GRANT SUMMARY SHEET

Grant Name: TennCare Dental Prevention Oral Health 22-24 Amend 1

Department: HEALTH DEPARTMENT

Grantor: TENNESSEE DEPARTMENT OF HEALTH

Pass-Through Grantor

(If applicable):

Total Award this Action: \$18,000.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson

340-0407

Status: AMENDMENT

Program Description:

This grant from the Tennessee Department of Health is to be used to provide oral disease prevention services for school children in grades K-8 attending qualifying public schools. Amendment #1 adds additional funds of \$18,000.00 from \$1,804,200 to a new total of \$1,822,200 for the final year of the contract. The IDC recovery decreased from 9% to 7% for a new total of \$127,400.00 from the previous total of \$149,000.00.

Plan for continuation of services upon grant expiration:

Services will end

Grants Tracking Form

			Part (One					
Pre-Application O	Application C		Award Acceptance	ce O	Contr	act Amendme	nt 🖲		
Department	Dept. No.			Contact				Phone	Fax
HEALTH DEPARTMENT ▼	038	Brad Thompson						340-0407	
Grant Name:	TennCare Dental Pi	revention Oral Healt	th 22-24 Amend 1						
Grantor:	TENNESSEE DEPARTM	IENT OF HEALTH			▼	Other:			
Grant Period From:	07/01/22		(applications only)	Anticipated Appl	lication Da	ate:			
Grant Period To:	06/30/24		(applications only)	Application Dead	dline:				
Funding Type:	STATE	•		Multi-Departmen	nt Grant			If yes, list be	elow.
Pass-Thru:		•		Outside Consult	ant Proje	ct:			
Award Type:	COMPETITIVE	▼		Total Award:			\$18,000.00		
Status:	AMENDMENT	•		Metro Cash Mat	ch:		\$0.00		
Metro Category:	Est. Prior.	•		Metro In-Kind M	latch:		\$0.00		
CFDA#				Is Council appro	oval requi	ired?			
Project Description:		•		Applic. Submitte	d Electro	nically?			
This grant from the Tennessee Department of Health is to be used to provide oral disease prevention services for school children in grades K-8 attending qualifying public schools. Amendment adds additional funds of \$18,000.00 from \$1,804,200 to a new total of \$1,822,200 for the final year of the contract. The IDC recovery decreased from 9% to 7% for a new total of \$127,400.00 from the previous total of \$149,000.00.									
Services will end How is Match Determined?									
Fixed Amount of \$				% of Grant					
		or		% Of Grant			Other:		
Explanation for "Other" means of (Explanation for "Other" means of determining match:								
For this Metro FY, how much of the	e required local Met	ro cash match:							
For this Metro FY, how much of the Is already in department budget?	e required local Met	ro cash match:		F	und		Business Unit		
Is already in department budget? Is not budgeted?						ource of Match			
Is already in department budget?			Selow)			ource of Match			
Is already in department budget? Is not budgeted?			Below)			ource of Match			
Is already in department budget? Is not budgeted? (Indicate Match Amount & Source f	or Remaining Grant		3elow) 9.61		pposed Sc			0.00	
Is already in department budget? Is not budgeted? (Indicate Match Amount & Source f Other:	or Remaining Grant		9.61	Pro	oposed So	ns added:		0.00 \$445,163.46	
Is already in department budget? Is not budgeted? (Indicate Match Amount & Source f Other: Number of FTEs the grant will fund	or Remaining Grant		9.61 24.43%	Actual number of	oposed So of position	ns added: //etro:			in budget
Is already in department budget? Is not budgeted? (Indicate Match Amount & Source f Other: Number of FTEs the grant will fund Departmental Indirect Cost Rate	or Remaining Grant I: Yes \(\cap \) No	t Years in Budget I % Allow.	9.61 24.43% 7%	Actual number of Indirect Cost of Ind. Cost Reque	oposed So of position Grant to M	ns added: //etro:		\$445,163.46	in budget
Is already in department budget? Is not budgeted? (Indicate Match Amount & Source f Other: Number of FTEs the grant will fund Departmental Indirect Cost Rate *Indirect Costs allowed? *(If "No", please attach documentat Draw down allowable?	or Remaining Grant I: Yes No ion from the grante	t Years in Budget I % Allow.	9.61 24.43% 7%	Actual number of Indirect Cost of Ind. Cost Reque	oposed So of position Grant to M	ns added: //etro:		\$445,163.46	in budget
Is already in department budget? Is not budgeted? (Indicate Match Amount & Source f Other: Number of FTEs the grant will fund Departmental Indirect Cost Rate *Indirect Costs allowed? *(If "No", please attach documental	or Remaining Grant I: Yes No ion from the grante	t Years in Budget I % Allow.	9.61 24.43% 7%	Actual number of Indirect Cost of Ind. Cost Reque	oposed So of position Grant to M	ns added: //etro:		\$445,163.46	in budget

						Part Tw	0						
Grant Budget													
Bud Ye	get	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	\$0.00	\$902,100.00	\$0.00	\$0.00		\$0.00	\$902,100.00	\$220,383.03	\$74,500.00		
Yr	2	FY24	\$0.00	\$920,100.00	\$0.00	\$0.00		\$0.00	\$920,100.00	\$224,780.43	\$52,900.00		
Yr		FY							\$0.00	\$0.00			
Yr	4	FY							\$0.00	\$0.00			
Yr	5	FY							\$0.00	\$0.00			
	Tota	ıl	\$0.00	\$1,822,200.00	\$0.00	\$0.00		\$0.00	\$1,822,200.00	\$445,163.46	\$127,400.00		
		Da	te Awarded:		12/19/23		\$18,000.00	Contract#:	GG-23-760	059-01			
		(or) Date Denied:										
		(or) Date Withdrawn:										

Contact: juanita.paulsen@nashville.gov vaughn.wilson@nashville.gov

Rev. 5/13/13 5752

GCP Received 12/19/2023

JA



AGRICUT MMER 1796	GRAN	T AMENDM	ENT						
Agency T	racking #	Edison ID		Contract #	ŀ	Amendment #			
	34360-37623		76059	G	G-23-76059-01	1			
Contracto	or Legal Entity Name	9				Edison Vendor ID			
Metro	politan Govt of Nas		44						
Amendment Purpose & Effect(s) Increase max liability									
Amendme	ent Changes Contra	ct End Date:	YES	⊠ NO	End Date:	6/30/2024			
TOTAL Co	ontract Amount INC	REASE or DECREAS	SE <u>per this</u>	Amendme	nt (zero if N/A):	\$ 18,000.00			
Funding -	_								
FY	State	Federal	Interdepa		Other	TOTAL Contract Amount			
2023			\$90	2,100.00		\$902,100.00			
2024			\$92	20,100.00		\$920,100.00			
TOTAL:			\$1,82	22,200.00		\$1,822,200.00			
appropriat to be paid obligations	ic Bucholz	ations hereunder are ncumbered to pay oth	GC	_{сро} 3-23-76 ()59-01				
Speed Chart (optional) Account Code (optional) HL00006828 70301000									

AMENDMENT 1 OF GRANT CONTRACT GG-23-76059-01

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 Govt of Nashville & Davidson County Government, 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 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 One Million Eight Hundred Twenty-Two Thousand Two Hundred Dollars (\$1,822,200.00). The Grant Budget, attached and incorporated hereto as Attachment 1, shall constitute the maximum amount due the Grantee for all service and Grantee obligations hereunder. 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.
- Grant Contract Attachment 1 is deleted in its entirety and replaced with the new Attachment 1 attached hereto.
- 3. Grant Contract Attachment 7 is deleted in its entirety and replaced with the new Attachment 7 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).

