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GRANT SUMMARY SHEET

Grant Name:	Prenatal Presumptive Eligibility 20-22 Amend. 1
Department:	HEALTH DEPARTMENT
Grantor:	TENNESSEE DEPARTMENT OF HEALTH
Pass-Through Grantor (If applicable):	
Total Award this Action:	$206,600.00
Cash Match	$0.00
Department Contact:	Brad Thompson 340-0407
Status:	NEW

Program Description:
This fee for service contract from the State of Tennessee Department of Health establishes funding for MPHD to accept and process TennCare presumptive eligibility applications for pregnant women. Tennessee Department of Health has enlisted all health departments across the state through an agreement with TennCare to assist pregnant women who come to the health departments for TennCare presumptive eligibility with completing the Medicaid application process through the Marketplace. Amendment 1 increase the amount by $206,600.00 for a new grand total of $826,400.00, extends the end date from 6/30/22 to 6/30/23, and changes to Section A.5.k and A.6.b.

Plan for continuation of services upon grant expiration:
N/A

B.A. Initials DS

5414

Grants Tracking Form

Part One

Pre-Application ○ Application ○ Award Acceptance ○ Contract Amendment ◉

Department	Dept. No.	Contact	Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson	340-0407	

Grant Name:	Prenatal Presumptive Eligibility 20-22 Amend. 1		
Grantor:	TENNESSEE DEPARTMENT OF HEALTH	Other:	
Grant Period From:	07/01/19	(applications only) Anticipated Application Date:	
Grant Period To:	06/30/23	(applications only) Application Deadline:	
Funding Type:	STATE	Multi-Department Grant ☐ → If yes, list below.	
Pass-Thru:		Outside Consultant Project: ☐	
Award Type:	FORMULA	Total Award:	$206,600.00
Status:	NEW	Metro Cash Match:	$0.00
Metro Category:	New Initiative	Metro In-Kind Match:	$0.00
CFDA #	N/A	Is Council approval required?	☐
Project Description:		Applic. Submitted Electronically?	☐

This fee for service contract from the State of Tennessee Department of Health establishes funding for MPHD to accept and process TennCare presumptive eligibility applications for pregnant women. Tennessee Department of Health has enlisted all health departments across the state through an agreement with TennCare to assist pregnant women who come to the health departments for TennCare presumptive eligibility with completing the Medicaid application process through the Marketplace. **Amendment 1 increase the amount by $206,600.00 for a new grand total of $826,400.00, extends the end date from 6/30/22 to 6/30/23, and changes to Section A.5.k and A.6.b.**

Plan for continuation of service after expiration of grant/Budgetary Impact:

N/A

How is Match Determined?

Fixed Amount of $		or		% of Grant		Other: ☐

Explanation for "Other" means of determining match:

For this Metro FY, how much of the required local Metro cash match:

Is already in department budget?			Fund		Business Unit
Is not budgeted?			Proposed Source of Match:		
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)					

Other:

Number of FTEs the grant will fund:	0.00	Actual number of positions added:	0.00	
Departmental Indirect Cost Rate	23.54%	Indirect Cost of Grant to Metro:	$194,534.56	
*Indirect Costs allowed? ○ Yes ◉ No % Allow.	0.00%	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? ☐

Metro or Community-based Partners:

Part Two

Grant Budget

Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY20		$206,600.00					$206,600.00	$48,633.64	$0.00
Yr 2	FY21		$206,600.00					$206,600.00	$48,633.64	$0.00
Yr 3	FY22		$206,600.00					$206,600.00	$48,633.64	$0.00
Yr 4	FY23		$206,600.00					$206,600.00	$48,633.64	$0.00
Yr 5	FY									
Total		$0.00	$826,400.00	$0.00	$0.00		$0.00	$826,400.00	$194,534.56	$0.00

Date Awarded:	03/21/22	Tot. Awarded:	$206,600.00	Contract#:	34360-63720-1
(or) Date Denied:		Reason:			
(or) Date Withdrawn:		Reason:			

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

TW

GCP RECEIVED 3/21/22

GCP APPROVED 3/22/22

GRANT AMENDMENT

Agency Tracking #	Edison ID	Contract #	Amendment #
34360-63720	63836	GG2063836	1

Contractor Legal Entity Name	Edison Vendor ID
Metropolitan Government of Nashville and Davidson County	4

Amendment Purpose & Effect(s)

Add funds, extend term, and changes to Section A.5.k and A.6.b.

