program Services grant from the Tennessee Department of Health to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to implement and coordinate activities and services related to the prevention, testing, diagnosis, surveillance, and linkage to treatment and other support services for individuals infected with viral hepatitis.

WHEREAS, the Metropolitan Government, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the Tennessee Department of Health, to implement and coordinate activities and services related to the prevention, testing, diagnosis, surveillance, and linkage to treatment and other support services for individuals infected with viral hepatitis approved by RS2024-651; and,

WHEREAS, the parties wish to amend the grant agreement to increase the amount of the grant by \$116,930 from \$213,600 to \$330,530, extend the end date to June 30, 2026, and delete and replace contract sections B.1, B.2, C.1, and D.20, and delete and replace Attachment 1, a copy of which amendment one is attached hereto; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendment one be approved.

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

Section 1. That amendment one to the Viral Hepatitis Program Services grant by and between the Tennessee Department of Health and the Metropolitan Government, acting by and through the Metropolitan Board of Health, to implement and coordinate activities and services related to the prevention, testing, diagnosis, surveillance, and linkage to treatment and other support services for individuals infected with viral hepatitis, a copy of which amendment one is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY  
OF FUNDS:

Jenneen Reed  
Jenneen Reed, Director  
Department of Finance



INTRODUCED BY:

\_\_\_\_\_  
\_\_\_\_\_

APPROVED AS TO FORM AND  
LEGALITY:

Courtney Melan  
Assistant Metropolitan Attorney

\_\_\_\_\_  
Member(s) of Council

<div><div>GRANT AMENDMENT</div></div>					
Agency Tracking # 34349-94224		Edison ID 84355		Contract # GG-24-84355	
Amendment # 1					
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County Health Department				Edison Vendor ID 4	
Amendment Purpose & Effect(s) Add state-awarded funds to support Viral Hep Program services at the metro level					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				End Date: June 30, 2026	
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): + \$ 116,930.00					
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2024	\$106,800.00				\$106,800.00
2025	\$106,800.00				\$106,800.00
2026	\$116,930.00				\$116,930.00
TOTAL:	\$330,530.00				\$330,530.00
<div>Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.</div> <div></div>			<div>CPO USE</div> <div>GG-24-84355-01</div>		
Speed Chart (optional) HL00017616		Account Code (optional) 71301000			

## AMENDMENT 1 OF GRANT CONTRACT GG-24-84355

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

1. Contract Section **B.1. TERM OF CONTRACT** is deleted in its entirety and replaced with the following:
  - B.1. This Grant Contract shall be effective for the period beginning on July 1, 2023 ("Effective Date") and ending on June 30, 2026, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
2. Contract Section **B.2. Term Extension** is deleted in its entirety and replaced with the following:
  - B.2. Renewal Options. This Grant Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to two (2) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.
3. Contract **Attachment 1** is deleted and replaced with the new **Attachment 1**, attached hereto.
4. Contract Section **C.1. Maximum Liability** is deleted in its entirety and replaced with the following:
  - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Three Hundred Thirty-Thousand, Five Hundred Thirty Dollars (\$330,530.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as **Attachment 1** is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
5. Contract Section **D.20. Procurement.** is deleted in its entirety and replaced with the following:
  - 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—200.327 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 ten thousand dollars (\$10,000.00).

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

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

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

# METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:

*Sanmi Arela*

0872295CD81A4B1...

Director, Metro Public Health Department

5/12/2025

Date

Signed by:

*Tené Hamilton Franklin*

BEEF0BBF14D14B0...

Chair, Board of Health

5/12/2025

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

*Jennine Reed/mjw*

Director, Department of Finance

5/28/2025 | 5:05 PM CDT

Date

APPROVED AS TO RISK AND INSURANCE:

*Lora Fox*

Director of Risk Management Services

6/1/2025 | 7:28 PM PDT

Date

APPROVED AS TO FORM AND LEGALITY:

*Courtney Mohan*

Metropolitan Attorney

5/29/2025 | 12:07 PM CDT

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Ralph Alvarado, MD, FACP  
Commissioner

Date

**ATTACHMENT 1****GRANT BUDGET**

(BUDGET PAGE 1)

<b>Metropolitan Government of Nashville &amp; Davidson County Health Department- Viral Hepatitis - State</b>				
<b>APPLICABLE PERIOD:</b> The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2023, and ending June 30, 2026.				
	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup></b> (detail schedule(s) attached as applicable)	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
	Salaries <sup>2</sup>	\$242,900.00	\$0.00	\$242,900.00
	Benefits & Taxes	\$74,700.00	\$0.00	\$74,700.00
	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Supplies	\$1,930.00	\$0.00	\$1,930.00
	Telephone	\$0.00	\$0.00	\$0.00
	Postage & Shipping	\$1,500.00	\$0.00	\$1,500.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$1,500.00	\$0.00	\$1,500.00
	Travel/ Conferences & Meetings <sup>2</sup>	\$1,500.00	\$0.00	\$1,500.00
	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Indirect Cost (6% of Benefits and Salaries in FY26)	\$6,500.00	\$0.00	\$6,500.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	<b>GRAND TOTAL</b>	<b>\$330,530.00</b>	<b>\$0.00</b>	<b>\$330,530.00</b>

