

Resolution No. _____

A resolution approving amendment one to a grant from the State of Tennessee, Department of Health, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to provide public health activities to enhance the health and well-being of women, infants, and families by improving community resources and service delivery systems available to them.

WHEREAS, The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the State of Tennessee, Department of Health, to provide public health activities to enhance the health and well-being of women, infants, and families by improving community resources and service delivery systems available to them approved by RS2020-166; and,

WHEREAS, the parties wish to amend the grant agreement to increase the amount of the grant by \$955,800.00 for a new grant total of \$1,274,400.00 and extend the end date of the grant agreement to June 30, 2024, a copy of which amendment one is attached hereto; and,

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

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

Section 1. That amendment one to the grant by and between the State of Tennessee, Department of Health, and The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to provide public health activities to enhance the health and well-being of women, infants, and families by improving community resources and service delivery systems available to them, a copy of which amendment one is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same..

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

APPROVED AS TO AVAILABILITY OF FUNDS:

INTRODUCED BY:

DocuSigned by:
Kevin Crumbo/Ho

Kevin Crumbo, Director
Department of Finance

APPROVED AS TO FORM AND LEGALITY:

Member(s) of Council

DocuSigned by:
Niki Eke

Assistant Metropolitan Attorney

GRANT SUMMARY SHEET

Grant Fetal Infant Mortality Review 21 Amend. 1

Department: HEALTH DEPARTMENT

Grantor: TENNESSEE DEPARTMENT OF HEALTH

Pass-Through Grantor

Total Award this \$955,800.00

Cash Match \$0.00

Department Brad Thompson
340-0407

Status AMENDMENT

Program Description:

Perform Health activities to: a) enhance the health and well being of women infants and families by improving community resources and planning public health services, b) enhance the capacity of Davidson County to reduce infant mortality and improve birth outcomes. Amendment 2 adds an additional \$955,800.00 to the previous amount of \$318,600.00 for a new grand total of \$1,274,400.00. The amendment also extends the end date from 6/30/21 to 6/30/24.

Plan for continuation of services upon

The services would be discontinued.

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input type="radio"/>		Contract Amendment <input checked="" type="radio"/>	
Department	Dept. No.	Contact			Phone	Fax	
HEALTH DEPARTMENT	038	Brad Thompson			340-0407		
Grant Name:		Fetal Infant Mortality Review 21 Amend. 1					
Grantor:		TENNESSEE DEPARTMENT OF HEALTH			Other:		
Grant Period From:		07/01/20	(applications only) Anticipated Application Date:				
Grant Period To:		06/30/24	(applications only) Application Deadline:				
Funding Type:		STATE	Multi-Department Grant		<input type="checkbox"/> If yes, list below.		
Pass-Thru:			Outside Consultant Project:		<input type="checkbox"/>		
Award Type:		FORMULA	Total Award:		\$955,800.00		
Status:		AMENDMENT	Metro Cash Match:		\$0.00		
Metro Category:		Est. Prior.	Metro In-Kind Match:		\$0.00		
CFDA #		N/A	Is Council approval required?		<input type="checkbox"/>		
Project Description:			Applic. Submitted Electronically?		<input type="checkbox"/>		
<p>Perform Health activities to: a) enhance the health and well being of women infants and families by improving community resources and planning public health services, b) enhance the capacity of Davidson County to reduce infant mortality and improve birth outcomes. Amendment 1 adds an additional \$955,800.00 to the previous amount of \$318,600.00 for a new grand total of \$1,274,400.00. The amendment also extends the end date from 6/30/21 to 6/30/24.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
The services would be discontinued							
How is Match Determined?							
Fixed Amount of \$		or	% of Grant		Other: <input type="checkbox"/>		
Explanation for "Other" means of determining match:							
For this Metro FY, how much of the required local Metro cash match:							
Is already in department budget?			Fund		Business Unit		
Is not budgeted?			Proposed Source of Match:				
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:		3.60	Actual number of positions added:		0.00		
Departmental Indirect Cost Rate		22.91%	Indirect Cost of Grant to Metro:		\$291,947.20		
*Indirect Costs allowed?		<input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow.	8.69%	Ind. Cost Requested from Grantor:		\$78,700.00 in budget
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable? <input type="checkbox"/>							
Metro or Community-based Partners:							

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY21		\$318,600.00		\$0.00	\$0.00	\$0.00	\$318,600.00	\$72,986.80	\$27,700.00
Yr 2	FY23		\$318,600.00		\$0.00	\$0.00	\$0.00	\$318,600.00	\$72,986.80	\$22,900.00
Yr 3	FY23		\$318,600.00		\$0.00	\$0.00	\$0.00	\$318,600.00	\$72,986.80	\$17,000.00
Yr 4	FY24		\$318,600.00		\$0.00	\$0.00	\$0.00	\$318,600.00	\$72,986.80	\$11,100.00
Yr 5	FY									
Total		\$0.00	\$1,274,400.00	\$0.00	\$0.00		\$0.00	\$1,274,400.00	\$291,947.20	\$78,700.00
Date Awarded:		09/10/20			Tot. Awarded:	\$955,800.00	Contract#:	34347-33221-1		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

VW



GRANT AMENDMENT

Agency Tracking # 34347-33221	Edison ID 65650	Contract # GG-21-65650	Amendment # 01		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) To extend the term and add funds					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: June 30, 2024			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 955,800.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2021			\$318,600.00		\$318,600.00
2022			\$318,600.00		\$318,600.00
2023			\$318,600.00		\$318,600.00
2024			\$318,600.00		\$318,600.00
TOTAL:			\$1,274,400.00		\$1,274,400.00
<p>Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.</p> <p style="text-align: center;"><i>Eric Buchholz</i></p>				<p><i>CPO USE</i></p>	
Speed Chart (optional) HL00008299		Account Code (optional) 71301000			

**AMENDMENT ONE
OF GRANT CONTRACT GG-21-65650**

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

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

B. TERM OF CONTRACT:

This Grant Contract shall be effective for the period beginning on July 1, 2020 ("Effective Date") and ending on June 30, 2024, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

- 2. 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 Two Hundred Seventy Four Thousand Four Hundred Dollars (\$1,274,400.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 1 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

- 3. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new attachment 1 attached hereto.