Amendment Changes Contract End Date: ☒ YES ☐ NO **End Date:** June 30, 2023

TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): **+ $206,600.00**

Funding —

FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2020			$206,600		$206,600
2021			$206,600		$206,600
2022			$206,600		$206,600
2023			$206,600		$206,600
TOTAL:			**$826,400.00**		**$826,400.00**

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.

Eric Bucholz

Speed Chart (optional)	Account Code (optional)
HL00017324	70804000

CPO USE-GG

AMENDMENT ONE
OF GRANT CONTRACT GG2063836

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

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

   A.5 Service Description. The Grantee shall:

   k. Provide training and technical assistance to all staff, including any training required by TennCare and/or Tennessee Department of Health.

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

   A.6 Service Reporting. The Grantee shall report and maintain data for all activities according to reporting processes specified by the State as follows:

   b. Provide training and technical assistance to all staff, including any training required by TennCare and/or Tennessee Department of Health.

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

   B. TERM OF CONTRACT:

   This Grant Contract shall be effective on July 1, 2019 ("Effective Date") and ending on June 30, 2023, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

   B.1. Renewal Options. This Grant Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to two (2) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.

   B.2. Term Extension. It is understood and agreed that the State may extend the Term an additional period of time, not to exceed one hundred-eighty (180) days beyond the expiration date of this Grant Contract, under the same terms and conditions. In no event, however, shall the maximum Term, including all extensions or renewals, exceed a total of sixty (60) months.

4. 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 Eight Hundred Twenty-Six Thousand Four Hundred Dollars ($826,400.00) ("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

DocuSigned by:
Gill C Wright III, MD
0460AC21E1CC408...

3/17/2022

Gill Wright, MD, Director of Health
Metro Public Health Department

Date

DocuSigned by:
Tené Hamilton Franklin
BEBF0BBF14D14B0...

3/21/2022

Chair, Board of Health

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
kelly Flannery/mw
623A7A2A87424B3...

4/4/2022

Director, Department of Finance

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
B0C0BF7C2F7F4A4...

4/5/2022

Director of Risk Management Services

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Micki Eke
3A0F0B0B1A3944A...

4/5/2022

Metropolitan Attorney

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

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DEPARTMENT OF HEALTH:

_____	_____
Lisa Piercey, MD, MBA, FAAP Commissioner	Date

ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 1)

Metropolitan Government of Nashville and Davidson County - Presumptive Eligibility

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2019, and ending June 30, 2023. **ROLLUP**

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]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$826,400.00	$0.00	$826,400.00
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 (% and method)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$826,400.00	$0.00	$826,400.00

[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/ocjp/policy3.pdf).

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

ATTACHMENT 1 (Continued)

GRANT BUDGET

(BUDGET PAGE 2)

Metropolitan Government of Nashville and Davidson County - Presumptive Eligibility

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2019, and ending June 30, 2020. **Year 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]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$206,600.00	$0.00	$206,600.00
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 (% and method)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$206,600.00	$0.00	$206,600.00

[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/ocjp/policy3.pdf).

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

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ATTACHMENT 1 (Continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 3)

YEAR 1

PROFESSIONAL FEE / GRANT & AWARD	AMOUNT
Operational site locations, $8,000 per site x 3 sites	$24,000.00
Assistance with TennCare/CoverKids Application $100 per application assisted	$182,600.00
TOTAL	$206,600.00

ATTACHMENT 1 (Continued)

GRANT BUDGET

(BUDGET PAGE 4)

Metropolitan Government of Nashville and Davidson County - Presumptive Eligibility

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 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]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$206,600.00	$0.00	$206,600.00
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 (% and method)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$206,600.00	$0.00	$206,600.00

[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/ocjp/policy3.pdf).

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

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ATTACHMENT 1 (Continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 5)

YEAR 2

PROFESSIONAL FEE / GRANT & AWARD	AMOUNT
Operational site locations, $8,000 per site x 3 sites	$24,000.00
Assistance with TennCare/CoverKids Application $100 per application assisted	$182,600.00
TOTAL	$206,600.00

ATTACHMENT 1 (Continued)

GRANT BUDGET

(BUDGET PAGE 6)

Metropolitan Government of Nashville and Davidson County - Presumptive Eligibility

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 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]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$206,600.00	$0.00	$206,600.00
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 (% and method)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$206,600.00	$0.00	$206,600.00

[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/ocjp/policy3.pdf).

