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## GRANT SUMMARY SHEET

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**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

<div style="display: flex; justify-content: space-between;"> <span>Pre-Application <input type="radio"/></span> <span>Application <input type="radio"/></span> <span>Award Acceptance <input type="radio"/></span> <span>Contract Amendment <input checked="" type="radio"/></span> </div>					
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 <span style="float:right;">Other:</span>					
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"/> <span style="float:right;">If yes, list below.</span>			
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. <b>Amendment #2 adds additional funds of \$318,600.00 and extends the term a year from 6/30/24 to 6/30/25.</b>					
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 <b>in budget</b>
*(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
<b>Total</b>		\$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](mailto:juanita.paulsen@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)





# GRANT AMENDMENT

<b>Agency Tracking #</b> 34347-33221	<b>Edison ID</b> 65650	<b>Contract #</b> GG-21-65650-01	<b>Amendment #</b> 02		
<b>Contractor Legal Entity Name</b> Metropolitan Government of Nashville and Davidson County			<b>Edison Vendor ID</b> 4		
<b>Amendment Purpose &amp; Effect(s)</b> To update the scope of services, extend the term, and increase the maximum liability					
<b>Amendment Changes Contract End Date:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>End Date:</b> June 30, 2025			
<b>TOTAL Contract Amount INCREASE or DECREASE per this Amendment</b> (zero if N/A):			<b>+\$ 318,600.00</b>		
<b>Funding —</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>
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
<b>TOTAL:</b>			<b>\$1,593,000.00</b>		<b>\$1,593,000.00</b>
<p><b>Budget Officer Confirmation:</b> 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: right;"><i>Eric Buchholz</i></p>			<p>CPO USE</p>		
<b>Speed Chart</b> (optional) HL00008299		<b>Account Code</b> (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 15<sup>th</sup>. 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)

<b>Metropolitan Government of Nashville and Davidson County - FIMR</b>				
<b>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></b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$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 <sup>2</sup>	\$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 <sup>2</sup>	\$2,000.00	\$0.00	\$2,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$400.00	\$0.00	\$400.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$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	<b>GRAND TOTAL</b>	<b>\$1,593,000.00</b>	<b>\$0.00</b>	<b>\$1,593,000.00</b>

<sup>1</sup> 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](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf)).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

## ATTACHMENT 1 (continued)

## GRANT BUDGET

(BUDGET PAGE 2 of 11)

<b>Metropolitan Government of Nashville and Davidson County - FIMR</b>				
<b>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</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$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 <sup>2</sup>	\$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 <sup>2</sup>	\$500.00	\$0.00	\$500.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$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	<b>GRAND TOTAL</b>	<b>\$318,600.00</b>	<b>\$0.00</b>	<b>\$318,600.00</b>

<sup>1</sup> 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](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf)).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

**ATTACHMENT 1 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
(BUDGET PAGE 3 of 11)

<b>SALARIES</b>	<b>Monthly Salary</b>		<b># of Months</b>		<b>% of Effort</b>		<b>Longevity (If applicable)</b>	<b>AMOUNT</b>
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
<b>TOTAL ROUNDED</b>								<b>\$178,500.00</b>

<b>PROFESSIONAL FEE/GRANT &amp; AWARD</b>	<b>AMOUNT</b>
Safe Sleep Educational Seminars for Professionals	\$500.00
<b>TOTAL</b>	<b>\$500.00</b>

<b>TRAVEL / CONFERENCES &amp; MEETINGS</b>	<b>AMOUNT</b>
Routine Travel	\$500.00
<b>TOTAL</b>	<b>\$500.00</b>



## ATTACHMENT 1 (continued)

## GRANT BUDGET

(BUDGET PAGE 4 of 11)

<b>Metropolitan Government of Nashville and Davidson County - FIMR</b>				
<b>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</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$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 <sup>2</sup>	\$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 <sup>2</sup>	\$600.00	\$0.00	\$600.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$400.00	\$0.00	\$400.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$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	<b>GRAND TOTAL</b>	<b>\$318,600.00</b>	<b>\$0.00</b>	<b>\$318,600.00</b>

<sup>1</sup> 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](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf)).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

**ATTACHMENT 1 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
(BUDGET PAGE 5 of 11)

<b>SALARIES</b>	<b>Monthly Salary</b>		<b># of Months</b>		<b>% of Effort</b>		<b>Longevity (If applicable)</b>	<b>AMOUNT</b>
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
<b>TOTAL ROUNDED</b>								<b>\$198,100.00</b>

<b>TRAVEL / CONFERENCES &amp; MEETINGS</b>	<b>AMOUNT</b>
Routine Travel, Online conference	\$600.00
<b>TOTAL</b>	<b>\$600.00</b>

## ATTACHMENT 1 (continued)

## GRANT BUDGET

(BUDGET PAGE 6 of 11)

<b>Metropolitan Government of Nashville and Davidson County - FIMR</b>				
<b>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</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$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 <sup>2</sup>	\$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 <sup>2</sup>	\$400.00	\$0.00	\$400.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$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	<b>GRAND TOTAL</b>	<b>\$318,600.00</b>	<b>\$0.00</b>	<b>\$318,600.00</b>

<sup>1</sup> 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](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf)).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