<u>Amendment Effective Date</u>. 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,

METROPOLITAN GOVT OF NASHVILLE & DAVIDSON COUNTY GOVERNMENT:

Docusigned by: GIL (Wright III, M) 34004081F160408	12/19/2023
GRANTEE SIGNATURE	DATE
Gill C Wright III, MD	Director of Health

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

TENNESSEE DEPARTMENT OF HEALTH:

RALPH ALVARADO, MD, FACP, COMMISSIONER

DATE

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:	
Gill (Wright III, MD)	12/19/2023
Director, Metro Public Health Department	Date
DocuSigned by:	
Tené Hamilton Franklin	12/19/2023
Chair, Board of Health	Date
APPROVED AS TO AVAILABILITY OF FUNDS:	
Lexin (numbo/mor	1/3/2024 11:19 AM CST
Director, Department of Finance	Date
APPROVED AS TO RISK AND INSURANCE:	
Lora Fox	1/3/2024 10:11 AM PST
Director of Risk Management Services	Date
APPROVED AS TO FORM AND LEGALITY:	
Lourtisen Molian	1/3/2024 11:39 AM CST
Courtney Molian Metropolitan Attorney	Date
Natura alita a Natura	Data
Metropolitan Mayor	Date
ATTEST:	
Metropolitan Clerk	Date

ATTACHMENT 1 GRANT BUDGET

(BUDGET PAGE 1)

Metropolitan Government of Nashville & Davidson County - Oral Health

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning JULY 1,2022, and ending JUNE 30, 2024.

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	\$1,081,600.00	\$0.00	\$1,081,600.00
2	Benefits & Taxes	\$427,300.00	\$0.00	\$427,300.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$166,700.00	\$0.00	\$166,700.00
6	Telephone	\$10,200.00	\$0.00	\$10,200.00
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	\$9,000.00	\$0.00	\$9,000.00
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 16.92% of labor & benefits	\$127,400.00	\$0.00	\$127,400.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,822,200.00	\$0.00	\$1,822,200.00

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.state.tn.us/finance/act/documents/policy3.pdf).

² Applicable detail attached if line-item is funded.

ATTACHMENT 1 GRANT BUDGET

(BUDGET PAGE 1)

Metropolitan Government of Nashville & Davidson County - Oral Health

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning JULY 1, 2022, and ending JUNE 30, 2023.

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$527,600.00	\$0.00	\$527,600.00
2	Benefits & Taxes	\$205,700.00	\$0.00	\$205,700.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$86,700.00	\$0.00	\$86,700.00
6	Telephone	\$5,600.00	\$0.00	\$5,600.00
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 10% of labor & benefits	\$74,500.00	\$0.00	\$74,500.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$902,100.00	\$0.00	\$902,100.00

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.state.tn.us/finance/act/documents/policy3.pdf).

² Applicable detail attached if line-item is funded.

GRANT BUDGET DETAIL

SALARIES										
Deranae Davis Dudley, Dentist	\$	7,561.70	х	12	х	5.00%	+	\$	4,537.02	
Dinah Kitchen, Dentist	\$	10,742.38	х	12	х	5.00%	+	\$	6,445.43	
Linda Lines, Dental Assistant	\$	3,416.53	х	4	х	100.00%	+	\$	40,998.37	
Taylor Hightowerr, Dental Hygienist	\$	4,318.33	х	12	х	71.00%	+	\$	36,792.17	
Autumn Snyder, Dental Hygienist	\$	4,491.15	х	12	х	71.00%	+	\$	38,264.60	ĺ
Rachel Harlow, Dental Hygienist	\$	4,576.81	х	12	х	71.00%	+	\$	38,264.60	
Millicent Robinson, Dental Hygienist	\$	4,318.33	х	12	х	100.00%	+	\$	54,921.72	
Jacquelyn Lankford, Dental Hylenist	\$	4,318.33	x	4	х	71.00%	+	\$	36,792.17	
Stacy McCormick, Dental Hygienist	\$	4,318.33	x	0	х	71.00%	+	\$	36,792.17	
Tammie Gutschall, Dental Hygienist	\$	4,318.33	х	4	Х	100.00%	+	\$	51,819.96	
Wajewah Sanders, Dental Hygienist	\$	5,317.41	х	4	х	100.00%	+	\$	63,808.92	
VACANT, DENTAL HYGIENIST	\$	4,318.33	х	4	х	71.00%	+	\$	36,792.17	
Mist Bragg, Office Support Representative	\$	3,717.98	х	12	x	100.00%	+	\$	44,615.76	
Kimberly Smith, Dentist	\$	12,250.18	х	12	х	25.00%	+	\$	36,750.54	
ROUNDED TOTAL	ROUNDED TOTAL									

TRAVEL/ CONFERENCES & MEETINGS		
Local Travel	\$	2,000.00
	•	

ROUNDED TOTAL \$ 2,000.00

ATTACHMENT 1 GRANT BUDGET

(BUDGET PAGE 1)

Metropolitan Government of Nashville & Davidson County - Oral Health

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.

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	\$554,000.00	\$0.00	\$554,000.00
2	Benefits & Taxes	\$221,600.00	\$0.00	\$221,600.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$80,000.00	\$0.00	\$80,000.00
6	Telephone	\$4,600.00	\$0.00	\$4,600.00
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	\$7,000.00	\$0.00	\$7,000.00
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 (6.1% of total)	\$52,900.00	\$0.00	\$52,900.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$920,100.00	\$0.00	\$920,100.00

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/act/documents/policy3.pdf).

