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GRANT SUMMARY SHEET

Grant Name:	Public Health Emergency Preparedness and Crisis Response24-27
Department:	HEALTH DEPARTMENT
Grantor:	CENTERS FOR DISEASE CONTROL
Pass-Through Grantor (If applicable):	TENN. DEPT. OF HEALTH
Total Award this Action:	$8,918,957.11
Cash Match Amount	$0.00
Department Contact:	Brad Thompson 340-0407
Status:	CONTINUATION

Program Description:

This Tennessee Department of Health grant provides funds to respond to, and recover from public health threats, including, but not limited to, the response and recovery from COVID-19 and Mpox outbreaks.

Plan for continuation of services upon grant expiration:

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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:	Public Health Emergency Preparedness and Crisis Response24-27		
Grantor:	CENTERS FOR DISEASE CONTROL	**Other:**	
Grant Period From:	07/01/23	(applications only) **Anticipated Application Date:**	
Grant Period To:	07/31/26	(applications only) **Application Deadline:**	
Funding Type:	FED PASS THRU	**Multi-Department Grant** ☐ → **If yes, list below.**	
Pass-Thru:	TENN. DEPT. OF HEALTH	**Outside Consultant Project:** ☐	
Award Type:	FORMULA	**Total Award:**	$8,918,957.11
Status:	CONTINUATION	**Metro Cash Match:**	$0.00
Metro Category:	Est. Prior.	**Metro In-Kind Match:**	$0.00
CFDA #	93.354 & 93.323	**Is Council approval required?** ☐	
Project Description:		**Applic. Submitted Electronically?** ☐	

This Tennessee Department of Health grant provides funds to respond to, and recover from public health threats, including, but not limited to, the response and recovery from COVID-19 and Mpox outbreaks.

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

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:	9.50	**Actual number of positions added:**	0.00	
Departmental Indirect Cost Rate	21.47%	**Indirect Cost of Grant to Metro:**	$1,914,900.09	
***Indirect Costs allowed?** ◉ Yes ○ No **% Allow.**	7%	**Ind. Cost Requested from Grantor:**	$594,000.00	**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	FY24	$2,813,795.18	$0.00	$0.00	$0.00		$0.00	$2,813,795.18	$604,121.83	$233,100.00
Yr 2	FY25	$3,752,161.93						$3,752,161.93	$805,589.17	$245,500.00
Yr 3	FY26	$2,184,200.00						$2,184,200.00	$468,947.74	$104,700.00
Yr 4	FY27	$168,800.00						$168,800.00	$36,241.36	$10,700.00
Yr 5	FY							$0.00	$0.00	
Total		$8,918,957.11	$0.00	$0.00	$0.00		$0.00	$8,918,957.11	$1,914,900.09	$594,000.00

Date Awarded:	05/10/24		$8,918,957.11	**Contract#:**	NU5OCK000528+NU9OTP922199
(or) **Date Denied:**					
(or) **Date Withdrawn:**					

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

Rev. 5/13/13
5833

GCP Received 05/14/2024

GCP Approved 05/15/2024

JP

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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, 2023	July 31, 2026	34349-97224	

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

Subrecipient or Recipient

☒ Subrecipient

☐ Recipient

Assistance Listing Number 93.323 & 93.354

Grantee's fiscal year end June 30

Service Caption (one line only)

Public Health Emergency Response and Preparedness

Funding —

FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
2024		$2,813,795.18			$2,813,795.18
2025		$3,752,161.93			$3,752,161.93
2026		$2,184,200.00			$2,184,200.00
2027		$0.00			$0.00
TOTAL:		**$8,918,957.11**			**$8,918,957.11**

Grantee Selection Process Summary

☐ Competitive Selection

☒ Non-competitive Selection

Federal response funds are directed to Tennessee Metropolitan programs to prepare for, respond to, and recover from public health threats. Funds are issued to develop and maintain robust emergency preparedness programs and carry out the requirements of the CDC National Standards for State and Local Planning and ASPR National Guidance for Healthcare System Preparedness.

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

CPO USE - GG

Speed Chart (optional)	Account Code (optional)
HL00018529 HL00018512 HL00019063	71301000

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GRANT CONTRACT
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF HEALTH
AND
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

This grant contract ("Grant Contract"), by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" or the "Grantor State Agency" and the Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee," is for the provision of Public Health Emergency Response and Preparedness, as further defined in the "SCOPE OF SERVICES AND DELIVERABLES."

Grantee Edison Vendor ID # 4

A. SCOPE OF SERVICES AND DELIVERABLES:

A.1. The Grantee shall provide the scope of services and deliverables ("Scope") as required, described, and detailed in this Grant Contract.

A.2. Definitions. For purposes of this Contract, definitions shall be as follows and as set forth in the Contract:

a. Centers for Disease Control and Prevention, (CDC) – The branch of the U.S. Public Health Service under the Department of Health and Human Services charged with the investigation and control of contagious disease in the nation.

b. COVID-19 – A mild to severe respiratory illness that is caused by a virus named SARS-CoV-2. It can be very contagious and spreads quickly.

c. ELC Enhancing Detection – A supplemental grant to the yearly Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Grant, meant to directly address the COVID-19 Pandemic.

d. Emergency Preparedness (EP) Program – A Program within the Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) Division of TDH, responsible for developing and executing plans to protect the health of residents and visitors from the effects of man-made and naturally occurring events.

e. MPOX – MPOX (previously named monkeypox) is a zoonotic disease that is caused by infection with Mpox virus. Monkeypox virus belongs to the Orthopoxvirus genus in the family Poxviridae. The Orthopoxvirus genus also includes variola virus (which causes smallpox), vaccinia virus (used in the smallpox vaccine), and cowpox virus. Mpox is a transmissible viral disease that can be spread between people or between people and certain animals.

f. Public Health Emergency Preparedness, (PHEP) – A cooperative agreement with the CDC that helps health departments across the nation, build and strengthen their ability to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. It is a critical source of funding for state, local, and territorial public health departments.