**ATTACHMENT 1 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 7 of 11)

<b>SALARIES</b>	<b>Monthly Salary</b>		<b># of Months</b>		<b>% of Effort</b>		<b>Longevity (if applicable)</b>	<b>AMOUNT</b>
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
<b>TOTAL ROUNDED</b>								<b>\$188,000.00</b>

<b>TRAVEL / CONFERENCES &amp; MEETINGS</b>	<b>AMOUNT</b>
Local Mielage	\$400.00
<b>TOTAL</b>	<b>\$400.00</b>

## ATTACHMENT 1 (continued)

## GRANT BUDGET

(BUDGET PAGE 8 of 11)

<b>Metropolitan Government of Nashville and Davidson County - FIMR</b>				
<b>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</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$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 <sup>2</sup>	\$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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$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	<b>GRAND TOTAL</b>	<b>\$318,600.00</b>	<b>\$0.00</b>	<b>\$318,600.00</b>

<sup>1</sup> 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](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf)).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

**ATTACHMENT 1 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
(BUDGET PAGE 9 of 11)

<b>SALARIES</b>	<b>Monthly Salary</b>	<b># of Months</b>	<b>% of Effort</b>	<b>Longevity (If applicable)</b>	<b>AMOUNT</b>
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
<b>TOTAL ROUNDED</b>					<b>\$218,100.00</b>

## ATTACHMENT 1 (continued)

## GRANT BUDGET

(BUDGET PAGE 10 of 11)

<b>Metropolitan Government of Nashville and Davidson County - FIMR</b>				
<b>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</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$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 <sup>2</sup>	\$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 <sup>2</sup>	\$500.00	\$0.00	\$500.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$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	<b>GRAND TOTAL</b>	<b>\$318,600.00</b>	<b>\$0.00</b>	<b>\$318,600.00</b>

<sup>1</sup> 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](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf)).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

**ATTACHMENT 1 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
(BUDGET PAGE 11 of 11)

<b>SALARIES</b>	<b>Monthly Salary</b>	<b># of Months</b>	<b>% of Effort</b>	<b>Longevity (If applicable)</b>	<b>AMOUNT</b>
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
<b>TOTAL ROUNDED</b>					<b>\$199,100.00</b>

<b>PROFESSIONAL FEE/ GRANT &amp; AWARD</b>	<b>AMOUNT</b>
Intern/Temp	\$1,000.00
<b>TOTAL</b>	<b>\$1,000.00</b>

<b>TRAVEL / CONFERENCES &amp; MEETINGS</b>	<b>AMOUNT</b>
Local mileage reimbursements	\$500.00
<b>TOTAL</b>	<b>\$500.00</b>



**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

Source Envelope:

Document Pages: 19

Signatures: 6

Envelope Originator:

Certificate Pages: 15

Initials: 1

Juanita Paulson

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Envelope Stamping: Enabled

Nashville, TN 37219

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

Juanita.Paulsen@nashville.gov

IP Address: 170.190.198.190

**Record Tracking**

Status: Original

Holder: Juanita Paulson

Location: DocuSign

11/3/2023 1:42:40 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****Signature****Timestamp**

Brittany Bryant

brittany.bryant@nashville.gov

Security Level: Email, Account Authentication (None)



Sent: 11/3/2023 1:52:32 PM

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Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

**Electronic Record and Signature Disclosure:**

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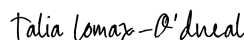
ID: 40f22865-72c1-4358-ba30-a05c5f29ae66

Talia Lomax-O'dneal

talia.lomaxodneal@nashville.gov

Dep Dir of Finance

Security Level: Email, Account Authentication (None)



Sent: 11/6/2023 10:54:36 AM

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Signed: 11/6/2023 10:56:05 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

**Electronic Record and Signature Disclosure:**

Accepted: 11/6/2023 10:55:41 AM

ID: 1be4fad3-f298-4c46-8f9d-95aff5de79c8

Kevin Crumbo/mjw

MaryJo.Wiggins@nashville.gov

Security Level: Email, Account Authentication (None)



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Viewed: 11/6/2023 11:23:20 AM

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Using IP Address: 170.190.198.185

**Electronic Record and Signature Disclosure:**

Accepted: 11/6/2023 11:23:20 AM

ID: 8d3e5e34-7efe-472c-9cca-f2e61b6d4d56

Courtney Mohan

Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication (None)



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Viewed: 11/9/2023 11:07:52 AM

Signed: 11/9/2023 11:09:52 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Signer Events	Signature	Timestamp
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**Electronic Record and Signature Disclosure:**  
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ID: 41f31a05-0efd-4fa1-b0e0-73b71bb5ccf1

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



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Signed: 11/9/2023 11:14:40 AM

Signature Adoption: Pre-selected Style  
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Signed using mobile

**Electronic Record and Signature Disclosure:**  
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ID: 5f26dae0-9670-451a-8286-b9aa73d3f1f0

In Person Signer Events	Signature	Timestamp
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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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Danielle Godin  
Danielle.Godin@nashville.gov  
Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 11/9/2023 11:14:41 AM  
Viewed: 11/9/2023 11:26:55 AM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Sally Palmer  
sally.palmer@nashville.gov  
Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 11/9/2023 11:14:42 AM

**Electronic Record and Signature Disclosure:**  
Accepted: 11/8/2023 7:59:41 AM  
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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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Signing Complete	Security Checked	11/9/2023 11:14:40 AM
Completed	Security Checked	11/9/2023 11:14:42 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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