920100

\$0.00

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

ATTACHMENT 1 (continued) GRANT BUDGET LINE-ITEM DETAIL (BUDGET PAGE 2)

SALARIES										AMOUNT
Deranae Davis Dudley, Dentist	\$	8,627.40	Х	12	Х	5%				\$5,176.44
Tara McDuffey, Dentist, part time	\$	1,080.00	Х	12	Х	100%				\$12,960.00
Vacant, Dental Hygienist	\$	4,783.41	Х	8	Х	71%				\$27,169.77
Taylor Hightower, Dental Hygienist	\$	4,783.41	Х	12	Х	71%				\$40,754.65
Rachel Harlow, Dental Hygienist	\$	4,974.84	Х	12	Х	71%				\$42,385.64
Millicent Robinson, Dental Hygienist	\$	5,221.82	Х	12	Х	100%				\$62,661.84
Jacquelyn Lankford, Dental Hygienist	\$	4,783.41	Х	12	Х	71%				\$40,754.65
Stacy McCormick, Dental Hygienist	\$	4,783.41	Х	12	Х	71%				\$40,754.65
Cathy Goodpaster, Dental Hygienist	\$	4,783.41	Х	12	Х	100%				\$57,400.92
Tammie Gutschall, Dental Hygienist	\$	4,783.41	Х	12	Х	100%				\$57,400.92
Wajewah Sanders, Dental Hygienist	\$	6,066.79	Х	12	Х	100%	+	\$ 440	longevity	\$73,241.48
Misti Bragg, Office Support Representative	\$	4,106.51	Х	12	Х	100%	+	\$ 908	longevity	\$50,186.12
Kimberly Smith, Dentist	\$	14,395.90	Х	12	Х	25%				\$43,187.70
TOTAL ROUNDED							\$554,000.00			

TRAVEL / CONFERENCES & MEETINGS				AMOUNT
Local Travel				\$7,000.00
TOTAL ROUNDED				\$7,000.00

ATTACHMENT 7

Federal Award Identification Worksheet

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM)	Metropolitan Govt of Nashville & Davidso
Subrecipient's Unique Entity Identifier (SAM)	
Federal Award Identification Number (FAIN)	
Federal award date	
Subaward Period of Performance Start and End Date	
Subaward Budget Period Start and End Date	
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	
Grant contract's begin date	7/1/22
Grant contract's end date	6/30/24
Amount of federal funds obligated by this grant contract	\$0.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass- through entity (Grantor State Agency)	
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	
Name of federal awarding agency	
Name and contact information for the federal awarding official	
Name of pass-through entity	Tennessee Department of Health
Name and contact information for the pass- through entity awarding official	
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)	

ATTACHMENT 7

Federal Award Identification Worksheet

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM)	Metropolitan Govt of Nashville & Davidso
Subrecipient's Unique Entity Identifier (SAM)	
Federal Award Identification Number (FAIN)	
Federal award date	
Subaward Period of Performance Start and End Date	
Subaward Budget Period Start and End Date	
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	
Grant contract's begin date	7/1/22
Grant contract's end date	6/30/24
Amount of federal funds obligated by this grant contract	\$0.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass- through entity (Grantor State Agency)	
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	
Name of federal awarding agency	
Name and contact information for the federal awarding official	
Name of pass-through entity	Tennessee Department of Health
Name and contact information for the pass- through entity awarding official	
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)	

HL00006828

AGRICULT AGRICULT AMER 7796	URF E-A	oursement	grant	contract with		CONTRA (al or Tennessee		governmental entity or their	
Begin Dat	te	End Dat	Date Agency Tracking #					Edison ID	
	July 1, 2022		June	30, 2024	76059				
Grantee Legal Entity Name								Edison Vendor ID	
Metropolitan Government of Nashville and Davidson County, Public									
Healt	h Department							4	
Subrecipi	ent or Recipient		CFDA	#					
⊠ sı	ubrecipient	8							
∐ R	ecipient		Grante	ee's fiscal ye	ar end	6-30			
Service C	aption (one line o	nly)							
	de oral disease p	revention	servi	ces for school	ol childi	en in grades K-	8 qu	alifying public schools	
Funding -				Interdepartn	nenta		Ī		
FY	State	Federal	,	I	iona	Other	тот	AL Grant Contract Amount	
2023				\$9	02,100			\$902,100	
2024				\$9	02,100			\$902,100	
TOTAL:				\$1,80	04,200			\$1,804,200	
72.			ž	15					
Grantee S	Selection Process	Summary	į.						
5	petitive Selection			Budge	t allocat	ions are based o	off prio	r year expenditures	
Non-	competitive Sele	ction							
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.							SE - GG		
					(GG-23	-70	5059-00	
Cric	Bucholz	ř							
Speed Ch	art (optional)	Accoun	t Code	(optional)					

71301000

GRANT CONTRACT BETWEEN THE STATE OF TENNESSEE, DEPARTMENT OF HEALTH AND

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, PUBLIC 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, Public Health Department, hereinafter referred to as the "Grantee," is for the provision of School Based Oral Disease Prevention 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. <u>Service Definitions.</u>

- a. "Auxiliary dental personnel" means state-licensed dental hygienists and dental assistants trained to assist in dental evaluations, sealant screenings, fluoride varnish, and sealant application.
- b. "CDT" means Current Dental Terminology.
- c. "Dental screening" means a brief, non-contact viewing of the student's teeth by a dentist or hygienist.
- d. "Free and reduced school lunch program" means a federal program offering reduced or free lunch to school children based upon income criteria.
- e. "NIST SP800-88" means the National Institute of Standards and Technology's Special Publication regarding *Guidelines for Media Sanitization*.
- e. "Oral disease prevention services" means dental screenings, sealant screenings, evaluations, referral/follow-up, application of sealants, application of fluoride varnish, outreach, and education.
- f. "Oral health education" means instruction provided in schools and community settings to target populations about how to maintain or improve oral health status.
- h. "School-Based Dental Preventative Program (SBDPP)" means a statewide preventative dental program.
- i. "Sealant screening" means a determination of teeth eligible for sealants by a hygienist working under State or Grantee protocol.
- "SFTP" means Secure File Transport Protocol, a computing network protocol for securely accessing, managing, and transferring files on remote file systems via command and data encryption.
- k "Target schools" means schools where fifty (50) percent or more of the student population participates in the free and reduced school lunch program.
- A.3. <u>Service Goals:</u> To provide oral disease prevention services for school children in grades K-8 attending qualifying public schools.

