

GRANT SUMMARY SHEET

Grant Name: Tobacco Prevention Program Services 19 Amend. 5

Department: HEALTH DEPARTMENT

Grantor: TENNESSEE DEPARTMENT OF HEALTH

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

Total Award this Action: \$130,000.00

Cash Match \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

This contract is a continuation of the Tobacco Master Settlement Letter of Agreement dated 2/1/14. The program goal is to improve the health of those residing in or visiting Davidson County through targeted strategies to prevent and control the use of all tobacco products. The initiative will focus on reducing smoking during pregnancy, prevention of youth initiating usage of nicotine products and the prevention of second-hand smoke exposure in children. Amendment 5 increases the budget by \$130,000.00 to the previous total of \$489,900.00 for a new grand total of \$619,900.00 and extends the end date from 6/30/21 to 6/30/22.

Plan for continuation of services upon grant expiration:

Services will be discontinued.

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:	Tobacco Prevention Program Services 19 Amend. 5						
Grantor:	TENNESSEE DEPARTMENT OF HEALTH	Other:					
Grant Period From:	07/01/18	(applications only) Anticipated Application Date:					
Grant Period To:	06/30/22	(applications only) Application Deadline:					
Funding Type:	STATE	Multi-Department Grant		<input type="checkbox"/> If yes, list below.			
Pass-Thru:		Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	FORMULA	Total Award:		\$130,000.00			
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 checked="" type="checkbox"/>			
Project Description:	Applic. Submitted Electronically? <input type="checkbox"/>						
<p>This contract is a continuation of the Tobacco Master Settlement Letter of Agreement dated 2/1/14. The program goal is to improve the health of those residing in or visiting Davidson County through targeted strategies to prevent and control the use of all tobacco products. The initiative will focus on reducing smoking during pregnancy, prevention of youth initiating usage of nicotine products and the prevention of second-hand smoke exposure in children. Amendment 5 increases the budget by \$130,000.00 to the previous total of \$489,900.00 for a new grand total of \$619,900.00 and extends the end date from 6/30/21 to 6/30/22.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Services will be discontinued.							
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:		1.30		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		22.69%		Indirect Cost of Grant to Metro:		\$140,655.31	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 2.00%		Ind. Cost Requested from Grantor:		\$13,600.00 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	FY19		\$97,500.00		\$0.00		\$0.00	\$97,500.00	\$22,122.75	\$0.00
Yr 2	FY20		\$262,400.00		\$0.00		\$0.00	\$262,400.00	\$59,538.56	\$0.00
Yr 3	FY21		\$130,000.00		\$0.00		\$0.00	\$130,000.00	\$29,497.00	\$0.00
Yr 4	FY22		\$130,000.00		\$0.00		\$0.00	\$130,000.00	\$29,497.00	\$13,600.00
Yr 5	FY									
Total		\$0.00	\$619,900.00	\$0.00	\$0.00		\$0.00	\$619,900.00	\$140,655.31	\$13,600.00
Date Awarded:				7/20/21	Tot. Awarded:		\$130,000.00	Contract#:		GG-19-59820-4-5
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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



GRANT AMENDMENT

Agency Tracking # 34347-64119	Edison ID 59820	Contract # GG-19-59820-04	Amendment # 5		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) To increase the Maximum Liability					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: June 30, 2022			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			+\$ 130,000.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2019	\$97,500.00				\$97,500.00
2020	\$262,400.00				\$262,400.00
2021	\$130,000.00				\$130,000.00
2022	\$130,000.00				\$130,000.00
TOTAL:	\$619,900.00				\$619,900.00
<p>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.</p> <div style="text-align: center; margin-top: 20px;"> </div>					
Speed Chart (optional) HL00000766		Account Code (optional) 71301000			

**AMENDMENT FIVE
OF GRANT CONTRACT GG-19-59820-04**

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

1. Grant Contract section A.5. is deleted in Its entirety and replaced with the following:

- A.5. Service Reports. The Grantee shall use grant funds to Implement Its approved Work Plan and shall submit periodic progress and financial reports in a formal approved by the State. Reports shall be submitted on the following schedule:

