
GRANT SUMMARY SHEET

Grant Name: TN Web-Based Information Technology Systems 23 Amend. 1

Department: GENERAL SESSIONS CT

Grantor: TN DEPT. OF MENTAL HEALTH AND SUBSTANCE
ABUSE SERVICES

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

Total Award this Action: \$6,000.00

Cash Match Amount \$0.00

Department Contact: Allison Tarpley
862-8380

Status: AMENDMENT

Program Description:

The Tennessee Web-based Information Technology system (TN-WITS) collects and manages service recipient data through relational database on provider agencies, their programs, staff, clients, episodes of care and programmatic services. This information is recorded to assist the State in meeting federal reporting requirements of some of the State's funding sources. Two Recovery Court employees will be inputting service recipient data into the State's data system to include but not limited to the data elements indicated in the "Problem Solving Court Data Dictionary and Required Data Elements document and the prescribed risk and needs assessment into the State's data system. \$50,000 is to be applied to legally defensible drug and alcohol testing to maintain compliance with NADCP Key Component # 5 where mandatory drug testing at a frequency greater than or equal to twice per week. Amendment 1 adds an additional \$6,000 to the previous total of \$60,000 for a new grand total of \$66,000. No other changes will be made to the contract.

Plan for continuation of services upon grant expiration:

Grantor intends to award this contract annually for \$60,000.

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input checked="" type="radio"/>		Award Acceptance <input type="radio"/>		Contract Amendment <input checked="" type="radio"/>	
Department	Dept. No.	Contact		Phone	Fax		
GENERAL SESSIONS CT	027						
Grant Name:		TN Web-Based Information Technology Systems 23 Amend. 1					
Grantor:		TN DEPT. OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		Other:			
Grant Period From:		07/01/22		<small>(applications only)</small> Anticipated Application Date:			
Grant Period To:		06/30/23		<small>(applications only)</small> 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:		COMPETITIVE		Total Award:		\$6,000.00	
Status:		AMENDMENT		Metro Cash Match:			
Metro Category:		Est. Prior.		Metro In-Kind Match:			
CFDA #		N/A		Is Council approval required?		<input checked="" type="checkbox"/>	
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>					
<p>The Tennessee Web-based Information Technology system (TN-WITS) collects and manages service recipient data through relational database on provider agencies, their programs, staff, clients, episodes of care and programmatic services. This information is recorded to assist the State in meeting federal reporting requirements of some of the State's funding sources. Two Recovery Court employees will be inputting service recipient data into the State's data system to include but not limited to the data elements indicated in the "Problem Solving Court Data Dictionary and Required Data Elements document and the prescribed risk and needs assessment into the State's data system. \$50,000 is to be applied to legally defensible drug and alcohol testing to maintain compliance with NADCP Key Component # 5 where mandatory drug testing at a frequency greater than or equal to twice per week.</p> <p>Amendment 1 adds an additional \$6,000 to the previous total of \$60,000 for a new grand total of \$66,000. No other changes will be made to the contract.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Grantor intends to award this contract annually for \$60,000.							
How is Match Determined?							
Fixed Amount of \$		\$0.00		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:		2.00		Actual number of positions added:			
Departmental Indirect Cost Rate		27.70%		Indirect Cost of Grant to Metro:		\$18,282.00	
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No		% Allow.		Ind. Cost Requested from Grantor:		\$0.00 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	FY23		\$66,000.00	\$0.00	\$0.00		\$0.00	\$66,000.00	\$18,282.00	\$0.00
Yr 2	FY__									
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
Total			\$66,000.00	\$0.00	\$0.00		\$0.00	\$66,000.00	\$18,282.00	\$0.00
Date Awarded:				01/13/23	Tot. Awarded:		\$6,000.00	Contract#: No Longer Used		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

Rev. 5/13/13
5574


GCP Received
02/03/2023

GCP Approved 02/03/2023





GRANT AMENDMENT

Agency Tracking # No longer used	Edison ID 74867	Contract # See Edison ID	Amendment # 1		
Contractor Legal Entity Name Metropolitan Government of Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) The purpose of this amendment is to add funding to grantee's contract to support the behavioral health workforce.					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: June 30, 2023			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 6,000.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2023	\$60,000.00				\$60,000.00
2023	\$6,000.00				\$6,000.00
TOTAL:	\$66,000.00				\$66,000.00
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. 			<i>CPO USE</i>		
Speed Chart (optional)		Account Code (optional)			

**AMENDMENT ONE
OF GRANT CONTRACT 74867**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Mental Health and Substance Abuse Services, hereinafter referred to as the "State" and Metropolitan Government of 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 C.1. Maximum Liability is deleted in its entirety and replaced with the following:
 - C.1. Maximum Liability. In no event shall the Maximum Liability of the Grantor State Agency under this Grant Agreement exceed Sixty-Six Thousand Dollars (\$66,000) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment One [1], is the maximum amount due the Grantee under this Grant Agreement. 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.
2. Grant Contract Attachment One (1) (Grant Budget) is deleted in its entirety and replaced with new Attachment One (1) (Grant Budget) 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 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.