- A.4. <u>Service Recipients</u>: Tennessee public school children in grades K-8 where fifty (50) percent or more of the student population participates in the free and reduced school lunch program.
- A.5. <u>Service Description</u>: The Grantee shall use grant funds to retain a dentist and auxiliary dental personnel to provide oral disease prevention services including the following:
 - a. Provision of oral health education for children in targeted schools;
 - Provision of dental screenings for children participating in the preventive aspect of this program (sealants, prophys, fluoride varnish) with the consent of a parent or guardian and recording of screening for enrollees using CDT D0191;
 - c. Provision of dental screening for children not participating in the preventive aspect of this program is optional;
 - d. Referral and follow-up for children who need urgent dental treatment;
 - e. Provision of dental sealants (CDT D1351) to children who are candidates for the procedure and with the consent of parent or guardian consent;
 - f. Provision of an oral examination coded as D0120 for children who have returned the appropriate forms and have parental or guardian consent;
 - g. If a TennCare enrollee receives an oral evaluation (CDT D0120) and/or prophylaxis (CDT D110 or D1120) and/or a fluoride varnish (CDT D1206) as part of the region's school-based program then those services must be recorded and submitted to TennCare via SFTP, or other secure transport means as approved by both parties. A toothbrush prophylaxis would not meet the criteria for dental prophylaxis.
 - h. Establishment of benchmarks for dental screenings, oral health education, and TennCare outreach to ensure sufficient delivery of these areas.
- A.6. <u>Service Reporting</u>: The Grantee shall use the State-provided SBDPP SEALS database to collect individual and group data using laptops and/or desktops, which utilize data security. Data will be transmitted to the State by SFTP at least monthly and stored on a secure server in the State's Strategic Technological Solutions (STS) Data Center. All reports "pulled" by Department of Health employees that contain PHI will be communicated via SFTP or other approved secure data communications method. The individual and group data reports are to be submitted to the State by the 7th (calendar day) of each month for the preceding month. The following is a list of required data that is to be reported and submitted monthly:
 - a. Individual Data for TennCare Children:
 - (1) Member Name (first, middle and last)
 - (2) Member Social Security Number or TennCare ID Number
 - (3) Dates of Services
 - (4) Specific Service Provided by Current ADA Procedure Code
 - (5) Last Four (4) Digits of Dentist's Provider Number

This list shall be updated as needed by the State.

- b. Individual Data for non-TennCare Participating Children:
 - (1) Student Name
 - (2) Individual Unique ID Number
 - (3) Dates of Services
 - (4) Specific Services Provided by Current ADA Procedure Code
 - (5) Last Four (4) Digits of Dentist's Provider Number

This list shall be updated as needed by the State.

- Project data: C.
 - City and County of school, and community project
 - System and school number from the list provided by the State (2) (3)
 - Name of school and community project
 - Begin and end date school and community project (4)
 - Number of signed consent forms returned (5)
 - Visit setting (school or community)

This list shall be updated by the State as needed.

Service Deliverables: A.7.

	Contract		Due to	Requested
Deliverable	Section	Delivery Date	Whom?	Format
				SBDPP
Provision of oral health education for children targeted	A.5.a.	Day(s) of service	Oral Health	SEALS
schools			Services	Database
Provisional of dental screenings for children in attendance on the day of screening unless there is an objection from the parent, guardian, or student and recording of the sealant screenings hygienists from enrollees using CDT D0191	A.5.b.	Day(s) of service	Oral Health Services	SBDPP SEALS Database
Referral and follow-up for children who need urgent dental treatment	A.5.d.	Day(s) of service	Oral Health Services	SBDPP SEALS Database

Provision of dental sealants (CDT D1351) to children who are			Oral Health	SBDPP
candidates for this procedure and with consent of parent or	A.5.e.	Day(s) of service	Services	SEALS
guardian			Services	Database
Provision of an oral evaluation (CDT D0120) from children			Oral Haalth	SBDPP
who have returned the appropriate forms and have parent or	A.5.f.	Day(s) of service	Oral Health Services	SEALS
guardian consent; and			Services	Database
A TennCare enrollee receiving an oral evaluation (CDT				
D0120) and/or a prophylaxis (CDT D1110 or D1120) and/or a				SBDPP
fluoride varnish (CDT D1206) as part of the regions' school	A F =	Dav.(a) af a a mila	Oral Health	
based program, services must be recorded and submitted to	A.5.g.	Day(s) of service	Services	SEALS
TennCare. A toothbrush prophylaxis would not meet the				Database
criteria for a dental prophylaxis.				

- A.8. Conference Attendance: The Grantee's attendance at the Regional Dental Continuing Education Conferences held by State's Oral Health Services will be in accordance with Section C.4. of this Grant Contract. The Grantee's attendance at any other state or out-of-state conference will not be reimbursed without the prior written approval of the State.
- A.9. In the event that the Grantee is subject to an audit in accordance with Section D.19. hereunder, the Grantee shall submit to the State contact listed in Section D.8. a copy of the audit report and Notice of Audit Report Attachment.
- A.10. No funds awarded under this Grant Contract shall be used for lobbying federal, state, or local officials.
- A.11. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet is incorporated in this Grant Contract. The Grantee shall be notified of any changes that shall take place during the duration of this Grant Contract.

TERM OF CONTRACT: B.

This Grant Contract shall be effective on July 1, 2022 ("Effective Date") and extend for a period of twenty-four (24) months after the Effective Date ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

C. PAYMENT TERMS AND CONDITIONS:

- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed One Million Eight Hundred Four Thousand Two Hundred Dollars (\$1,804,200) ("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.
- 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 2) prior to any reimbursement of allowable costs.
- C.4. <u>Travel Compensation</u>. 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. <u>Invoice Requirements</u>. The Grantee shall invoice the State no more often than monthly, with all necessary supporting documentation, and present such to:

Dr. Suzanne Hayes, Interim Program Director Tennessee Department of Health Oral Health Services Andrew Johnson Building, 7th Floor 710 James Robertson Parkway Nashville, TN 37243

Email: Suzanne.haves@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, Oral Health Services.
 - (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.
- 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 forty-five (45) 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 forty-five (45) 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. <u>Budget Line-items</u>. 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. <u>Disbursement Reconciliation and Close Out</u>. The Grantee shall submit any final invoice and a grant disbursement reconciliation report within sixty (60) days of the Grant Contract end date, in form and substance acceptable to the State. (Attachment 3)
 - 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. <u>Cost Allocation</u>. 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. <u>Prerequisite Documentation</u>. 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. <u>Termination for Convenience</u>. 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. <u>Termination for Cause</u>. 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. <u>Subcontracting</u>. 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. <u>Lobbving</u>. 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. <u>Communications and Contacts</u>. 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:

Dr. Suzanne Hayes, Interim Program Director Tennessee Department of Health Oral Health Services Andrew Johnson Building, 7th Floor 710 James Robertson Parkway Nashville, TN 37243

Email: Suzanne.hayes@tn.gov

The Grantee:

Dr. Gill C. Wright III, Director Metro Government of Nashville/Davidson County 2500 Charlotte Avenue 615.340.5622 gill.wright@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.

- D.9. <u>Subject to Funds Availability</u>. 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. <u>HIPAA Compliance</u>. 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. <u>Public Accountability</u>. 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. <u>Public Notice</u>. 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. <u>Licensure</u>. 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. <u>Records</u>. 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. <u>Monitoring</u>. 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. <u>Progress Reports</u>. 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 4 to the Grant Contract.
- D.19. <u>Audit Report</u>. For purposes of this Section, pass-through entity means a non-federal entity that provides a subaward to a subrecipient to carry out part of a federal program.

