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## GRANT SUMMARY SHEET

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**Grant Name:** Tobacco Use Prevention & Control Services 20-23 Amend. 2

**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:** \$133,000.00

**Cash Match Amount** \$0.00

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

**Status:** AMENDMENT

**Program Description:**

To improve the health of the citizens of Davidson County by preventing and controlling the use of tobacco in Davidson County. Amendment #2 adds an additional \$133,000 to the previous amount of \$175,500 for a new total of \$308,500. This amendment also extends the end to 03/31/25.

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

Program will end

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 Use Prevention & Control Services 20-23 Amend. 2																			
Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES																			
Grant Period From: 04/01/20					(applications only) Anticipated Application Date:					Other:									
Grant Period To: 03/31/25					(applications only) Application Deadline:														
Funding Type: FED PASS THRU			Pass-Thru: TENN. DEPT. OF HEALTH			Award Type: FORMULA			Status: AMENDMENT			Metro Category: Est. Prior.			CFDA #: 93.305				
Multi-Department Grant <input type="checkbox"/>					Outside Consultant Project: <input type="checkbox"/>					Total Award: \$133,000.00					Metro Cash Match:				
Metro In-Kind Match:					Is Council approval required? <input type="checkbox"/>					Applic. Submitted Electronically? <input type="checkbox"/>					If yes, list below.				
Project Description: To improve the health of the citizens of Davidson County by preventing and controlling the use of tobacco in Davidson County. Amendment #2 adds an additional \$133,000 to the previous amount of \$175,500 for a new total of \$308,500. This amendment also extends the end to 03/31/25.																			
Plan for continuation of service after expiration of grant/Budgetary Impact: Program 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: 0.50					Actual number of positions added: 0.00														
Departmental Indirect Cost Rate: 24.43%					Indirect Cost of Grant to Metro: \$75,366.55														
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No					% Allow.: 13%					Ind. Cost Requested from Grantor: \$39,100.00					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	FY20	\$10,600.00						\$10,600.00	\$2,589.58	\$0.00
Yr 2	FY21	\$47,200.00						\$47,200.00	\$11,530.96	\$1,600.00
Yr 3	FY22	\$62,300.00						\$62,300.00	\$15,219.89	\$10,300.00
Yr 4	FY23	\$67,500.00						\$67,500.00	\$16,490.25	\$9,200.00
Yr 5	FY24	\$72,500.00						\$72,500.00	\$17,711.75	\$8,900.00
Yr 6	FY25	\$48,400.00						\$48,400.00	\$11,824.12	\$9,100.00
<b>Total</b>		\$308,500.00	\$0.00	\$0.00	\$0.00		\$0.00	\$308,500.00	\$75,366.55	\$39,100.00
Date Awarded:				10/19/22		\$133,000.00		Contract#: GG2065648-01		
(or) Date Denied:										
(or) Date Withdrawn:										

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

GCP Rec'd  
10/28/22

GCP Approved  
10/28/22

*VW*



**AMENDMENT TWO  
OF GRANT CONTRACT GG2065648-01**

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

1. Grant contract section A.5.a is deleted in its entirety and replaced with the following:

A.5. Service Description The Grantee shall;

- a. Provide and maintain appropriate staff to serve as the Coordinator/Health Educator for the purpose of planning, administering, and monitoring county, regional and/or local tobacco prevention from April 1, 2021 through March 31, 2025.

2. Grant contract section A.6. is deleted in its entirety and replaced with the following:

A.6. Service Reporting Quarterly reports are due in a format provided by the State with the following schedule.

- a. Monthly reports are due in a format provided by the State by the first Monday of the following month.
- b. Quarterly reports are due in a format provided by the State with the following schedule.

