
GRANT SUMMARY SHEET

Grant Name: Fetal Infant Mortality Review 21-25 Amend 2

Department: HEALTH DEPARTMENT

Grantor: TENNESSEE DEPARTMENT OF HEALTH

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

Total Award this Action: \$318,600.00

Cash Match Amount \$0.00

Department Contact: 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) to eliminate disparities and decrease the rate of fetal and infant deaths in Tennessee.

Amendment #1 adds additional funds and extends the term 3 years. Amendment #2 adds additional funds of \$318,600.00 and extends the term a year from 6/30/24 to 6/30/25.

Plan for continuation of services upon grant expiration:

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 21-25 Amend 2					
Grantor: TENNESSEE DEPARTMENT OF HEALTH					
Grant Period From: 06/30/21		(applications only) Anticipated Application Date:			
Grant Period To: 06/30/25		(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: OTHER	Total Award: \$318,600.00				
Status: AMENDMENT	Metro Cash Match: \$0.00				
Metro Category: Est. Prior.	Metro In-Kind Match: \$0.00				
CFDA #: 93.778	Is Council approval required? <input checked="" type="checkbox"/>				
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>			
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) to eliminate disparities and decrease the rate of fetal and infant deaths in Tennessee. Amendment #1 adds additional funds and extends the term 3 years. Amendment #2 adds additional funds of \$318,600.00 and extends the term a year from 6/30/24 to 6/30/25.					
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:	
Departmental Indirect Cost Rate		22.91%		Indirect Cost of Grant to Metro: \$364,934.00	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 9.45%		Ind. Cost Requested from Grantor: \$150,500.00	
*Indirect Costs Requested from Grantor: \$150,500.00 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	\$0.00	\$318,600.00	\$0.00	\$0.00		\$0.00	\$318,600.00	\$72,986.80	\$51,900.00
Yr 2	FY22		\$318,600.00					\$318,600.00	\$72,986.80	\$14,900.00
Yr 3	FY23		\$318,600.00					\$318,600.00	\$72,986.80	\$44,400.00
Yr 4	FY24		\$318,600.00					\$318,600.00	\$72,986.80	\$11,100.00
Yr 5	FY25		\$318,600.00					\$318,600.00	\$72,986.80	\$28,200.00
Total		\$0.00	\$1,593,000.00	\$0.00	\$0.00		\$0.00	\$1,593,000.00	\$364,934.00	\$150,500.00
Date Awarded:				10/24/23	Tot. Awarded:		\$318,600.00	Contract#: GG-21-65650-01		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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





GRANT AMENDMENT

Agency Tracking # 34347-33221	Edison ID 65650	Contract # GG-21-65650-01	Amendment # 02		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) To update the scope of services, extend the term, and increase the maximum liability					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: June 30, 2025			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			+\$ 318,600.00		
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
2025			\$318,600.00		\$318,600.00
TOTAL:			\$1,593,000.00		\$1,593,000.00
<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><i>Eric Buchholz</i></p>			<p>CPO USE</p>		
Speed Chart (optional) HL00008299		Account Code (optional) 71301000			

**AMENDMENT TWO
OF GRANT CONTRACT GG-21-65650-01**

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

1. Grant Contract section A.9.b. is deleted in its entirety and replaced with the following:
 - b. Submit the plan to the State annually, along with any necessary budget revisions, for approval by July 15th. Upon approval, the plan shall be incorporated as an addition to the Scope.
2. The following is added as Grant Contract section A.12.:
 - A.12. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as **Attachment 7**, is incorporated in this Grant Contract.
3. The following is added as Grant Contract section A.13.:
 - A.13. No funds awarded under this Grant Contract shall be used for lobbying federal, state, or local officials.
4. Grant Contract section B. is deleted in its entirety and replaced with the following:
 - B. This Grant Contract shall be effective for the period beginning on July 1, 2020 ("Effective Date") and ending on June 30, 2025, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
5. Grant Contract section C.1. is deleted in its entirety and replaced with the following:
 - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed One Million Five Hundred Ninety-Three Thousand Dollars (\$1,593,000.00) ("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.
6. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new attachment 1 attached hereto.
7. Grant Contract Attachment 7 attached hereto is added as a new attachment.