The Grantee shall provide audited financial statements to the Tennessee Comptroller of the Treasury ("Comptroller") if during the Grantee's fiscal year, the Grantee: (1) expends seven hundred fifty thousand dollars (\$750,000) or more in direct and indirect federal financial assistance and the State is a pass-through entity; (2) expends seven hundred fifty thousand dollars (\$750,000) or more in state funds from the State; or (3) expends seven hundred fifty thousand dollars (\$750,000) or more in federal financial assistance and state funds from the State, and the State is a pass-through entity. At least ninety (90) days before the end of its fiscal year, the Grantee shall complete Attachment 5 to notify the State whether or not Grantee is subject to an audit. The Grantee should submit only one, completed Notice of Audit Report document during the Grantee's fiscal year. Any Grantee that is subject to an audit and so indicates on Attachment 5 Notice of Audit Report shall complete Attachment 6, the Parent Child Information document. If the Grantee is subject to an audit, Grantee shall obtain the Comptroller's approval before engaging a licensed, independent public accountant to perform the audit. The Grantee may contact the Comptroller for assistance identifying auditors.

All audits shall be performed in accordance with the Comptroller's requirements, as posted on its web site. When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

A copy of the audit report (attachment 4) shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.

The audit contract between the Grantee and the Auditor shall be on a contract form prescribed by the Comptroller. The Grantee shall be responsible for payment of fees for an audit prepared by a licensed, independent public accountant. Payment of the audit fees by the Grantee shall be subject to the provision relating to such fees contained within this Grant Contract. The Grantee shall be responsible for reimbursing the Comptroller for any costs of an audit prepared by the Comptroller.

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. <u>Strict Performance</u>. 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. <u>Limitation of State's Liability</u>. 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. <u>Charges to Service Recipients Prohibited</u>. 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. <u>No Acquisition of Equipment or Motor Vehicles</u>. 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. <u>State and Federal Compliance</u>. The Grantee shall comply with all applicable state and federal laws and regulations in the performance of this Grant Contract. The U.S. Office of Management and Budget's Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is available here: http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200 main 02.tpl
- D.29. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-408.
- D.30. <u>Completeness</u>. 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. <u>Severability</u>. 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. <u>Headings</u>. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.
- D.33. <u>Iran Divestment Act</u>. 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. <u>Debarment and Suspension</u>. 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. <u>Conflicting Terms and Conditions</u>. 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. <u>Printing Authorization</u>. 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. Work Papers Subject to Review. The Grantee shall make all audit, accounting, or financial analysis work papers, notes, and other documents available for review by the Comptroller of the

- Treasury or his representatives, upon request, during normal working hours either while the analysis is in progress or subsequent to the completion of this Grant Contract.
- E.4. 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.5. 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.6. 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. 7. <u>Security Audit</u>. 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/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.8. 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/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 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:
 - 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 Recovery Test that its Disaster Recovery Capabilities meet the RPO and RTO requirements.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:	
Gill C Wright III, MD	7/18/2022
Director	Date
Metro Public Health Department	
DocuSigned by:	
Tené Hamilton Franklin	7/18/2022
Chair, Board of Health	Date
APPROVED AS TO AVAILABILITY OF FUN	NDS:
DocuSigned by:	8/2/2022
Elly Flannery Directors Department of Finance	Date
Director, Department of Phiance	Dave
APPROVED AS TO RISK AND INSURANCE	S:
DocuSigned by:	8/2/2022
Dalogua (okh Director of Risk Management Services	Date
— PAGORON ANTHINE MINING EMICHE DELA ICES	Date
APPROVED AS TO FORM AND LEGALITY	:
DocuSigned by:	8/2/2022
Metropolitan Attorney	Date
Austin Kyle	AUG 17 2022
Metropolitan Clerk R\$2022 - 1711	Date
DEPARTMENT OF HEALTH:	
1011 11 12 11 1011 1 10 11 12 11 10 11 1 1 2 2	igned by Morgan McDonald MD, FACP, FAAP
omail lin	lorgan McDonald MD, FACP, FAAP, o, ou, dsay.r.oliveras@tn.gov, c=US
	2.08.24 15:27:32 -05'00'
Morgan McDonald, MD, FACP FAAP Interim Commissioner	Date

ATTACHMENT 1 GRANT BUDGET

(BUDGET PAGE 1)

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginni July 1, 2022, and ending June 30, 2024.								
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	\$1,071,000.00	\$0.00	\$1,071,000.0				
2	Benefits & Taxes	\$412,200.00	\$0.00	\$412,200.0				
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.0				
5	Supplies	\$156,800.00	\$0.00	\$156,800.0				
6	Telephone	\$11,200.00	\$0.00	\$11,200.0				
7	Postage & Shipping	\$0.00	\$0.00	\$0.0				
8	Occupancy	\$0.00	\$0.00	\$0.0				
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.0				
10	Printing & Publications	\$0.00	\$0.00	\$0.0				
11, 12	Travel/ Conferences & Meetings ²	\$4,000.00	\$0.00	\$4,000.0				
13	Interest ²	\$0.00	\$0.00	\$0.0				
14	Insurance	\$0.00	\$0.00	\$0.0				
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.0				
17	Depreciation ²	\$0.00	\$0.00	\$0.0				
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.0				
20	Capital Purchase ²	\$0.00	\$0.00	\$0.0				
22	Indirect Cost (9% of total)	\$149,000.00	\$0.00	\$149,000.0				
24	In-Kind Expense	\$0.00	\$0.00	\$0.0				
25	GRAND TOTAL	\$1,804,200.00	\$0.00	\$1,804,200.0				

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/finance/looking-for/policies.html).

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

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 2)

Metropolitan Government of Nashville & Davidson County - Oral Health

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2022, and ending June 30, 2023.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$527,600.00	\$0.00	\$527,600.00
2	Benefits & Taxes	\$205,700.00	\$0.00	\$205,700.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$86,700.00	\$0.00	\$86,700.00
6	Telephone	\$5,600.00	\$0.00	\$5,600.00
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 (9% of total)	\$74,500.00	\$0.00	\$74,500.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$902,100.00	\$0.00	\$902,100.00

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/finance/looking-for/policies.html).