**FOR THE PROVISION OF THE TENNESSEE CERTIFIED RECOVERY COURT PROGRAM (TCRCP):
IN WITNESS WHEREOF,**

METROPOLITAN GOVERNMENT OF DAVIDSON COUNTY:

"See Next Page"

GRANTEE SIGNATURE

DATE

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES:

MARIE WILLIAMS, COMMISSIONER

DATE

**SIGNATURE PAGE
FOR
GRANT NO. Amendment 1-TN Certified Recovery Court Program Services**

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

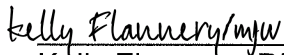


General Sessions Recovery Court
Kyle Sowell, Court Administrator

2-3-23

Date

APPROVED AS TO AVAILABILITY
OF FUNDS:



Kelly Flannery, Director of Finance
Department of Finance

2/10/2023 | 9:13 AM CST

Date

APPROVED AS TO RISK AND INSURANCE:

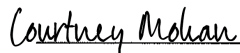


Director of Insurance

2/10/2023 | 9:14 AM CST

Date

APPROVED AS TO FORM AND
LEGALITY:



Metropolitan Attorney

2/10/2023 | 9:37 AM CST

Date

John Cooper
Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

GRANT BUDGET SUMMARY				
Agency Name: Metropolitan Government of Davidson County				
Program Code Name: Recovery Courts - Adult II				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN 7/1/2022 END: 6/30/2023				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes ²	\$16,000.00	\$0.00	\$16,000.00
4, 15	Professional Fee, Grant & Award ²	\$0.00	\$0.00	\$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications ²	\$50,000.00	\$0.00	\$50,000.00
11, 12	Travel, Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance ²	\$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 ²	\$0.00	\$0.00	\$0.00
24	In-Kind Expense ²	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$66,000.00	\$0.00	\$66,000.00

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

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

GRANT BUDGET LINE-ITEM DETAIL:

Agency Name: Metropolitan
 Government of
 Davidson County
 Program Code Name: Recovery Courts -
 Adult II
 Begin Date: 7/1/2022
 End Date: 6/30/2023

SALARIES, BENEFITS & TAXES	AMOUNT
Salaries	\$14,001.00
Benefits and Taxes	\$1,999.00
TOTAL	\$16,000.00

SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE & SHIPPING, OCCUPANCY, EQUIPMENT RENTAL & MAINTENANCE, PRINTING & PUBLICATION	AMOUNT
Supplies- drug testing costs associated with frequency and panels to best align with NADCP Best Practice Standards.	\$50,000.00
TOTAL	\$50,000.00


Certificate Of Completion

Envelope Id: 78DC2DA9083341758AE3A1A64DE59E32	Status: Completed
Subject: Complete with DocuSign: General Sessions Ct TN Web-Based Information Technology Systems 23 Amen...	
Source Envelope:	
Document Pages: 9	Signatures: 6
Certificate Pages: 15	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Juanita Paulson
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	Holder: Juanita Paulson	Location: DocuSign
2/6/2023 2:58:07 PM	Juanita.Paulsen@nashville.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Metropolitan Government of Nashville and Davidson County	Location: DocuSign

Signer Events

Signer Events	Signature	Timestamp
Amanda Brown		Sent: 2/6/2023 3:07:33 PM
Amanda.Brown@nashville.gov		Viewed: 2/9/2023 9:07:30 AM
Security Level: Email, Account Authentication (None)		Signed: 2/9/2023 9:07:40 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	


Electronic Record and Signature Disclosure:

Accepted: 2/9/2023 9:07:30 AM
ID: 76ddb85a-d707-48ff-b059-a505cc9f82e3

Tom Eddlemon		Sent: 2/9/2023 9:07:43 AM
Tom.eddlemon@nashville.gov		Viewed: 2/9/2023 9:12:29 AM
Director of Finance		Signed: 2/9/2023 9:12:40 AM
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	


Electronic Record and Signature Disclosure:

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ID: cb7fecdc-e20f-4797-b4f2-5e51df2210b0

Kelly Flannery/mjw		Sent: 2/9/2023 9:12:44 AM
MaryJo.Wiggins@nashville.gov		Viewed: 2/10/2023 9:12:54 AM
Security Level: Email, Account Authentication (None)		Signed: 2/10/2023 9:13:19 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.100	

Electronic Record and Signature Disclosure:

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ID: 22314dc4-55a3-49f9-ae9d-0bc6100feba1

Balogun Cobb		Sent: 2/10/2023 9:13:24 AM
balogun.cobb@nashville.gov		Viewed: 2/10/2023 9:13:56 AM
Security Level: Email, Account Authentication (None)		Signed: 2/10/2023 9:14:12 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 172.58.146.174	
	Signed using mobile	

Signer Events	Signature	Timestamp
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Electronic Record and Signature Disclosure:
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 ID: f34c258c-35e1-4ed5-8a4c-87ce32e83195

Courtney Mohan
 Courtney.Mohan@nashville.gov
 Security Level: Email, Account Authentication (None)

Courtney Mohan

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

Sent: 2/10/2023 9:14:16 AM
 Resent: 2/10/2023 9:35:10 AM
 Viewed: 2/10/2023 9:37:45 AM
 Signed: 2/10/2023 9:37:57 AM

Electronic Record and Signature Disclosure:
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Sally Palmer
 sally.palmer@nashville.gov
 Security Level: Email, Account Authentication (None)

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Electronic Record and Signature Disclosure:
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 ID: 966ca4ba-e6ea-4697-8f44-8997b134d73b

Danielle Godin
 Danielle.Godin@nashville.gov
 Security Level: Email, Account Authentication (None)

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Electronic Record and Signature Disclosure:
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	2/10/2023 9:37:45 AM
Signing Complete	Security Checked	2/10/2023 9:37:57 AM
Completed	Security Checked	2/10/2023 9:38:02 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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