<b>Period Covered</b>	<b>Reports Due</b>
January 1, 2021- April 30, 2021	May 15, 2021
May 1, 2021-July 31	August 15, 2021
August 1, 2021- October 31, 2021	November 15, 2021
November 1, 2021-January 31, 2022	February 15 2022
February 1, 2022-April 30, 2022	May 15, 2022
May 1, 2022-July 31, 2022	August 15, 2022
August 1, 2022-October 31, 2022	November 15, 2022
November 1, 2022-January 31, 2023	February 15, 2023
February 1, 2023-April 30, 2023	May 15, 2023
May 1, 2023-July 31, 2023	August 15, 2023
August 1, 2023-October 31, 2023	November 15, 2023
November 1, 2023-January 31, 2024	February 15, 2024
February 1, 2024-April 30, 2024	May 15, 2024
May 1, 2024-July 31, 2024	August 15, 2024
August 1, 2024-October 31, 2024	November 15, 2024
November 1, 2024-January 31, 2025	February 15, 2025
February 1, 2025-March 31, 2025	March 31, 2025

3. The following is added as Grant Contract section A.9.

A.9. No funds awarded under this Grant Contract shall be used for lobbying federal, state, or local officials.

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

B.1. This Grant Contract shall be effective for the period beginning on April 1, 2020 (“Effective Date”) and ending on March 31, 2025, (“Term”). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

5. 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 Three Hundred Eight Thousand Five Hundred Dollars (\$308,500.00) (“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.

6. Grant contract section C.5. is deleted in its entirety and replaced with the following:

C.5. Invoice Requirements. The Grantee shall invoice the State no more often than monthly, with all necessary supporting documentation, and present such to:

Liz Johnson  
Tennessee Department of Health  
Division of Family Health and Wellness  
Andrew Johnson Tower, 8<sup>th</sup> Floor  
710 James Robertson Parkway  
Nashville, TN 37243  
(615) 253-2991  
[Liz.Johnson@tn.gov](mailto:Liz.Johnson@tn.gov)

a. Each invoice shall clearly and accurately detail all of the following required information (calculations must be extended and totaled correctly).

- (1) Invoice/Reference Number (assigned by the Grantee).
- (2) Invoice Date.
- (3) Invoice Period (to which the reimbursement request is applicable).
- (4) Grant Contract Number (assigned by the State).
- (5) Grantor: Department of Health, Division of Family Health and Wellness
- (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.

76. Grant contract section C.6. is deleted in its entirety and replaced with the following:

- C.6. Budget Line-items. Expenditures, reimbursements, and payments under this Grant Contract shall adhere to the Grant Budget. The Grantee may move up to twenty percent (20%) of a line-item amount to another line item category provided that any increase is off-set by an equal reduction of other line-item amount(s) and the total Grant Contract amount detailed by the Grant Budget does not increase. An increase of any line item funded at zero dollars (\$0.00) shall require prior approval of the Grantor State Agency.

8. Grant contract section D.8. is deleted in its entirety and replaced with the following:

- 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:

Liz Johnson  
Tennessee Department of Health  
Division of Family Health and Wellness  
Andrew Johnson Tower, 8<sup>th</sup> Floor  
710 James Robertson Parkway  
Nashville, TN 37243  
(615) 253-2991  
[Liz.Johnson@tn.gov](mailto:Liz.Johnson@tn.gov)

The Grantee:

Gill Wright, MD, Director of Health  
Metropolitan Government of Nashville & Davidson County  
2500 Charlotte Avenue

Nashville, Tennessee 37209-4123  
Telephone # (615) 340-0410  
[gillwright@nashville.gov](mailto:gillwright@nashville.gov)

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.

- 9. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new attachment 1 attached hereto.
- 10. 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) 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:  
  
 0489AC21E1CC408...  
 Director  
 Metro Public Health Department  
 10/19/2022  
 Date

DocuSigned by:  
  
 BEBF88BF14D1489...  
 Chair, Board of Health  
 10/20/2022  
 Date

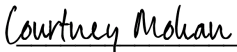
**APPROVED AS TO AVAILABILITY OF FUNDS:**

DocuSigned by:  
  
 Director, Department of Finance  
 11/3/2022  
 Date

**APPROVED AS TO RISK AND INSURANCE:**

DocuSigned by:  
  
 Director of Risk Management Services  
 11/4/2022  
 Date

**APPROVED AS TO FORM AND LEGALITY:**

DocuSigned by:  
  