A.3. Service Goals. To ensure federal preparedness funds are directed to Tennessee regional, county, and metropolitan areas to prepare for, respond to, and recover from public health threats, including, but not limited to, the response and recovery from COVID-19 and Mpox outbreaks.

A.4. Service Recipients. Those benefitting from this contract will include all people living in Davidson County, including adults, children, infants, geriatrics, and other at-risk populations.

A.5. Service Description. The Grantee shall use grant funds to provide ELC Enhancing Detection Expansion services that directly address the ongoing response and recovery from the COVID-19

pandemic and in response to their specific population and area needs. These funds are being issued in support of the following COVID-19 response costs: COVID-19 response support personnel, benefits, indirect costs associated with response personnel, lab processing fees, travel, equipment purchase, supplies, shipping costs, printing, computer related Items, costs associated with quarantine/isolation, costs associated with operating alternate/pop-up testing sites, testing of uninsured, costs associated with educating the public on personal health behaviors and choices, and other associated costs throughout this response and recovery. Additional Mpox response directive: The burden of Mpox disease in Tennessee is predominantly in the state's two largest urban districts: Metropolitan Nashville-Davidson County and Shelby County (Memphis). These two jurisdictions account for >75% of all Mpox cases across the state, and 84% of cases since September. In order to best support local activities and sustain ongoing community engagement, funds will be directly allocated to the Davidson County and Shelby County Local Health Departments for these activities. These local health departments have long-standing relationships with local community-based organizations and are best suited to ensure equitable and sustained engagement with high yield, impactful community partners.

A.6. Incorporation of Additional Documents. The following documents are included as a part of his Grant Contract by reference or attachment. In the event of a discrepancy or ambiguity regarding the Grantee's duties, responsibilities, and performance hereunder, these items shall govern in order of precedence below.

a. this Grant Contract document with any attachments or exhibits (excluding the items listed at subsections b. and c., below);

b. The most current ELC Enhancing Detection Expansion Guidance;

c. The most current ELC Travelers Health Guidance;

d. The most current PHEP MPOX Response Guidance: PHEP Resources

A.7. Service Reporting. The Grantee shall report all response and preparedness services and activities planned with these funds to the Deputy State Epidemiologist for approval before implementation.

A.8. Inspection and Acceptance. Acceptance of the work outlined above will be made by State or its authorized representative. State makes the final determination in terms of acceptance of the work being performed under this Contract.

A.9. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment 1, is incorporated in this Grant Contract.

A.10. Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS) Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Kimberly Champion, Grants Management Specialist
Branch 4
Centers for Disease Control and Prevention (CDC)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
qrf9@cdc.gov | **404.498.4229**

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator 330
Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov.

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

A.11. The Contractor shall limit resources to US-based (onshore) resources only.

B. TERM OF CONTRACT:

B.1. This Grant Contract shall be effective on July 1, 2023 ("Effective Date") and extend for a period of thirty-seven (37) months after the Effective Date ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

B.2. 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.3. 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.

C. PAYMENT TERMS AND CONDITIONS:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Eight Million, Nine Hundred Eighteen Thousand, Nine Hundred Fifty-Seven Dollars and Eleven Cents ($8,918,957.11) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 2 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.

C.2. Compensation Firm. The Maximum Liability of the State is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Contract and are not subject to escalation for any reason unless amended, except as provided in Section C.6.

C.3. Payment Methodology. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in Section C.1. Upon progress toward the completion of the Scope, as described in Section A of this Grant Contract, the Grantee shall submit invoices prior to any reimbursement of allowable costs.

C.4. Travel Compensation. Reimbursement to the Grantee for travel, meals, or lodging shall be subject to amounts and limitations specified in the "State Comprehensive Travel Regulations," as they are amended from time to time, and shall be contingent upon and limited by the Grant Budget funding for said reimbursement.

C.5. Invoice Requirements. The Grantee shall invoice the State no more often than monthly, with all necessary supporting documentation, and present such to:

Cecilia.A.Sawyers@tn.gov and Jessie.Smotherman@tn.gov as an email attachment, using the invoice template, Attachment 3, provided by the State.

a. Each invoice shall clearly and accurately detail all of the following required information (calculations must be extended and totaled correctly).