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

ATTACHMENT 1 (continued) GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 3)

SALARIES		AMOUNT
Deranae Davis Dudley, Dentist	\$ 7,561.70 x 12 x 5%	\$4,537.02
Dinah Kitchens, Dentist	\$ 10,742.38 x 12 x 5%	\$6,445.43
Linda Lines, Dental Assistant	\$ 3,416.53 x 12 x 100%	\$40,998.37
Taylor Hightower, Dental Hygienist	\$ 4,318.33 x 12 x 71%	\$36,792.17
Autumn Snyder, Dental Hygienist	\$ 4,491.15 x 12 x 71%	\$38,264.60
Rachel Harlow, Dental Hygienist	\$ 4,491.15 x 12 x 71%	\$38,264.60
Millicent Robinson, Dental Hygienist	\$ 4,576.81 x 12 x 100%	\$54,921.72
Jacquelyn Lankford, Dental Hygienist	\$ 4,318.33 x 12 x 71%	\$36,792.1
Stacy McCormick, Dental Hygienist	\$ 4,318.33 x 12 x 71%	\$36,792.1
Tammie Gutschall, Dental Hygienist	\$ 4,318.33 x 12 x 100%	\$51,819.96
Wajewah Sanders, Dental Hygienist	\$ 5,317.41 x 12 x 100%	\$63,808.92
Vacant, Dental Hygienist	\$ 4,318.33 x 12 x 71%	\$36,792.1
Misti Bragg, Office Support Representative	\$ 3,717.98 x 12 x 100%	\$44,615.76
Kimberly Smith, Dentist	\$ 12,250.18 x 12 x 25%	\$36,750.54
TOTAL ROU	NDED	\$527,600.00

TRAVEL / CONFERENCES & MEETINGS					AMOUNT
Local Travel					\$2,000.00
TOTAL ROUNDED					\$2,000.00

ATTACHMENT 1 GRANT BUDGET

(BUDGET PAGE 4)

	BLE PERIOD: The grant budget line-item amounts belo 23, and ending June 30, 2024.			, p
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	\$543,400.00	\$0.00	\$543,400.0
2	Benefits & Taxes	\$206,500.00	\$0.00	\$206,500.0
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.0
5	Supplies	\$70,100.00	\$0.00	\$70,100.0
6	Telephone	\$5,600.00	\$0.00	\$5,600.0
7	Postage & Shipping	\$0.00	\$0.00	\$0.0
8	Occupancy	\$0.00	\$0.00	\$0.0
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.0
10	Printing & Publications	\$0.00	\$0.00	\$0.0
11, 12	Travel/ Conferences & Meetings ²	\$2,000.00	\$0.00	\$2,000.0
13	Interest ²	\$0.00	\$0.00	\$0.0
14	Insurance	\$0.00	\$0.00	\$0.0
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.0
17	Depreciation ²	\$0.00	\$0.00	\$0.0
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.0
20	Capital Purchase ²	\$0.00	\$0.00	\$0.0
22	Indirect Cost (9% of total)	\$74,500.00	\$0.00	\$74,500.0
24	In-Kind Expense	\$0.00	\$0.00	\$0.0
25	GRAND TOTAL	\$902,100.00	\$0.00	\$902,100.0

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/finance/looking-for/policies.html).

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

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

SALARIES		AMOUNT
Deranae Davis Dudley, Dentist	\$ 7,788.55 x 12 x 5%	\$4,673.13
Dinah Kitchens, Dentist	\$ 11,064.65 x 12 x 5%	\$6,638.79
Linda Lines, Dental Assistant	\$ 3,519.03 x 12 x 100%	\$42,228.3
Taylor Hightower, Dental Hygienist	\$ 4,447.88 x 12 x 71%	\$37,895.94
Autumn Snyder, Dental Hygienist	\$ 4,625.88 x 12 x 71%	\$39,412.54
Rachel Harlow, Dental Hygienist	\$ 4,625.88 x 12 x 71%	\$39,412.54
Millicent Robinson, Dental Hygienist	\$ 4,714.11 x 12 x 100%	\$56,569.37
Jacquelyn Lankford, Dental Hygienist	\$ 4,447.88 x 12 x 71%	\$37,895.94
Stacy McCormick, Dental Hygienist	\$ 4,447.88 x 12 x 71%	\$37,895.94
Tammie Gutschall, Dental Hygienist	\$ 4,447.88 x 12 x 100%	\$53,374.56
Wajewah Sanders, Dental Hygienist	\$ 5,476.93 x 12 x 100%	\$65,723.19
Vacant, Dental Hygienist	\$ 4,447.88 x 12 x 71%	\$37,895.94
Misti Bragg, Office Support Representative	\$ 3,829.52 x 12 x 100%	\$45,954.23
Kimberly Smith, Dentist	\$ 12,617.69 x 12 x 25%	\$37,853.06
TOTAL ROU	NDED	\$543,400.00

TRAVEL / CONFERENCES & MEETINGS					AMOUNT
Local Travel	Γ	П			\$2,000.00
TOTAL ROUNDED					\$2,000.00

ATTACHMENT 2



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) **Section 2:** Invoice Information (to be completed by Contractor/Grantee) Invoice Date Service Start Date Service End Date Contract Invoice# Contract End Date Contract Start Date Contact Person Name Phone# Remit Payment to: **Business Name** Street Address ZIP City State **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 \$ 0.00 TOTAL \$ 0.00 \$ 0.00

PH-4419 RDA SW-12

ATTACHMENT 2
Section 3: Payment Information (to be completed by TDH Program)

Speedchart	User C	ode	Project ID	Amount (\$)
			31	
Section 4: Authoriz		TDH Program	Authorization	TDH Accounts Authorizatio
Name:	1017111	Name:		Name:
Date:		Date:		Date:
Signature:		Sign ature:		Sign ature:

RDA SW-12 PH-4419

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 f

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 refund due, mail reports with check or send note with e-mail that check in the mail

e-mail completed files to:

Policy3.AMO.Health@tn.gov

e-mail filing replaces mailing forms

Mailing Address:

Monaliz Hana

Telephone 615-532-3406

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 TRACABLE TO THE REPORTING AGENCY'S GENERAL LEDGER

Line 1 Salaries And Wages

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

Line 2 Employee Benefits & Payroll Taxes

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

Line 3 Total Personnel Expenses

Add lines 1 and 2.

Line 4 Professional Fees

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

Line 5 Supplies

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

Line 6 Telephone

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

Line 7 Postage And Shipping

Enter the organization's expenses for postage, messenger services, overnight delivery, outside mailing service fees, freight and trucking, and maintenance of delivery and shipping vehicles. Include vehicle insurance here or on line 14.

Line 8 Occupancy

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

Line 9 Equipment Rental And Maintenance

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

Line 10 Printing And Publications

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

Line 11 Travel

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

Line 12 Conferences And Meetings

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

Line 13 Interest

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

Line 14 Insurance

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

Line 15 Grants And Awards

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

Line 16 Specific Assistance to Individuals

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

Line 17 Depreciation

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

Line 18 Other Non-personnel Expenses

NOTE: Expenses reportable on lines 1 through 17 should not be reported in an additional expense category on line 18. A description should be attached for each additional category entered on line 18. The contracting state agency may determine these requirements. Enter the organization's allowable expenses for advertising (1), bad debts (2), contingency provisions (7), fines and penalties (14), independent research and development (reserved) (17), organization (27), page charges in professional journals (29), rearrangement and alteration (39), recruiting (41), and taxes (47). Include the organization's and employees' membership dues in associations and professional societies (26). Include other fees for the organization's licenses, permits, registrations, etc.