**\$330,530.00 New Total State Award for Metro Davidson VH Program Contract FY24-26**

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

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

**ATTACHMENT 1**  
**GRANT BUDGET**  
**(BUDGET PAGE 2)**

<b>Metropolitan Government of Nashville &amp; Davidson County Health Department- Viral Hepatitis - State FY24 Renewal</b>				
<b>APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2023, and ending June 30, 2024.</b>				
	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup></b> (detail schedule(s) attached as applicable)	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
	Salaries <sup>2</sup>	\$79,800.00	\$0.00	\$79,800.00
	Benefits & Taxes	\$25,000.00	\$0.00	\$25,000.00
	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Supplies	\$500.00	\$0.00	\$500.00
	Telephone	\$0.00	\$0.00	\$0.00
	Postage & Shipping	\$500.00	\$0.00	\$500.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$500.00	\$0.00	\$500.00
	Travel/ Conferences & Meetings <sup>2</sup>	\$500.00	\$0.00	\$500.00
	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	<b>GRAND TOTAL</b>	<b>\$106,800.00</b>	<b>\$0.00</b>	<b>\$106,800.00</b>

**\$106,800.00 FY24 State Award Amount**

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

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

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

<b>Salaries, Benefits &amp; Taxes</b>	<b>Rate</b>		<b># of Months</b>		<b>Pct</b>		<b>Longevity</b>	
Christine Fouch, Public Health Nurse	\$6,647.06	x	12	x	100%	+		

ROUNDED TOTAL

PROFESSIONAL FEE/ GRANT & AWARD
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

TRAVEL/ CONFERENCES & MEETINGS
Routine Travel at .70 mileage rate and Online Conference / Webinars

ROUNDED TOTAL

INTEREST
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

SPECIFIC ASSISTANCE TO INDIVIDUALS
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

DEPRECIATION
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

OTHER NON-PERSONNEL
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

CAPITAL PURCHASE
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

**ATTACHMENT 1****GRANT BUDGET****(BUDGET PAGE 4)**

<b>Metropolitan Government of Nashville &amp; Davidson County Health Department- Viral Hepatitis - State FY25</b>				
<b>APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2024, and ending June 30, 2025.</b>				
	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup></b> (detail schedule(s) attached as applicable)	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
	Salaries <sup>2</sup>	\$79,800.00	\$0.00	\$79,800.00
	Benefits & Taxes	\$25,000.00	\$0.00	\$25,000.00
	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Supplies	\$500.00	\$0.00	\$500.00
	Telephone	\$0.00	\$0.00	\$0.00
	Postage & Shipping	\$500.00	\$0.00	\$500.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$500.00	\$0.00	\$500.00
	Travel/ Conferences & Meetings <sup>2</sup>	\$500.00	\$0.00	\$500.00
	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	<b>GRAND TOTAL</b>	<b>\$106,800.00</b>	<b>\$0.00</b>	<b>\$106,800.00</b>

**\$106,800.00 FY25 State Award Amount**

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

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

**ATTACHMENT 1 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 5)

<b>SALARIES</b>	<b>Rate</b>		<b># of Months</b>		<b>Pct</b>		<b>Longevity</b>	
Christine Fouch, Public Health Nurse	\$6,647.06	x	12	x	100%	+		

ROUNDED TOTAL

PROFESSIONAL FEE/ GRANT & AWARD
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

TRAVEL/ CONFERENCES & MEETINGS
Routine Travel at .70 mileage rate and Online Conference / Webinars

ROUNDED TOTAL

INTEREST
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

SPECIFIC ASSISTANCE TO INDIVIDUALS
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

DEPRECIATION
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

## ATTACHMENT 1

## GRANT BUDGET

(BUDGET PAGE 6)

Metropolitan Government of Nashville & Davidson County Health Department- Viral Hepatitis - State FY26				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2025, and ending June 30, 2026.				
	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
	Salaries <sup>2</sup>	\$83,300.00	\$0.00	\$83,300.00
	Benefits & Taxes	\$24,700.00	\$0.00	\$24,700.00
	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Supplies	\$930.00	\$0.00	\$930.00
	Telephone	\$0.00	\$0.00	\$0.00
	Postage & Shipping	\$500.00	\$0.00	\$500.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$500.00	\$0.00	\$500.00
	Travel/ Conferences & Meetings <sup>2</sup>	\$500.00	\$0.00	\$500.00
	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
	Indirect Cost (6% of Salaries & Benefits Total)	\$6,500.00	\$0.00	\$6,500.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	<b>GRAND TOTAL</b>	<b>\$116,930.00</b>	<b>\$0.00</b>	<b>\$116,930.00</b>

**\$116,930.00 FY26 State Award Amount - Allocate as needed**

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

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

ATTACHMENT 1 (continued)  
GRANT BUDGET LINE-ITEM DETAIL  
(BUDGET PAGE 7)

Salaries, Benefits & Taxes	Rate		# of Months		Pct		Longevity	
Christine Fouch, Public Health Nurse	\$6,864.06	x	12	x	100%	+	\$935.00	

ROUNDED TOTAL

PROFESSIONAL FEE/ GRANT & AWARD
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

TRAVEL/ CONFERENCES & MEETINGS
Routine Travel at .70 mileage rate and Online Conference / Webinars

ROUNDED TOTAL

INTEREST
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

SPECIFIC ASSISTANCE TO INDIVIDUALS
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL

DEPRECIATION
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)

ROUNDED TOTAL