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:

 0460AC21E1CC408...
 Director
 Metro Public Health Department
 10/23/2023
 Date

DocuSigned by:

 BEBF08BF14D1480...
 Chair, Board of Health
 10/24/2023
 Date

APPROVED AS TO AVAILABILITY OF FUNDS:


 Director, Department of Finance
 11/6/2023 | 11:24 AM CST
 Date

APPROVED AS TO RISK AND INSURANCE:


 Director of Risk Management Services
 11/9/2023 | 11:14 AM CST
 Date

APPROVED AS TO FORM AND LEGALITY:


 Metropolitan Attorney
 11/9/2023 | 11:09 AM CST
 Date

 Metropolitan Mayor
 Date

ATTEST:

 Metropolitan Clerk
 Date

DEPARTMENT OF HEALTH:

 Ralph Alvarado, MD, FACP
 COMMISSIONER
 Date

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 1 of 11)

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, 2025. <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	\$981,800.00	\$0.00	\$981,800.00
2	Benefits & Taxes	\$438,800.00	\$0.00	\$438,800.00
4, 15	Professional Fee/ Grant & Award ²	\$1,500.00	\$0.00	\$1,500.00
5	Supplies	\$14,900.00	\$0.00	\$14,900.00
6	Telephone	\$2,200.00	\$0.00	\$2,200.00
7	Postage & Shipping	\$900.00	\$0.00	\$900.00
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	\$400.00	\$0.00	\$400.00
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	\$150,500.00	\$0.00	\$150,500.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,593,000.00	\$0.00	\$1,593,000.00

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*. (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

(BUDGET PAGE 2 of 11)

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	\$178,500.00	\$0.00	\$178,500.00
2	Benefits & Taxes	\$81,200.00	\$0.00	\$81,200.00
4, 15	Professional Fee/ Grant & Award ²	\$500.00	\$0.00	\$500.00
5	Supplies	\$5,200.00	\$0.00	\$5,200.00
6	Telephone	\$600.00	\$0.00	\$600.00
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	\$500.00	\$0.00	\$500.00
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 (20% of Salaries & Benefits)	\$51,900.00	\$0.00	\$51,900.00
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 3 of 11)

SALARIES	Monthly Salary		# of Months		% of Effort		Longevity (If applicable)	AMOUNT
Alison Butler, Public Health Nurse	\$5,838.58	x	12	x	100%	+	\$0.00	\$70,062.96
Nicole Wanda Barr, Program Specialist	\$3,321.88	x	12	x	100%	+	\$0.00	\$39,862.56
Trevor Hobson, Public Health Manager	\$5,288.32	x	6	x	100%	+	\$0.00	\$31,729.92
Earletta Smith, Program Specialist	\$3,837.58	x	12	x	80%	+	\$0.00	\$36,840.77
TOTAL ROUNDED								\$178,500.00

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

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$500.00
TOTAL	\$500.00

ATTACHMENT 1 (continued)

GRANT BUDGET

(BUDGET PAGE 4 of 11)

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	\$198,100.00	\$0.00	\$198,100.00
2	Benefits & Taxes	\$100,000.00	\$0.00	\$100,000.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$3,900.00	\$0.00	\$3,900.00
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	\$600.00	\$0.00	\$600.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$400.00	\$0.00	\$400.00
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% of salaries and benefits)	\$14,900.00	\$0.00	\$14,900.00
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 of 11)

SALARIES	Monthly Salary		# of Months		% of Effort		Longevity (If applicable)	AMOUNT
Alison Butler, Public Health Nurse	\$6,001.52	x	12	x	100%	+	\$0.00	\$72,018.24
Nicole Wanda Barr, Program Specialist	\$3,512.15	x	12	x	100%	+	\$0.00	\$42,145.80
Heather Snell, Public Health Manager	\$5,224.50	x	12	x	100%	+	\$0.00	\$62,694.00
Michaya Reeves, Program Specialist	\$3,595.32	x	5.5	x	100%	+	\$0.00	\$19,774.26
Earletta Smith, Program Specialist	\$3,694.78	x	0.5	x	80%	+	\$0.00	\$1,477.91
TOTAL ROUNDED								\$198,100.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel, Online conference	\$600.00
TOTAL	\$600.00