(1) Invoice/Reference Number (assigned by the Grantee).
(2) Invoice Date.
(3) Invoice Period (to which the reimbursement request is applicable).
(4) Grant Contract Number (assigned by the State).
(5) Grantor: Tennessee Department of Health, CEDEP Division.
(6) Grantor Number (assigned by the Grantee to the above-referenced Grantor).
(7) Grantee Name.
(8) Grantee Tennessee Edison Registration ID Number Referenced in Preamble of this Grant Contract.
(9) Grantee Remittance Address.
(10) Grantee Contact for Invoice Questions (name, phone, or fax).
(11) Itemization of Reimbursement Requested for the Invoice Period— it must detail, at minimum, all of the following:

i. The amount requested by Grant Budget line-item (including any travel expenditure reimbursement requested and for which documentation and receipts, as required by "State Comprehensive Travel Regulations," are attached to the invoice).
ii. The amount reimbursed by Grant Budget line-item to date.
iii. The total amount reimbursed under the Grant Contract to date.
iv. The total amount requested (all line-items) for the Invoice Period.

b. The Grantee understands and agrees to all of the following.

(1) An invoice under this Grant Contract shall include only reimbursement requests for actual, reasonable, and necessary expenditures required in the delivery of service described by this Grant Contract and shall be subject to the Grant Budget and any other provision of this Grant Contract relating to allowable reimbursements.
(2) An invoice under this Grant Contract shall not include any reimbursement request for future expenditures.
(3) An invoice under this Grant Contract shall initiate the timeframe for reimbursement only when the State is in receipt of the invoice, and the invoice meets the minimum requirements of this section C.5.
(4) An invoice under this Grant Contract shall be presented to the State within thirty (30) days after the end of the calendar month in which the subject costs were incurred or services were rendered by the Grantee. An invoice submitted more than thirty (30) days after such date will NOT be paid. The State will not deem such Grantee costs to be allowable and reimbursable by the State unless, at the

sole discretion of the State, the failure to submit a timely invoice is warranted. The Grantee shall submit a special, written request for reimbursement with any such untimely invoice. The request must detail the reason the invoice is untimely as well as the Grantee's plan for submitting future invoices as required, and it must be signed by a Grantee agent that would be authorized to sign this Grant Contract.

C.6. Budget Line-items. Expenditures, reimbursements, and payments under this Grant Contract shall adhere to the Grant Budget. The Grantee may vary from a Grant Budget line-item amount by up to twenty percent (20%) of the line-item amount, provided that any increase is off-set by an equal reduction of other line-item amount(s) such that the net result of variances shall not increase the total Grant Contract amount detailed by the Grant Budget. Any increase in the Grant Budget, grand total amounts shall require an amendment of this Grant Contract.

C.7. Disbursement Reconciliation and Close Out. The Grantee shall submit any final invoice and a grant disbursement reconciliation report within forty-five (45) days of the Grant Contract end date, in form and substance acceptable to the State. (Attachment 4)

a. If total disbursements by the State pursuant to this Grant Contract exceed the amounts permitted by the section C, payment terms and conditions of this Grant Contract, the Grantee shall refund the difference to the State. The Grantee shall submit the refund with the final grant disbursement reconciliation report.

b. The State shall not be responsible for the payment of any invoice submitted to the State after the grant disbursement reconciliation report. The State will not deem any Grantee costs submitted for reimbursement after the grant disbursement reconciliation report to be allowable and reimbursable by the State, and such invoices will NOT be paid.

c. The Grantee's failure to provide a final grant disbursement reconciliation report to the State as required by this Grant Contract shall result in the Grantee being deemed ineligible for reimbursement under this Grant Contract, and the Grantee shall be required to refund any and all payments by the State pursuant to this Grant Contract.

d. The Grantee must close out its accounting records at the end of the Term in such a way that reimbursable expenditures and revenue collections are NOT carried forward.

C.8. Indirect Cost. Should the Grantee request reimbursement for indirect costs, the Grantee must submit to the State a copy of the indirect cost rate approved by the cognizant federal agency or the cognizant state agency, as applicable. The Grantee will be reimbursed for indirect costs in accordance with the approved indirect cost rate and amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the Term. Any changes in the approved indirect cost rate must have prior approval of the cognizant federal agency or the cognizant state agency, as applicable. If the indirect cost rate is provisional during the Term, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the State, and subject to the availability of funds the State agrees to remit any underpayment to the Grantee.

C.9. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Central Procurement Office Policy Statement 2013-007 or any amendments or revisions made to this policy statement during the Term.

C.10. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any reimbursement, invoice, or related matter. A payment by the State shall not be construed as acceptance of any part of the work or service provided or as approval of any amount as an allowable cost.

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C.11. Non-allowable Costs. Any amounts payable to the Grantee shall be subject to reduction for amounts included in any invoice or payment that are determined by the State, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs.

C.12. State's Right to Set Off. The State reserves the right to set off or deduct from amounts that are or shall become due and payable to the Grantee under this Grant Contract or under any other agreement between the Grantee and the State of Tennessee under which the Grantee has a right to receive payment from the State.

C.13. Prerequisite Documentation. The Grantee shall not invoice the State under this Grant Contract until the State has received the following, properly completed documentation.

a. The Grantee shall complete, sign, and return to the State an "Authorization Agreement for Automatic Deposit (ACH Credits) Form" provided by the State. By doing so, the Grantee acknowledges and agrees that, once this form is received by the State, all payments to the Grantee under this or any other grant contract will be made by automated clearing house ("ACH").

b. The Grantee shall complete, sign, and return to the State the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Grantee's Federal Employer Identification Number or Social Security Number referenced in the Grantee's Edison registration information.

D. STANDARD TERMS AND CONDITIONS:

D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Grant Contract, the 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).

D.2. Modification and Amendment. This Grant Contract may be modified only by a written amendment signed by all parties and approved by the officials who approved the Grant Contract and, depending upon the specifics of the Grant Contract as amended, any additional officials required by Tennessee laws and regulations (the 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).