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

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ATTACHMENT 1 (Continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 7)

YEAR 3

PROFESSIONAL FEE / GRANT & AWARD	AMOUNT
Operational site locations, $8,000 per site x 3 sites	$24,000.00
Assistance with TennCare/CoverKids Application $100 per application assisted	$182,600.00
TOTAL	$206,600.00

ATTACHMENT 1 (Continued)

GRANT BUDGET

(BUDGET PAGE 8)

Metropolitan Government of Nashville and Davidson County - Presumptive Eligibility

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 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]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$206,600.00	$0.00	$206,600.00
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 (% and method)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$206,600.00	$0.00	$206,600.00

[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/ocjp/policy3.pdf).

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

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ATTACHMENT 1 (Continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 9)

YEAR 4

PROFESSIONAL FEE / GRANT & AWARD	AMOUNT
Operational site locations, $8,000 per site x 3 sites	$24,000.00
Assistance with TennCare/CoverKids Application $100 per application assisted	$182,600.00
TOTAL	$206,600.00

DocuSign Envelope ID: F6D95DA9-6C0D-44F7-BBAF-E130E89765FC

Resolution No. RS2019-1817

A resolution accepting a Presumptive Eligibility Services 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 prenatal presumptive eligibility program enrollment assistance to pregnant women with TennCare and CoverKids applications.

WHEREAS, the State of Tennessee, Department of Health, has awarded a grant in an amount not to exceed $619,800.00 with no cash match required, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to provide prenatal presumptive eligibility program enrollment assistance to pregnant women with TennCare and CoverKids applications, and;

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

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

Section 1. That the grant by and between the State of Tennessee, Department of Health, in an amount not to exceed $619,800.00, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to provide prenatal presumptive eligibility program enrollment assistance to pregnant women with TennCare and CoverKids applications, a copy of which is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. That the amount of this grant is to be appropriated to the Metropolitan Department of Health based on the revenues estimated to be received and any match to be applied.

Section 3. 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 AVAILABILTY OF FUNDS:

Talia Lomax-O'dneal,
Director of Finance

APPROVED AS TO FORM AND LEGALITY:

Assistant Metropolitan Attorney

INTRODUCED BY:

Member(s) of Council

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GOVERNMENTAL GRANT CONTRACT

(cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)

Begin Date	End Date	Agency Tracking #	Edison ID
July 1, 2019	June 30, 2022	34360-63720	

Grantee Legal Entity Name	Edison Vendor ID
Metropolitan Government of Nashville and Davidson County	4

Subrecipient or Contractor	CFDA #
☒ Subrecipient ☐ Contractor	Grantee's fiscal year end

Service Caption (one line only)

Presumptive Eligibility Services

Funding —

FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
2020			206,600		206,600
2021			206,600		206,600
2022			206,600		206,600
TOTAL:			$619,800		$619,800

Grantee Selection Process Summary

☐ Competitive Selection

☒ Non-competitive Selection

The Presumptive Eligibility Program provides assistance to pregnant women with the completion of Prenatal PE enrollment and enrollment assistance for TennCare/ Medicaid and CoverKids application as outlined in the contract Edison ID 48607 with the Bureau of TennCare and also provides assistance to individuals diagnosed with breast and cervical cancer or precancerous conditions for these diseases with the completion of PE enrollment and enrollment assistance for TennCare Medicaid.

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.