 Metropolitan Attorney  
 11/3/2022  
 Date

\_\_\_\_\_  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date

DEPARTMENT OF HEALTH:

\_\_\_\_\_  
Morgan McDonald MD, FACP, FAAP  
INTERIM 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
Federal Award Identification Number (FAIN)	NU58DP006813
Federal award date	
Subaward Period of Performance Start and End Date	06/29/2020-4/30/2025
Subaward Budget Period Start and End Date	04/29/2022-04/28/2023
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.387 National and State Tobacco Control Program
Grant contract's begin date	04/01/2020
Grant contract's end date	03/31/2025
Amount of federal funds obligated by this grant contract	\$308,500.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$1,644,198.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	Tennessee State-Based Tobacco Prevention and Control Program
Name of federal awarding agency	CDC Office of Financial Resources
Name and contact information for the federal awarding official	Mrs. Rhonda Colbert Grants Management Specialist <a href="mailto:hvx1@cdc.gov">hvx1@cdc.gov</a> 770-488-2848
Name of pass-through entity	Tennessee Department of Health
Name and contact information for the pass-through entity awarding official	Ms. Kimothy Jean Warren MPH, MCHES Program Director <a href="mailto:Kimothy.J.Warren@tn.gov">Kimothy.J.Warren@tn.gov</a> 615-253-4138
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 p/c)	13.1%

**ATTACHMENT 2**  
**GRANT BUDGET**  
(BUDGET PAGE 1 of 11)

<b>Metropolitan Government of Nashville &amp; Davidson County</b>				
<b>APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2020, and ending March 31, 2025. ROLLUP</b>				
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>	\$165,600.00	\$0.00	\$165,600.00
2	Benefits & Taxes	\$63,100.00	\$0.00	\$63,100.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$33,700.00	\$0.00	\$33,700.00
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>	\$3,000.00	\$0.00	\$3,000.00
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 (% and method)	\$39,100.00	\$0.00	\$39,100.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$308,500.00</b>	<b>\$0.00</b>	<b>\$308,500.00</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: <http://www.tn.gov/finance/looking-for/policies.html>).

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

## ATTACHMENT 2 (Continued)

## GRANT BUDGET

(BUDGET PAGE 2 of 11)

Metropolitan Government of Nashville & Davidson County				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2020, and ending March 31, 2021. <b>YEAR 1</b>				
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>	\$30,500.00	\$0.00	\$30,500.00
2	Benefits & Taxes	\$10,400.00	\$0.00	\$10,400.00
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>	\$0.00	\$0.00	\$0.00
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 (4% of Salaries and Benefits)	\$1,600.00	\$0.00	\$1,600.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$42,500.00</b>	<b>\$0.00</b>	<b>\$42,500.00</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: <http://www.tn.gov/finance/looking-for/policies.html>).

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

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 3 of 11)

**YEAR 1**

<b>SALARIES</b>	<b>AMOUNT</b>
Lillian Maddox-Whitehead, Medical Administrative Assistant      \$ 5,081.04 x 12 x 50% + \$ - longevity	\$30,486.24
<b>TOTAL ROUNDED</b>	<b>\$30,500.00</b>

## ATTACHMENT 2 (Continued)

## GRANT BUDGET

(BUDGET PAGE 4 of 11)

Metropolitan Government of Nashville & Davidson County				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2021, and ending April 30, 2022. <b>YEAR 2</b>				
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>	\$37,800.00	\$0.00	\$37,800.00
2	Benefits & Taxes	\$13,700.00	\$0.00	\$13,700.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$3,700.00	\$0.00	\$3,700.00
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>	\$0.00	\$0.00	\$0.00
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 (20% of Salaries and Benefits)	\$10,300.00	\$0.00	\$10,300.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$66,500.00</b>	<b>\$0.00</b>	<b>\$66,500.00</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: <http://www.tn.gov/finance/looking-for/policies.html>).