D.3. Termination for Convenience. The State may terminate this Grant Contract without cause for any reason. A termination for convenience shall not be a breach of this Grant Contract by the State. The State shall give the Grantee at least thirty (30) days written notice before the effective termination date. The Grantee shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the State be liable to the Grantee for compensation for any service that has not been rendered. The final decision as to the amount for which the State is liable shall be determined by the State. The Grantee shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for the State's exercise of its right to terminate for convenience.

D.4. Termination for Cause. If the Grantee fails to properly perform its obligations under this Grant Contract, or if the Grantee violates any terms of this Grant Contract, the State shall have the right to immediately terminate this Grant Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of the State's right to terminate this Grant Contract for cause, the Grantee shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Grant Contract by the Grantee.

D.5. Subcontracting. The Grantee shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written

approval of the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination," "Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.

D.6. Conflicts of Interest. The Grantee warrants that no part of the total Grant Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Grantee in connection with any work contemplated or performed relative to this Grant Contract.

D.7. Lobbying. The Grantee certifies, to the best of its knowledge and belief, that:

a. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

c. The Grantee shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

D.8. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective party as set out below:

The State:

Jessie Smotherman, CPM, BGM Contracts Director
Tennessee Department of Health, CEDEP
Andrew Johnson Tower, 4th Floor
710 James Robertson Parkway
Nashville, Tennessee 37243
Email Address: Jessie.Smotherman@tn.gov
Telephone #: (615) 291-5848
FAX #: (615) 741-3857

The Grantee:

Gill Wright, M.D., Director

Metropolitan Government of Nashville and Davidson County
2500 Charlotte Avenue
Nashville, TN 37209
Email Address: gill.wright@nashville.gov
Telephone #: (615) 340-5622
FAX #: (615) 340-2131

A change to the above contact information requires written notice to the person designated by the other party to receive notice.

All instructions, notices, consents, demands, or other communications shall be considered effectively given upon receipt or recipient confirmation as may be required.

D.9. Subject to Funds Availability. This Grant Contract is subject to the appropriation and availability of State or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate this Grant Contract upon written notice to the Grantee. The State's right to terminate this Grant Contract due to lack of funds is not a breach of this Grant Contract by the State. Upon receipt of the written notice, the Grantee shall cease all work associated with the Grant Contract. Should such an event occur, the Grantee shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Grantee shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

D.10. Nondiscrimination. The Grantee hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Grantee on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law. The Grantee shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

D.11. HIPAA Compliance. The State and the Grantee shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Grant Contract.

a. The Grantee warrants to the State that it is familiar with the requirements of the Privacy Rules and will comply with all applicable HIPAA requirements in the course of this Grant Contract.

b. The Grantee warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of this Grant Contract so that both parties will be in compliance with the Privacy Rules.

c. The State and the Grantee will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and the Grantee in compliance with the Privacy Rules. This provision shall not apply if information received by the State under this Grant Contract is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the State to receive such information without entering into a business associate agreement or signing another such document.

D.12. Public Accountability. If the Grantee is subject to Tenn. Code Ann. § 8-4-401 *et seq.*, or if this Grant Contract involves the provision of services to citizens by the Grantee on behalf of the State, the Grantee agrees to establish a system through which recipients of services may present grievances about the operation of the service program. The Grantee shall also display in a

prominent place, located near the passageway through which the public enters in order to receive Grant supported services, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:

NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.

The sign shall be on the form prescribed by the Comptroller of the Treasury. The Grantor State Agency shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from the Grantee, provide Grantee with any necessary signs.

D.13. Public Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract shall include the statement, "This project is funded under a grant contract with the State of Tennessee." All notices by the Grantee in relation to this Grant Contract shall be approved by the State.

D.14. Licensure. The Grantee, its employees, and any approved subcontractor shall be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and shall upon request provide proof of all licenses.

D.15. Records. The Grantee and any approved subcontractor shall maintain documentation for all charges under this Grant Contract. The books, records, and documents of the Grantee and any approved subcontractor, insofar as they relate to work performed or money received under this Grant Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the records be maintained for a period of less than five (5) full years from the date of the final payment. The Grantee's records shall be subject to audit at any reasonable time and upon reasonable notice by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.

The records shall be maintained in accordance with Governmental Accounting Standards Board (GASB) Accounting Standards or the Financial Accounting Standards Board (FASB) Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.

In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

Grant expenditures shall be made in accordance with local government purchasing policies and procedures and purchasing procedures for local governments authorized under state law.

The Grantee shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

The Grantee shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. The Grantee shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by the head of the Grantor State Agency, the Central Procurement Office, or the Commissioner of Finance and Administration of the State of Tennessee.

D.16. Monitoring. The Grantee's activities conducted and records maintained pursuant to this Grant Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.

D.17. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the State as requested.

D.18. Annual and Final Reports. The Grantee shall submit, within three (3) months of the conclusion of each year of the Term, an annual report. For grant contracts with a term of less than one (1) year, the Grantee shall submit a final report within three (3) months of the conclusion of the Term. For grant contracts with multiyear terms, the final report will take the place of the annual report for the final year of the Term. The Grantee shall submit annual and final reports to the Grantor State Agency. At minimum, annual and final reports shall include: (a) the Grantee's name; (b) the Grant Contract's Edison identification number, Term, and total amount; (c) a narrative section that describes the program's goals, outcomes, successes and setbacks, whether the Grantee used benchmarks or indicators to determine progress, and whether any proposed activities were not completed; and (d) other relevant details requested by the Grantor State Agency. Annual and final report documents to be completed by the Grantee shall appear on the Grantor State Agency's website or as Attachment 5 to this Grant Contract.