Period Covered by Reports	Due Date
July 1, 2018, through September 30, 2018	October 31, 2018
October 1, 2018, through December 31, 2018	January 31, 2019
January 1, 2019, through March 31, 2019	April 30, 2019
April 1, 2019, through June 30, 2019	July 31, 2019
July 1, 2019, through September 30, 2019	October 31, 2019
2019 October 1, 2019, through December 31, 2019	January 31, 2020
January 1, 2020, through March 31, 2020	April 30, 2020
April 1, 2020, through June 30, 2020	July 31, 2020
July 1, 2020, through September 30, 2020	October 31, 2020
October 1, 2020 through December 31, 2020	January 31, 2021
January 1, 2021 through April 30, 2021	May 15, 2021
May 1, 2021 through July 31, 2021	August 15, 2021
August 1, 2021, through October 31, 2021	November 15, 2021
November 1, 2021 through January 31, 2022	February 15, 2022
February 1, 2022 through April 30, 2022	May 15, 2022
May 1, 2022 through June 30, 2022	June 30, 2022

The Grantee shall submit to the State a final Closeout Report, detailing program outcomes (Attachment 1) and total expenditures for Its initiative(s). The Closeout Report shall be submitted no later than June 30, 2022.

2. Grant contract section B.1. is deleted in its entirety and replaced with the following:

B. TERM OF CONTRACT:

B.1. This Grant Contract shall be effective for the period beginning on July 1, 2018 (“Effective Date”) and ending on June 30, 2022, (“Term”). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

3. Grant Contract section C.1. is deleted in its entirety and replaced with the following:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Six Hundred Nineteen Thousand Nine Hundred Dollars (\$619,900.00) (“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.

4. Grant Contract Attachment 2 is deleted in its entirety and replaced with the new Attachment 2 attached hereto.

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

Amendment Effective Date. The revisions set forth herein shall be effective ten (10) days following the last signature. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Tina Lester 7/19/2021
5EE94599A8D6403
Director, Metro Public Health Department Date

DocuSigned by:
Alex Jahangir 7/19/2021
7F979F49A06A4DF
Chair, Board of Health Date

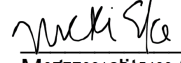
APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kevin Crumbo/mjw 8/5/2021
623742A674269
Director, Department of Finance Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balagun Cobb 8/5/2021
86E612F941C
Director of Risk Management Services Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:


Metropolitan Attorney

8/5/2021

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date

ATTACHMENT 2
GRANT BUDGET
(BUDGET PAGE 1)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2018, and ending June 30, 2022. <i>Roll-Up</i>				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$263,400.00	\$0.00	\$263,400.00
2	Benefits & Taxes	\$113,600.00	\$0.00	\$113,600.00
4, 15	Professional Fee/ Grant & Award ²	\$153,700.00	\$0.00	\$153,700.00
5	Supplies	\$59,600.00	\$0.00	\$59,600.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$3,000.00	\$0.00	\$3,000.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$13,000.00	\$0.00	\$13,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$13,600.00	\$0.00	\$13,600.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$619,900.00	\$0.00	\$619,900.00

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

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

ATTACHMENT 2

GRANT BUDGET

(BUDGET PAGE 2)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2018, and ending June 30, 2019. <i>Year 1</i>				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$64,000.00	\$0.00	\$64,000.00
2	Benefits & Taxes	\$30,000.00	\$0.00	\$30,000.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$2,500.00	\$0.00	\$2,500.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$1,000.00	\$0.00	\$1,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% of Method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$97,500.00	\$0.00	\$97,500.00

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

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

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

YEAR 1

SALARIES	AMOUNT
Lilian Maddox-Whitehead, Medical Admin \$ 5,288.49 x 12 x 50% + \$ 344.00 Longevity	\$32,074.94
Camille Farmer, Program Specialist \$ 3,330.61 x 12 x 80% + \$ -	\$31,973.86
TOTAL ROUNDED	\$64,000.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Local / In state Mileage Reimbursement	\$1,000.00
TOTAL	\$1,000.00