Line 19 Total Non-personnel Expenses

Add lines 4 through 18.

Line 20 Reimbursable Capital Purchases

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

Line 21 Total Direct Program Expenses

Add lines 3, 19, and 20.

Includes direct and allocated direct program expenses.

Line 22 Administrative Expenses

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

Line 23 Total Direct And Administrative Expenses

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

Line 24 In-Kind Expenses

In-kind Expenses (Line 24) is for reporting the value of contributed resources applied to the program. Approval and reporting guidelines for in-kind contributions will be specified by those contracting state agencies who allow their use toward earning grant funds. Carry forward to Schedule B, Line 38.

Line 25 Total Expenses

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

PROGRAM REVENUE REPORT (PRR) SCHEDULE B SOURCES OF REVENUE

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

Reimbursable Program Funds

Line 31 Reimbursable Federal Program Funds

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

Line 32 Reimbursable State Program Funds

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

Line 33 Total Reimbursable Program Funds (Equals Schedule B, Line 55) Add lines 31 and 32.

Matching Revenue Funds

Line 34 Other Federal Funds

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

Line 35 Other State Funds

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

Line 36 Other Government Funds

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other government funds. The state funding agency may 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	S YOUR ORGANIZATION HA	VE AN APPROVED CO:	ST ALLOCATION PLAN? NO	
If yes, Name of organization that approved	the Plan:			
IF COST ALLOCATION IS APPLIED, INDIC				
Ratio of direct program salaries to total direct	ct salaries applied to administ	trative cost.		
Ratio of direct program expenditure to total	direct expenditures applied to	administrative cost.		
Cost step down.				
Other (describe)				
Is your organization: A priv	ate not-for-profit organization	?		
A stat	e college or university, or par	t of a city government?		
DIRECTOR		PHO	NE#	
PREPARER OF REPORT		PHO	NE #	
DATE COMPLETED				

	le A, Part 1 STATE OF TENNESSE ACTOR/GRANTEE	E	PROGRAM EX	PENSE REPORT	Page of
				FEDERAL ID#	
CONTR	ACTING STATE AGENCY			REPORT PERIOD	
	Program # Contract Number Grant Period Program Name Service Name				
Schedul	e A			(
Item #	EXPENSE BY OBJECT:	QUARTER TO DATE	YEAR TO DATE	QUARTER TO DATE	YEAR TO DATE
1	Salaries and Wages				TEARTOBATE
2	Employee Benefits & Payroll Taxes				
3	Total Personnel Expenses (add lines 1 and 2)				
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)				
а					
b					
C					
d	, and the second				
19	Total Non-personnel Expenses (add lines 4 - 18)				
20	Reimbursable Capital Purchases				
21	TOTAL DIRECT PROGRAM EXPENSES				
22	Administrative Expenses				
23	TOTAL DIRECT AND ADMINISTRATIVE EXPENSES				
24	In-Kind Expenses	Ua s	J		
25	TOTAL EXPENSES				

					Page of
Schedu	le B, Part 1 STATE OF TENNESSE	E	PROGRAM EX	PENSE REPORT	
CONTR	ACTOR/GRANTEE			FEDERAL ID#	
CONTR	RACTING STATE AGENCY			REPORT PERIOD	
	Program #				
	Contract Number				
	Grant Period				
	Program Name				
Schedu	Service Name				
	SOURCES OF REVENUE	QUARTER TO DATE	VEAD TO DATE	CHARTER TO DATE	VEAD TO DATE
ILCITI #	Reimbursable Program Funds	QUARTER TO DATE	YEAR TO DATE	QUARTER TO DATE	YEAR TO DATE
31	Reimbursable Federal Program Funds				
32	Reimbursable State Program Funds				
33	Total Reimbursable Program Funds (equals line 55)				
17070	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Matching Revenue Funds				
34	Other Federal Funds				
35	Other State Funds				
36	Other Government Funds				
37	Cash Contributions (non-government)				
38	In-Kind Contributions (equals line 24)				
39	Program Income				
40	Other Matching Revenue				
41	Total Matching Revenue Funds (lines 34 - 40)				
42	Other Program Funds				
43	Total Boyonya (lines 22, 44, 9, 42)				
45	Total Revenue (lines 33, 41, & 42)				
Reconc	iliation Between Total and Reimbursable Expenses				
51	Total Expenses (line 25)				
52	Subtract Other Unallowable Expenses (contractual)				
53	Subtract Excess Administration Expenses (contractual)				
54	Subtract Matching Expenses (equals line 41)				
55	Reimbursable Expenses (line 51 less lines 52,53,54)				
56	Total Reimbursement To Date				
57	Difference (line 55 less line 56)				
58	Advances				
59	This reimbursement (line 57 less line 58)				

Schedule C	- Final Page S	TATE OF TENNESSEE		PROGRAM EXPENSE	REPORT	Page of
CONTRAC	TOR/GRANTEE				FEDERAL ID#	
CONTRAC	TING STATE AGENCY				REPORT PERIOD	
Sahadula A	Voor To Data Information		TOTAL DIRECT PROGRAM EXPENSES	TOTAL NONGRANT/ UNALLOWABLE EXPENSES	TOTAL ADMINISTRATIVE EXPENSES	GRAND TOTAL
1 Sa 2 En 3 4 Pr 5 Su 6 Te 7 Po 6 9 Eo 10 Pr 11 Tr 12 Co 13 Int 14 Ins 15 Gr 17 De 17 De 18 Ot a	A Year-To-Date Information (PENSE BY OBJECT: alaries and Wages nployee Benefits & Payroll Taxes Total Personnel Expenses ofessional Fees applies belephone ostage and Shipping ccupancy quipment Rental and Maintenance inting and Publications avel onferences and Meetings average serest surrance rants and Awards becific Assistance to Individuals expreciation ther Non-personnel Expenses (de	e	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE
21 22 Ac 23	Total Non-personnel Expenses simbursable Capital Purchases TOTAL DIRECT PROGRAM EXIMINISTATIVE Expenses TOTAL DIRECT AND ADMINIS -Kind Expenses					

02-20-20 GG

Attachment 4

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)

Submit one copy to:

jenny.crane@tn.gov TN Department of Health, Division of Community Health Services

ATTACHMENT 5

Notice of Audit Report

Check one of the two boxes below and complete the remainder of this document as instructed. Send completed documents as a PDF file to cpo.auditnotice@tn.gov. The Grantee should submit only one, completed "Notice of Audit Report" document to the State ninety (90) days prior to the Grantee's fiscal year.

Metropolitan Government of Nashville and Davidson County, Public Health Department is subject to an audit for fiscal year 2021 and 2022.
Metropolitan Government of Nashville and Davidson County, Public Health Department is not subject to an audit for fiscal year 2021 and 2022.
Grantee's Edison Vendor ID Number:
Grantee's fiscal year end:
Any Grantee that is subject to an audit must complete the information below.