D.19. Audit Report. The Grantee shall be audited in accordance with applicable Tennessee law.

At least ninety (90) days before the end of its fiscal year, the Grantee shall complete the Information for Audit Purposes ("IAP") form online (accessible through the Edison Supplier portal) to notify the State whether or not Grantee is subject to an audit. The Grantee should submit only one, completed form online during the Grantee's fiscal year. Immediately after the fiscal year has ended, the Grantee shall fill out the End of Fiscal Year ("EOFY") (accessible through the Edison Supplier portal).

When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

A copy of the audit report shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.

D.20. Procurement. If other terms of this Grant Contract allow reimbursement for the cost of goods, materials, supplies, equipment, or contracted services, such procurement shall be made on a competitive basis, including the use of competitive bidding procedures, where practical. The Grantee shall maintain documentation for the basis of each procurement for which reimbursement is paid pursuant to this Grant Contract. In each instance where it is determined that use of a competitive procurement method is not practical, supporting documentation shall include a written justification for the decision and for use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.317—200.327 when procuring property and services under a federal award.

The Grantee shall obtain prior approval from the State before purchasing any equipment under this Grant Contract.

For purposes of this Grant Contract, the term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds five thousand dollars ($5,000.00).

D.21. Strict Performance. Failure by any party to this Grant Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this Grant Contract is not a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Grant Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the parties.

D.22. Independent Contractor. The parties shall not act as employees, partners, joint venturers, or associates of one another in the performance of this Grant Contract. The parties acknowledge that they are independent contracting entities and that nothing in this Grant Contract shall be construed to create a principal/agent relationship or to allow either to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.

D.23. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Grant Contract. In no event will the State be liable to the Grantee or any other party for any lost revenues, lost profits, loss of business, loss of grant funding, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Grant Contract or otherwise. The State's total liability under this Grant Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability originally established in Section C.1 of this Grant Contract. This limitation of liability is cumulative and not per incident.

D.24. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party except to the extent that the non-performing party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either party from its obligations under this Grant Contract. Except as set forth in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a default under this Grant Contract or grounds for termination. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Grantee's representatives, suppliers, subcontractors, customers or business apart from this Grant Contract is not a Force Majeure Event under this Grant Contract. Grantee will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Grantee's performance longer than forty-eight (48) hours, the State may, upon notice to Grantee: (a) cease payment of the fees until Grantee resumes performance of the affected obligations; or (b) immediately terminate this Grant Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Grantee will not increase its charges under this Grant Contract or charge the State any fees other than those provided for in this Grant Contract as the result of a Force Majeure Event.

D.25. Tennessee Department of Revenue Registration. The Grantee shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Grant Contract.

D.26. Charges to Service Recipients Prohibited. The Grantee shall not collect any amount in the form of fees or reimbursements from the recipients of any service provided pursuant to this Grant Contract.

D.27. State Interest in Equipment or Motor Vehicles. The Grantee shall take legal title to all equipment or motor vehicles purchased totally or in part with funds provided under this Grant Contract, subject to the State's equitable interest therein, to the extent of its *pro rata* share, based upon the State's contribution to the purchase price. The term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds five thousand dollars ($5,000.00). The term "motor vehicle" shall include any article of tangible personal property that is required to be registered under the "Tennessee Motor Vehicle Title and Registration Law", Tenn. Code Ann. Title 55, Chapters 1-6.

As authorized by the Tennessee Uniform Commercial Code, Tenn. Code Ann. Title 47, Chapter 9 and the "Tennessee Motor Vehicle Title and Registration Law," Tenn. Code Ann. Title 55, Chapters 1-6, the parties intend this Grant Contract to create a security interest in favor of the State in the equipment or motor vehicles acquired by the Grantee pursuant to the provisions of

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this Grant Contract. A further intent of this Grant Contract is to acknowledge and continue the security interest in favor of the State in the equipment or motor vehicles acquired by the Grantee pursuant to the provisions of this program's prior year Grant Contracts between the State and the Grantee.

The Grantee grants the State a security interest in all equipment or motor vehicles acquired in whole or in part by the Grantee under this Grant Contract. This Grant Contract is intended to be a security agreement pursuant to the Uniform Commercial Code for any of the equipment or motor vehicles herein specified which, under applicable law, may be subject to a security interest pursuant to the Uniform Commercial Code, and the Grantee hereby grants the State a security interest in said equipment or motor vehicles. The Grantee agrees that the State may file this Grant Contract or a reproduction thereof, in any appropriate office, as a financing statement for any of the equipment or motor vehicles herein specified. Any reproduction of this or any other security agreement or financing statement shall be sufficient as a financing statement. In addition, the Grantee agrees to execute and deliver to the State, upon the State's request, any financing statements, as well as extensions, renewals, and amendments thereof, and reproduction of this Grant Contract in such form as the State may require to perfect a security interest with respect to said equipment or motor vehicles. The Grantee shall pay all costs of filing such financing statements and any extensions, renewals, amendments and releases thereof, and shall pay all reasonable costs and expenses of any record searches for financing statements the State may reasonably require. Without the prior written consent of the State, the Grantee shall not create or suffer to be created pursuant to the Uniform Commercial Code any other security interest in said equipment or motor vehicles, including replacements and additions thereto. Upon the Grantee's breach of any covenant or agreement contained in this Grant Contract, including the covenants to pay when due all sums secured by this Grant Contract, the State shall have the remedies of a secured party under the Uniform Commercial Code and, at the State's option, may also invoke the remedies herein provided.