ATTACHMENT 2
GRANT BUDGET
(BUDGET PAGE 4)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2019, and ending June 30, 2020. Year 2				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$67,200.00	\$0.00	\$67,200.00
2	Benefits & Taxes	\$28,900.00	\$0.00	\$28,900.00
4, 15	Professional Fee/ Grant & Award ²	\$153,700.00	\$0.00	\$153,700.00
5	Supplies	\$10,600.00	\$0.00	\$10,600.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$2,000.00	\$0.00	\$2,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% of Method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$262,400.00	\$0.00	\$262,400.00

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

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

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 5)

YEAR 2

SALARIES	AMOUNT
Camile Farmer, PS2 BMTF Coordinator \$ 2,792.90 x 12 x 100% +	\$33,514.80
Lillian Maddox-Whitehead, Program Coordinator \$ 2,806.00 x 12 x 100% +	\$33,672.00
TOTAL ROUNDED	\$67,200.00

PROFESSIONAL FEE/GRANT & AWARD	AMOUNT
Geographically targeted bus, benches, shelter ads x 3 month x multiple	\$26,250.00
Social Media ads (FB, Twitter, IG platforms) x 3 months x multiple programs	\$27,000.00
Cessation Vendor - PT contract staff for cessation efforts in HUD multi-unit housing for 6 months	\$10,455.00
BMTF media services	\$70,000.00
CEASE vendor	\$20,000.00
TOTAL ROUNDED	\$153,700.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
BMTF User training travel and accommodations	\$350.00
Local travel	\$150.00
Attend National Conference on Tobacco or Health 2020	\$1,500.00
TOTAL	\$2,000.00

ATTACHMENT 2
GRANT BUDGET
(BUDGET PAGE 6)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2020, and ending June 30, 2021. Year 3				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$67,200.00	\$0.00	\$67,200.00
2	Benefits & Taxes	\$28,800.00	\$0.00	\$28,800.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$27,500.00	\$0.00	\$27,500.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$1,500.00	\$0.00	\$1,500.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$5,000.00	\$0.00	\$5,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% of Method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$130,000.00	\$0.00	\$130,000.00

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

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

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

YEAR 3

SALARIES		AMOUNT
Camile Farmer, PS2 BMTF Coordinator	\$ 2,792.90 x 12 x 100% + \$ -	\$33,514.80
Lillian Maddox-Whitehead, Program Coordinator	\$ 2,806.00 x 12 x 100% + \$ -	\$33,672.00
TOTAL ROUNDED		\$67,200.00

TRAVEL / CONFERENCES & MEETINGS		AMOUNT
Local Travel		\$5,000.00
TOTAL		\$5,000.00

ATTACHMENT 2 (Continued)

GRANT BUDGET

(BUDGET PAGE 8)

Metropolitan Government of Nashville and Davidson County				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2021, and ending June 30, 2022. Year 4				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$65,000.00	\$0.00	\$65,000.00
2	Benefits & Taxes	\$25,900.00	\$0.00	\$25,900.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$19,000.00	\$0.00	\$19,000.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$1,500.00	\$0.00	\$1,500.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$5,000.00	\$0.00	\$5,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (15% of s&b)	\$13,600.00	\$0.00	\$13,600.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$130,000.00	\$0.00	\$130,000.00

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

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

ATTACHMENT 2 (Continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 9)

YEAR 4

SALARIES							AMOUNT
Name, Title	Monthly Salary		# of Months		% of time		
Camille Farmer, PS2 BMTF Coordinator	\$3,821.82	x	12	x	80.00%		\$36,689.49
Lillian Maddox-Whitehead, Program Coordinator	\$5,891.95	x	12	x	40.00%	+	\$28,281.36
ROUNDED TOTAL							\$65,000.00

TRAVEL / CONFERENCES & MEETINGS		AMOUNT
Local Travel		\$5,000.00
ROUNDED TOTAL		\$5,000.00