Type of funds expended Estimated amount of funds expended by end of Grantee's fiscal year Federal pass-through funds a. Funds passed through the State of a. Tennessee b. Funds passed through any other b.

ATTACHMENT 6

Parent Child Information

The Grantee should complete this form and submit it with the Grant Contract. The Grantee should submit only one, completed "Parent Child Information" document to the State during the Grantee's fiscal year.

Federal Award Identification Worksheet

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM)	State of Tennessee, Department of Health (Metro Davidson County)
Subrecipient's Unique Entity Identifier (SAM)	EA5JN3P55GR1
Federal Award Identification Number (FAIN)	05-1505TN5MAP
Federal award date	TennCare is a continuing entitlement program that receives quarterly allotments from the federal government, therefore there is no date of award.
Subaward Period of Performance Start and End Date	July 1, 2018 June 30, 2023
Subaward Budget Period Start and End Date	July 1, 2018 June 30, 2023
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.778 Department of Health and Human Services, Title XIX
Grant contract's begin date	July 1, 2022
Grant contract's end date	June 30, 2024
Amount of federal funds obligated by this grant contract	\$1,804,200
Total amount of federal funds obligated to the subrecipient	\$22,873,242.00
Total amount of the federal award to the pass-through entity (Grantor State Agency)	8.5 billion budgeted annually. TennCare is a continuing entitlement program that receives quarterly allotments from the federal government, therefore there is no upper award limit.
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Medicaid
Name of federal awarding agency	Department of Health and Human Services Center for Medicare and Medicaid Services (CMS) Regional Office
Name and contact information for the federal awarding official	Josh Portz Center for Medicare and Medicaid Services (CMS) joshua.portz@cms.hhs.gov
Name of pass-through entity	TennCare
Name and contact information for the pass- through entity awarding official	Zane Seals, Chief Financial Officer 310 Great Circle Rd, Nashville, TN 37243 (615) 507-6345 <u>zane.seals@tn.gov</u>
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)	N/A

Personalize Page

Document Maintenance
DocuSign Envelope ID: 3D5753F7-914F-48BB-BC47-E1DCC3873FC5

Document Approval Status

Document Approval Status Contract ID 0000000000000000000076059 SetID SHARE Supplier METROPOLITAN GOVT OF NASHVILLE & DAVIDSO ▼ Review/Edit Approvers **Agency Approvals** ▼ SHARE/000000000000000000076059:Approved Agency Approvals Approved
Terri L Bartlett
Document Approval 1
08/24/22 - 4:01 PM Approved

Terri L Bartlett

Document Approval 2
08/24/22 - 4:01 PM CPO Level 1 & 2 Approvals Approved

Davis Nwankwo
Document Approval 3
09/07/22 - 9:51 AM **Budget Office** SHARE/000000000000000000076059:Approved Budget Threshhold Approv >100K Approved

William Caffey

Con - Budget Office Approval
09/08/22 - 8:15 AM **Comptroller Special Appr** Rule Exceptions Approved Approved

Anetra Smith

Document Approval - Comptrolle
09/09/22 - 11:46 AM Comments **CPO Final Contract Approval** SHARE/0000000000000000000076059:Approved CPO Final Contract Approval Approved

Celeste Goodman

Document Approval 3
09/09/22 - 12:10 PM

Comments

Q

Return to Document Management

1 of 1

Certificate Of Completion

Envelope Id: 3D5753F7914F48BBBC47E1DCC3873FC5 Status: Completed

Subject: Complete with DocuSign: Health TennCareDentalPreventionOralHealth22-24 Amend 1 Ready.pdf

Source Envelope:

Document Pages: 58 Signatures: 6 Envelope Originator: Certificate Pages: 15 Initials: 1 Juanita Paulson

AutoNav: Enabled

Envelopeld Stamping: Enabled

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

730 2nd Ave. South 1st Floor

Nashville, TN 37219

Juanita.Paulsen@nashville.gov IP Address: 170.190.198.185

Record Tracking

Status: Original

1/2/2024 1:05:27 PM

Security Appliance Status: Connected Storage Appliance Status: Connected Holder: Juanita Paulson

Juanita.Paulsen@nashville.gov

Pool: StateLocal

Pool: Metropolitan Government of Nashville and

Davidson County

Location: DocuSign

Location: DocuSign

Sent: 1/2/2024 1:14:18 PM

Viewed: 1/2/2024 2:43:50 PM

Signed: 1/2/2024 3:25:55 PM

Timestamp

Signer Events

Brittany Bryant

brittany.bryant@nashville.gov

Security Level: Email, Account Authentication

(None)

Signature

BB

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 1/2/2024 2:43:50 PM

ID: 2020dd71-eeef-47ea-bbe7-b389e3f3ffc6

Aaron Pratt

Aaron.Pratt@nashville.gov

Security Level: Email, Account Authentication

(None)

Agron Prott

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185

Sent: 1/2/2024 3:25:58 PM Viewed: 1/3/2024 6:48:41 AM

Signed: 1/3/2024 6:48:47 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Kevin Crumbo/mjw

MaryJo.Wiggins@nashville.gov

Security Level: Email, Account Authentication

(None)

Levin Crumbo/mpw

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 1/3/2024 11:18:25 AM

ID: b23ce1b4-7f1b-43f9-8b14-e6284cb2b90e

Courtney Mohan

Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication

(None)

Courtney Molian

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Sent: 1/3/2024 6:48:51 AM Viewed: 1/3/2024 11:18:25 AM

Sent: 1/3/2024 11:19:44 AM

Viewed: 1/3/2024 11:26:35 AM

Signed: 1/3/2024 11:39:46 AM

Signed: 1/3/2024 11:19:40 AM

Signer Events	Signature	Timestamp
Accepted: 1/3/2024 11:26:35 AM ID: 082e51be-665e-44d0-b6e8-0b677a117db3		
Lora Fox		Sent: 1/3/2024 11:39:50 AM
lora.fox@nashville.gov	Lora Fox	Viewed: 1/3/2024 12:10:46 PM
Security Level: Email, Account Authentication (None)		Signed: 1/3/2024 12:11:52 PM
,	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	
Electronic Record and Signature Disclosure: Accepted: 1/3/2024 12:10:46 PM ID: c0d2562f-4a9b-4b14-8a9b-f809cea50494		
	0'	- . ,

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Carbon Copy Events Danielle Godin Danielle.Godin@nashville.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Timestamp Sent: 1/3/2024 12:11:56 PM Viewed: 1/3/2024 12:15:04 PM

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	1/2/2024 1:14:18 PM
Certified Delivered	Security Checked	1/3/2024 12:10:46 PM
Signing Complete	Security Checked	1/3/2024 12:11:52 PM
Completed	Security Checked	1/3/2024 12:11:57 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		