The Grantee agrees to be responsible for the accountability, maintenance, management, and inventory of all property purchased totally or in part with funds provided under this Grant Contract. The Grantee shall maintain a perpetual inventory system for all equipment or motor vehicles purchased with funds provided under this Grant Contract and shall submit an inventory control report which must include, at a minimum, the following:

a. Description of the equipment or motor vehicles;
b. Vehicle identification number;
c. Manufacturer's serial number or other identification number, when applicable;
d. Acquisition date, cost, and check number;
e. Fund source, State Grant number, or other applicable fund source identification;
f. Percentage of state funds applied to the purchase;
g. Location within the Grantee's operations where the equipment or motor vehicles is used;
h. Condition of the property or disposition date if Grantee no longer has possession;
i. Depreciation method, if applicable; and
j. Monthly depreciation amount, if applicable.

The Grantee shall tag equipment or motor vehicles with an identification number which is cross referenced to the equipment or motor vehicle item on the inventory control report. The Grantee shall inventory equipment or motor vehicles annually. The Grantee must compare the results of the inventory with the inventory control report and investigate any differences. The Grantee must then adjust the inventory control report to reflect the results of the physical inventory and subsequent investigation.

The Grantee shall submit its inventory control report of all equipment or motor vehicles purchased with funding through this Grant Contract within thirty (30) days of its end date and in form and substance acceptable to the State. This inventory control report shall contain, at a minimum, the requirements specified above for inventory control. The Grantee shall notify the State, in writing, of any equipment or motor vehicle loss describing the reasons for the loss. Should the equipment or motor vehicles be destroyed, lost, or stolen, the Grantee shall be responsible to the State for the *pro rata* amount of the residual value at the time of loss based upon the State's original

contribution to the purchase price.

Upon termination of the Grant Contract, where a further contractual relationship is not entered into, or at another time during the term of the Grant Contract, the Grantee shall request written approval from the State for any proposed disposition of equipment or motor vehicles purchased with Grant funds. All equipment or motor vehicles shall be disposed of in such a manner as the parties may agree from among alternatives approved by the Tennessee Department of General Services as appropriate and in accordance with any applicable federal laws or regulations.

D.28. State and Federal Compliance. The Grantee shall comply with all applicable state and federal laws and regulations in the performance of this Grant Contract. The U.S. Office of Management and Budget's Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is available here: http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

D.29. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-408.

D.30. Completeness. This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions agreed to by the parties. This Grant Contract supersedes any and all prior understandings, representations, negotiations, or agreements between the parties, whether written or oral.

D.31. Severability. If any terms and conditions of this Grant Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions shall not be affected and shall remain in full force and effect. To this end, the terms and conditions of this Grant Contract are declared severable.

D.32. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.

D.33. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Grant Contract. The Grantee certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.

D.34. Debarment and Suspension. The Grantee certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:

a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;

b. have not within a three (3) year period preceding this Grant Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and

d. have not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Grantee shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

D.35. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the State or acquired by the Grantee on behalf of the State that is regarded as confidential under state or federal law shall be regarded as "Confidential Information." Nothing in this Section shall permit Grantee to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required or permitted under state or federal law. Grantee shall take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law.

The obligations set forth in this Section shall survive the termination of this Grant Contract.

D.36. State Sponsored Insurance Plan Enrollment. The Grantee warrants that it will not enroll or permit its employees, officials, or employees of contractors to enroll or participate in a state sponsored health insurance plan through their employment, official, or contractual relationship with Grantee unless Grantee first demonstrates to the satisfaction of the Department of Finance and Administration that it and any contract entity satisfies the definition of a governmental or quasigovernmental entity as defined by federal law applicable to ERISA.

E. SPECIAL TERMS AND CONDITIONS:

E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Grant Contract, the special terms and conditions shall be subordinate to the Grant Contract's other terms and conditions.

E.2. Printing Authorization. The Grantee agrees that no publication coming within the jurisdiction of Tenn. Code Ann. § 12-7-101, *et seq*., shall be printed pursuant to this Grant Contract unless a printing authorization number has been obtained and affixed as required by Tenn. Code Ann. § 12-7-103(d).

E.3. Federal Funding Accountability and Transparency Act (FFATA).

This Grant Contract requires the Grantee to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Grantee is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that the Grantee provides information to the State as required.

The Grantee shall comply with the following:

a. Reporting of Total Compensation of the Grantee's Executives.

(1) The Grantee shall report the names and total compensation of each of its five most highly compensated executives for the Grantee's preceding completed fiscal year, if in the Grantee's preceding fiscal year it received:

i. 80 percent or more of the Grantee's annual gross revenues from Federal procurement contracts and federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and sub awards); and

ii. $25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act (and sub awards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or § 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm.).

As defined in 2 C.F.R. § 170.315, "Executive" means officers, managing partners, or any other employees in management positions.