ATTACHMENT 1 (continued)

GRANT BUDGET

(BUDGET PAGE 6 of 11)

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	\$188,000.00	\$0.00	\$188,000.00
2	Benefits & Taxes	\$85,200.00	\$0.00	\$85,200.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$600.00	\$0.00	\$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	\$400.00	\$0.00	\$400.00
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 (16.25% of salaries and benefits)	\$44,400.00	\$0.00	\$44,400.00
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 7 of 11)

SALARIES	Monthly Salary		# of Months		% of Effort		Longevity (if applicable)	AMOUNT
Alison Butler, Public Health Nurse	\$6,452.67	x	12	x	100%	+	\$935.00	\$78,367.04
Heather Snell, Public Health Manager	\$5,617.43	x	12	x	100%	+	\$358.00	\$67,767.16
Michaya Reeves, Program Specialist	\$3,808.17	x	11	x	100%	+		\$41,889.87
TOTAL ROUNDED								\$188,000.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Local Mielage	\$400.00
TOTAL	\$400.00

ATTACHMENT 1 (continued)

GRANT BUDGET

(BUDGET PAGE 8 of 11)

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 of 11)

SALARIES	Monthly Salary	# of Months	% of Effort	Longevity (If applicable)	AMOUNT
Alison Butler, Public Health Nurse	\$6,121.53 x	12 x	100% +	\$935.00	\$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

ATTACHMENT 1 (continued)

GRANT BUDGET

(BUDGET PAGE 10 of 11)

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, 2024, and ending June 30, 2025. Year 5				
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	\$199,100.00	\$0.00	\$199,100.00
2	Benefits & Taxes	\$83,000.00	\$0.00	\$83,000.00
4, 15	Professional Fee/ Grant & Award ²	\$1,000.00	\$0.00	\$1,000.00
5	Supplies	\$5,800.00	\$0.00	\$5,800.00
6	Telephone	\$500.00	\$0.00	\$500.00
7	Postage & Shipping	\$500.00	\$0.00	\$500.00
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	\$500.00	\$0.00	\$500.00
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 salaries and benefits)	\$28,200.00	\$0.00	\$28,200.00
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 11 of 11)

SALARIES	Monthly Salary	# of Months	% of Effort	Longevity (If applicable)	AMOUNT
Heather Snell, Public Health Manager	\$6,324.00 x	12	x 100% +	\$425.00	\$76,313.00
Alison Butler, Public Health Nurse	\$7,264.30 x	12	x 100% +	\$935.00	\$88,106.60
Vacant, Public Health Nurse	\$5,787.36 x	12	x 50% +		\$34,724.16
TOTAL ROUNDED					\$199,100.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Intern/Temp	\$1,000.00
TOTAL	\$1,000.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Local mileage reimbursements	\$500.00
TOTAL	\$500.00

ATTACHMENT 7**Federal Award Identification Worksheet**

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
Subrecipient's Unique Entity Identifier (SAM)	LGZLHP6ZHM55
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	
Subaward Budget Period Start and End Date	
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, 2020
Grant contract's end date	June 30, 2025
Amount of federal funds obligated by this grant contract	\$796,500.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	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.
Name of federal awarding agency	Medicaid
Name and contact information for the federal awarding official	Department of Health and Human Services Center for Medicare and Medicaid Services (CMS) Regional Office
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
Is the federal award for research and development?	
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	

Certificate Of Completion

Envelope Id: 4C707E8F729C4E09BA98A8FFB21B0E3E

Status: Completed

Subject: Complete with DocuSign: Health - Fetal Infants Mortality Review 21-25 Amend 2 Ready.pdf

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Brittany Bryant

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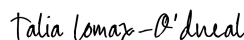
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Talia Lomax-O'dneal

talia.lomaxodneal@nashville.gov

Dep Dir of Finance

Security Level: Email, Account Authentication (None)



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Kevin Crumbo/mjw

MaryJo.Wiggins@nashville.gov

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Courtney Mohan

Courtney.Mohan@nashville.gov

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Balogun Cobb
balogun.cobb@nashville.gov
Security Level: Email, Account Authentication (None)



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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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Danielle Godin
Danielle.Godin@nashville.gov
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sally.palmer@nashville.gov
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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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Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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