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

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
(BUDGET PAGE 5 of 11)

**YEAR 2**

<b>SALARIES</b>	<b>AMOUNT</b>
Lillian Maddox-Whitehead, Medical Administrative Assistant      \$ 5,813.10 x 13 x 50% + \$ - longevity	\$37,785.15
<b>TOTAL ROUNDED</b>	<b>\$37,800.00</b>

## ATTACHMENT 2 (Continued)

## GRANT BUDGET

(BUDGET PAGE 6 of 11)

Metropolitan Government of Nashville & Davidson County				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning May 1, 2022, and ending April 30, 2023. <b>YEAR 3</b>				
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>	\$33,000.00	\$0.00	\$33,000.00
2	Benefits & Taxes	\$13,200.00	\$0.00	\$13,200.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$9,100.00	\$0.00	\$9,100.00
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>	\$1,000.00	\$0.00	\$1,000.00
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 (20% and Salaries and Benefits)	\$9,200.00	\$0.00	\$9,200.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$66,500.00</b>	<b>\$0.00</b>	<b>\$66,500.00</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: <http://www.tn.gov/finance/looking-for/policies.html>).

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

**ATTACHMENT 2 (Continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 7 of 11)

**YEAR 3**

<b>SALARIES</b>	<b>AMOUNT</b>
Lillian Maddox-Whitehead, Medical Administrative Assistant    \$    5,495.14 x    12    x    50%    +    \$    -    longevity	\$32,970.86
<b>TOTAL ROUNDED</b>	<b>\$33,000.00</b>

<b>TRAVEL/ CONFERENCES &amp; MEETINGS</b>	<b>AMOUNT</b>
Local mileage and parking	\$    1,000.00
<b>TOTAL ROUNDED</b>	<b>\$    1,000.00</b>



## ATTACHMENT 2 (Continued)

## GRANT BUDGET

(BUDGET PAGE 8 of 11)

Metropolitan Government of Nashville & Davidson County				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning May 1, 2023, and ending March 31, 2024. <b>YEAR 4</b>				
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>	\$31,700.00	\$0.00	\$31,700.00
2	Benefits & Taxes	\$12,800.00	\$0.00	\$12,800.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$11,100.00	\$0.00	\$11,100.00
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>	\$1,000.00	\$0.00	\$1,000.00
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 (20% of s&b)	\$8,900.00	\$0.00	\$8,900.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	\$66,500.00	\$0.00	\$66,500.00

<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: <http://www.tn.gov/finance/looking-for/policies.html>).

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

**ATTACHMENT 2 (Continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 9 of 11)

**YEAR 4**

<b>SALARIES</b>								<b>AMOUNT</b>
Name, Title	Monthly Salary		# of Months		% of time		(Longevity, if applicable)	
Danielle Duke, Public Health Administrator	\$5,275.38	x	12	x	50.00%	+		\$31,652.31
<b>ROUNDED TOTAL</b>								<b>\$31,700.00</b>

<b>TRAVEL / CONFERENCES &amp; MEETINGS</b>		<b>AMOUNT</b>
Local mileage and parking		\$1,000.00
<b>ROUNDED TOTAL</b>		<b>\$1,000.00</b>

## ATTACHMENT 2 (Continued)

## GRANT BUDGET

(BUDGET PAGE 10 of 11)

Metropolitan Government of Nashville & Davidson County				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2024, and ending March 31, 2025. <b>YEAR 5</b>				
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>	\$32,600.00	\$0.00	\$32,600.00
2	Benefits & Taxes	\$13,000.00	\$0.00	\$13,000.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$9,800.00	\$0.00	\$9,800.00
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>	\$1,000.00	\$0.00	\$1,000.00
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 (20% of s&b)	\$9,100.00	\$0.00	\$9,100.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	\$66,500.00	\$0.00	\$66,500.00

<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: <http://www.tn.gov/finance/looking-for/policies.html>).

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

**ATTACHMENT 2 (Continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 11 of 11)

**YEAR 5**

<b>SALARIES</b>								<b>AMOUNT</b>
Name, Title	Monthly Salary		# of Months		% of time		(Longevity, if applicable)	
Danielle Duke, Public Health Administrator	\$5,433.65	x	12	x	50.00%	+		\$32,601.87
<b>ROUNDED TOTAL</b>								<b>\$32,600.00</b>