(2) Total compensation means the cash and noncash dollar value earned by the executive during the Grantee's preceding fiscal year and includes the following (for more information see 17 CFR § 229.402(c)(2)):

i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

v. Above-market earnings on deferred compensation which is not tax qualified.

vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

b. The Grantee must report executive total compensation described above to the State by the end of the month during which this Grant Contract is established.

c. If this Grant Contract is amended to extend its term, the Grantee must submit an executive total compensation report to the State by the end of the month in which the amendment to this Grant Contract becomes effective.

d. The Grantee will obtain a Unique Entity Identifier (SAM) and maintain its number for the term of this Grant Contract. More information about obtaining a Unique Entity Identifier can be found at: https://www.gsa.gov.

The Grantee's failure to comply with the above requirements is a material breach of this Grant Contract for which the State may terminate this Grant Contract for cause. The State will not be obligated to pay any outstanding invoice received from the Grantee unless and until the Grantee is in full compliance with the above requirements.

E.4. Clean Air Act and Federal Water Pollution Control Act. As a condition for receipt of funds, the Grantee agrees to comply with the Clean Air Act, 42 U.S.C. § 7401 *et seq*. and the Federal Water

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Pollution Control Act, 33 U.S.C § 1251 *et seq.*, as those sections are amended from time to time during the term. Violations must be reported to the CDC and the Region 4 Office of the Environmental Protection Agency.

E.5. Americans with Disabilities Act. The Grantee must comply with the Americans with Disabilities Act (ADA) of 1990, as amended, including implementing regulations codified at 28 CFR Part 35 "Nondiscrimination on the Basis of Disability in State and Local Government Services" and at 28 CFR Part 36 "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities," and any other laws or regulations governing the provision of services to persons with a disability, as applicable. For more information, please visit the ADA website: http://www.ada.gov.

E.6. Healthy Eating Requirements. Grant recipients who purchase or serve snacks or meals in conjunction with their performance under this Grant Contract shall provide only healthy foods. No high sugar beverage shall be served at any time. Fruits and vegetables shall be given preference in menu selections.

E.7. Assistance Listing Number. When applicable, the Grantee shall inform its licensed independent public accountant of the federal regulations that require compliance with the performance of an audit. This information shall consist of the following Assistance Listing Numbers:

93.323 Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
93.354 Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response

E.8. Security Audit. The State may conduct audits of Grantee's compliance with the State's Enterprise Information Security Policy ("The Policy") or under this Grant Contract, including those obligations imposed by Federal or State law, regulation or policy. The Policy, as may be periodically revised, can be located at the following link: https://www.tn.gov/finance/strategic-technology-solutions/strategic-technology-solutions/sts-security-policies.html. The State's right to conduct security audits is independent of any other audit or monitoring required by this Grant Contract. The timing and frequency of such audits shall be at the State's discretion and may, but not necessarily shall, be in response to a security incident.

a. A security audit may include the following: (i) review of access logs, screen shots and other paper or electronic documentation relating to Grantee's compliance with the Policy. This may include review of documentation relevant to subcontractors or suppliers of security equipment and services used with respect to State data; (ii) physical inspection of controls such as door locks, file storage, communications systems, and employee identification procedures; and (iii) interviews of responsible technical and management personnel regarding security procedures.

b. Grantee shall provide reports or additional information upon request of the state and access by the State or the State's designated staff to Grantee's facilities and/or any location involved with providing services to the State or involved with processing or storing State data, and Grantee shall cooperate with State staff and audit requests submitted under this Section. Any confidential information of either party accessed or disclosed during the course of the security audit shall be treated as set forth under this Grant Contract or federal or state law or regulations. Each party shall bear its own expenses incurred in the course of conducting this security audit. Grantee shall at its own expense promptly rectify any non-compliance with the Policy or other requirements identified by this security audit and provide proof to the State thereof.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

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5/10/2024

Director, Metro Public Health Department — Date

DocuSigned by:
Tenné Hamilton Franklin
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5/14/2024

Chair, Board of Health — Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumbo/mjw

5/21/2024 | 3:44 PM CDT

Director, Department of Finance — Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb

5/21/2024 | 4:16 PM CDT

Director of Risk Management Services — Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan

5/21/2024 | 4:15 PM CDT

Metropolitan Attorney — Date

FILED:

Metropolitan Clerk — Date

DEPARTMENT OF HEALTH:

RALPH ALVARADO, MD, FACP, COMMISSIONER — DATE

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ATTACHMENT 1

Federal Award Identification Worksheet

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM)	Metropolitan Government of Nashville and Davidson County
Subrecipient's Unique Entity Identifier (SAM)	LGZLHP6ZHM55
Federal Award Identification Number (FAIN)	NU50CK000528
Federal award date	10/17/2023
Subaward Period of Performance Start and End Date	08/01/2019 - 07/31/2026
Subaward Budget Period Start and End Date	08/01/2023 – 07/31/2026
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
Grant contracts begin date	07/1/2023
Grant contracts end date	07/31/2026
Amount of federal funds obligated by this grant contract	$8,246,640.24
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	$874,565,899.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity
Name of federal awarding agency	CDC
Name and contact information for the federal awarding official	Christine Mills Public Health Advisor jjz3@cdc.gov 770-488-5096
Name of pass-through entity	Tennessee Department of Health
Name and contact information for the pass-through entity awarding official	Dr. Ralph Alvarado Commissioner Ralph.Alvarado@tn.gov 615-532-6942
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.332 for information on type of indirect cost rate)	14.6%