CPO USE - GG

Speed Chart (optional)	Account Code (optional)
HL00017646	70804000

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On a schedule defined by the State, the Grantee shall submit Central Office Database Report (CODB) files, as defined in PTBMIS, electronically to the State. The Grantee shall also submit other health care data reports, as requested by the State, and in a format acceptable to the State.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Wendy Long, MD, MPH — Date: 6/13/19
Director, Metro Public Health Department

Carol Etherington, MSN, RN, FAAN — Date: 6/13/19
Chair, Board of Health

APPROVED AS TO AVAILABILITY OF FUNDS:

Talia Lomax-O'dneal — Date: 6-25-19
Director, Department of Finance

APPROVED AS TO RISK AND INSURANCE:

Director of Risk Management Services — Date: 6/27/19

APPROVED AS TO FORM AND LEGALITY:

Metropolitan Attorney — Date: 6/28/19

David Briley — Date: 7/17/19
Metropolitan Mayor

ATTEST:

Metropolitan Clerk RS2019-1817 — Date: 7/17/19

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DEPARTMENT OF HEALTH:

Lisa Piercey, MD, MBA, FAAP, Commissioner	Date

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ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 1)

Metropolitan Government of Nashville and Davidson County

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2019, and ending June 30, 2022. Roll-Up

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1,2	Salaries, Benefits & Taxes	$0.00	$0.00	$0.00
4,15	Professional Fee/ Grant & Award 2	$619,800.00	$0.00	$619,800.00
5, 6, 7, 8, 9, 10	Supplies, telephone, postage & Shipping, Occupancy, Equipment Rental& Maintenance, Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings	$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	$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 (% and method)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$619,800.00	$0.00	$619,800.00

[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/topic/fa-policyinfo).

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

ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 2)

Year 1

Metropolitan Government of Nashville and Davidson County

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2019, and ending June 30, 2020.

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1,2	Salaries, Benefits & Taxes	$0.00	$0.00	$0.00
4,15	Professional Fee/ Grant & Award 2	$206,600.00	$0.00	$206,600.00
5, 6, 7, 8, 9, 10	Supplies, telephone, postage & Shipping, Occupancy, Equipment Rental& Maintenance, Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings	$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	$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 (% and method)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$206,600.00	$0.00	$206,600.00

[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: http://www.tn.gov/finance/topic/fa-policyinfo).

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

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ATTACHMENT 1 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 3)

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Operational Site Locations $8,000 per site x 3 sites	$24,000.00
Assistance with TennCare/ CoverKids Application $100 per applicant assisted.	$182,600.00
ROUNDED TOTAL	$206,600.00

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ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 4)

Year 2

Metropolitan Government of Nashville and Davidson County

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2020, and ending June 30, 2021.

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1,2	Salaries, Benefits & Taxes	$0.00	$0.00	$0.00
4,15	Professional Fee/ Grant & Award 2	$206,600.00	$0.00	$206,600.00
5, 6, 7, 8, 9, 10	Supplies, telephone, postage & Shipping, Occupancy, Equipment Rental& Maintenance, Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings	$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	$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 (% and method)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$206,600.00	$0.00	$206,600.00

[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: http://www.tn.gov/finance/topic/fa-policyinfo).

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

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ATTACHMENT 1 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 5)

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Operational Site Locations $8,000 per site x 3 sites	$24,000.00
Assistance with TennCare/ CoverKids Application $100 per applicant assisted.	$182,600.00
ROUNDED TOTAL	$206,600.00

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ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 6)

Year 3

Metropolitan Government of Nashville and Davidson County

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2021, and ending June 30, 2022.

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1,2	Salaries, Benefits & Taxes	$0.00	$0.00	$0.00
4,15	Professional Fee/ Grant & Award 2	$206,600.00	$0.00	$206,600.00
5, 6, 7, 8, 9, 10	Supplies, telephone, postage & Shipping, Occupancy, Equipment Rental& Maintenance, Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings	$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	$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 (% and method)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$206,600.00	$0.00	$206,600.00

[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: http://www.tn.gov/finance/topic/fa-policyinfo).

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

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ATTACHMENT 1 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 7)

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Operational Site Locations $8,000 per site x 3 sites	$24,000.00
Assistance with TennCare/ CoverKids Application $100 per applicant assisted.	$182,600.00
ROUNDED TOTAL	$206,600.00

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ORIGINAL

2019 JUL 9 PM 12:11
FILED METROPOLITAN CLERK

METROPOLITAN COUNTY COUNCIL

Resolution No. RS2019-1817

A resolution accepting a Presumptive Eligibility Services 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 prenatal presumptive eligibility program enrollment assistance to pregnant women with TennCare and CoverKids applications.

Introduced JUL 16 2019

Amended _____

Adopted JUL 16 2019

Approved JUL 17 2019

By _____
Metropolitan Mayor

Metro Council Office

JUL 02 2019
Time: 8:40 By: AK