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

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

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



Director, Metro Public Health Department

Sept 10, 2020

Date



Chair, Board of Health

9/10/20

Date

APPROVED AS TO AVAILABILITY OF FUNDS

DocuSigned by:

Kevin Crumboltz

Director, Department of Finance

9/23/2020

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:

Balogun Cobb

Director of Risk Management Services

9/24/2020

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

Niki Eke

Metropolitan Attorney

9/23/2020

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 1)

Metropolitan Government of Nashville and Davidson County - FIMR				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2020, and ending June 30, 2024. <i>Roll-Up</i>				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$845,600.00	\$0.00	\$845,600.00
2	Benefits & Taxes	\$343,100.00	\$0.00	\$343,100.00
4, 15	Professional Fee/ Grant & Award ²	\$500.00	\$0.00	\$500.00
5	Supplies	\$4,100.00	\$0.00	\$4,100.00
6	Telephone	\$500.00	\$0.00	\$500.00
7	Postage & Shipping	\$200.00	\$0.00	\$200.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$1,700.00	\$0.00	\$1,700.00
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	\$78,700.00	\$0.00	\$78,700.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,274,400.00	\$0.00	\$1,274,400.00

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

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

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 2)

Metropolitan Government of Nashville and Davidson County - FIMR				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2020, and ending June 30, 2021. Year 1				
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	\$203,900.00	\$0.00	\$203,900.00
2	Benefits & Taxes	\$80,000.00	\$0.00	\$80,000.00
4, 15	Professional Fee/ Grant & Award ²	\$500.00	\$0.00	\$500.00
5	Supplies	\$4,100.00	\$0.00	\$4,100.00
6	Telephone	\$500.00	\$0.00	\$500.00
7	Postage & Shipping	\$200.00	\$0.00	\$200.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$1,700.00	\$0.00	\$1,700.00
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 (9.76% of Salaries & Benefits)	\$27,700.00	\$0.00	\$27,700.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$318,600.00	\$0.00	\$318,600.00

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

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

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

SALARIES							AMOUNT
Alison Butler, Public Health Nurse	\$	5,811.95	x	12	x	100% + \$ 935.00 Longevity	\$70,678.40
Earletta Smith, Program Specialist	\$	3,829.00	x	12	x	60% + \$ -	\$27,568.80
Trevor Crowder, Public Health Manager	\$	4,973.29	x	12	x	100% + \$ -	\$59,679.48
Rochelle Roberts, Program Specialist	\$	3,829.02	x	12	x	100% + \$ -	\$45,948.24
TOTAL ROUNDED							\$203,900.00

PROFESSIONAL FEE/GRANT & AWARD		AMOUNT
Safe Sleep Educational Seminars for Professionals		\$500.00
TOTAL		\$500.00

TRAVEL / CONFERENCES & MEETINGS		AMOUNT
Routine Travel		\$200.00
State conference/associated travel expenses		\$1,500.00
TOTAL		\$1,700.00

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 4)

Metropolitan Government of Nashville and Davidson County - FIMR				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2021, and ending June 30, 2022. Year 2				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$209,700.00	\$0.00	\$209,700.00
2	Benefits & Taxes	\$86,000.00	\$0.00	\$86,000.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
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 (7.75% of salaries and benefits)	\$22,900.00	\$0.00	\$22,900.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$318,600.00	\$0.00	\$318,600.00

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

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

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

SALARIES		AMOUNT
Alison Butler, Public Health Nurse	\$ 5,883.82 x 12 x 100% + \$ 935 Longevity	\$71,540.84
Wanda Barr, Program Specialist	\$ 3,347.62 x 12 x 100%	\$40,171.44
Trevor Crowder, Public Health Manager	\$ 5,072.48 x 12 x 100%	\$60,869.76
Earletta Smith, Program Specialist	\$ 3,867.31 x 12 x 80%	\$37,126.18
TOTAL ROUNDED		\$209,700.00

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 6)

Metropolitan Government of Nashville and Davidson County - FIMR				
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. Year 3				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$213,900.00	\$0.00	\$213,900.00
2	Benefits & Taxes	\$87,700.00	\$0.00	\$87,700.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
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 (5.64% of salaries and benefits)	\$17,000.00	\$0.00	\$17,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$318,600.00	\$0.00	\$318,600.00

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

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

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 8)

Metropolitan Government of Nashville and Davidson County - FIMR				
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. Year 4				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$218,100.00	\$0.00	\$218,100.00
2	Benefits & Taxes	\$89,400.00	\$0.00	\$89,400.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
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 (3.61% of salaries and benefits)	\$11,100.00	\$0.00	\$11,100.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$318,600.00	\$0.00	\$318,600.00

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

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

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 9)

SALARIES						AMOUNT
Alison Butler, Public Health Nurse	\$ 6,121.53	x	12	x	100% + \$ 935 Longevity	\$74,393.36
Wanda Barr, Program Specialist	\$ 3,482.86	x	12	x	100%	\$41,794.34
Trevor Crowder, Public Health Manager	\$ 5,277.41	x	12	x	100%	\$63,328.90
Earletta Smith, Program Specialist	\$ 4,023.55	x	12	x	80%	\$38,626.11
TOTAL ROUNDED						\$218,100.00