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ATTACHMENT 1

Federal Award Identification Worksheet

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM)	Metropolitan Government of Nashville and Davidson County
Subrecipient's Unique Entity Identifier (SAM)	LGZLHP6ZHM55
Federal Award Identification Number (FAIN)	NU50CK000528
Federal award date	12/17/2020
Subaward Period of Performance Start and End Date	08/01/2019 - 07/31/2024
Subaward Budget Period Start and End Date	08/01/2020 – 07/31/2021
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
Grant contracts begin date	07/1/2023
Grant contracts end date	07/31/2026
Amount of federal funds obligated by this grant contract	$202,300.20
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	$186,550,783.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity
Name of federal awarding agency	CDC
Name and contact information for the federal awarding official	Ms. Joelle Cadet Grants Management Specialist qrx2@cdc.gov (404) 498-4349
Name of pass-through entity	Tennessee Department of Health
Name and contact information for the pass-through entity awarding official	Dr. Ralph Alvarado Commissioner Ralph.Alvarado@tn.gov 615-532-6942
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.332 for information on type of indirect cost rate)	14.6%

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ATTACHMENT 1 END

Federal Award Identification Worksheet

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM)	Metropolitan Government of Nashville and Davidson County
Subrecipient's Unique Entity Identifier (SAM)	LGZLHP6ZHM55
Federal Award Identification Number (FAIN)	NU90TP922199
Federal award date	1/31/2023
Subaward Period of Performance Start and End Date	12/16/2022 - 1/31/2025
Subaward Budget Period Start and End Date	12/16/2022 - 1/31/2025
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response
Grant contracts begin date	07/1/2023
Grant contracts end date	07/31/2026
Amount of federal funds obligated by this grant contract	$470,016.87
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	$1,049,826.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Statewide Cooperative Agreement for Emergency Response: Public Health Crisis Response Activities
Name of federal awarding agency	CDC
Name and contact information for the federal awarding official	Tynisha Gantt Program Officer udw5@cdc.gov 111-111-1111
Name of pass-through entity	Tennessee Department of Health
Name and contact information for the pass-through entity awarding official	Dr. Ralph Alvarado Commissioner Ralph.Alvarado@tn.gov 615-532-6942
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.332 for information on type of indirect cost rate)	14.6%

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ATTACHMENT 2

NEW Davidson ELC EDx + MPOX Contract RFS# 34349-97224 **GRANT BUDGET**

(BUDGET PAGE 1)

Metro-Davidson County Health Department - Public Health Emergency Preparedness (PHEP) Base Activities and ELC Enhancing Detection Expansion, (ELC-EDx) COVID Response, ELC Reopening Schools, Traveler's Health and MPOX Crisis CoAg - ROLLUP

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 July 31, 2026.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries[2]	$1,765,261.93	$0.00	$1,765,261.93
2	Benefits & Taxes	$500,016.87	$0.00	$500,016.87
4, 15	Professional Fee/ Grant & Award [2]	$3,074,600.00	$0.00	$3,074,600.00
5	Supplies	$1,058,878.31	$0.00	$1,058,878.31
6	Telephone	$129,800.00	$0.00	$129,800.00
7	Postage & Shipping	$31,000.00	$0.00	$31,000.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$510,000.00	$0.00	$510,000.00
10	Printing & Publications	$151,000.00	$0.00	$151,000.00
11, 12	Travel/ Conferences & Meetings[2]	$51,300.00	$0.00	$51,300.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals[2]	$113,100.00	$0.00	$113,100.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$940,000.00	$0.00	$940,000.00
22	Indirect Cost (6% of direct expenses)	$594,000.00	$0.00	$594,000.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$8,918,957.11**	$0.00	$8,918,957.11

$ 8,918,957.11 TOTAL RESPONSE BUDGET FOR METRO-DAVIDSON

1 Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E) and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).

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

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ATTACHMENT 2 (continued)

GRANT BUDGET

(BUDGET PAGE 2)

Nashville Davidson County Health Department - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), Enhancing Detection Expansion, (ELC-EDx), COVID HL00018529

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.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$247,300.00	$0.00	$247,300.00
2	Benefits & Taxes	$111,300.00	$0.00	$111,300.00
4, 15	Professional Fee/ Grant & Award [2]	$580,000.00	$0.00	$580,000.00
5	Supplies	$273,778.31	$0.00	$273,778.31
6	Telephone	$40,000.00	$0.00	$40,000.00
7	Postage & Shipping	$10,000.00	$0.00	$10,000.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$100,000.00	$0.00	$100,000.00
10	Printing & Publications	$50,000.00	$0.00	$50,000.00
11, 12	Travel/ Conferences & Meetings [2]	$20,000.00	$0.00	$20,000.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$20,100.00	$0.00	$20,100.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$500,000.00	$0.00	$500,000.00
22	Indirect Cost (6% of total direct costs)	$189,000.00	$0.00	$189,000.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$2,141,478.31**	$0.00	$2,141,478.31

ELC EDx HL00018529

1 Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E) and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).

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

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ATTACHMENT 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 3)

Krews, Elise, Health Manager 3	$7,854.09	1	100%	$7,854.09
Vargas, Zacnite, Public Health Administrator 1	$5,787.36	1	100%	$5,787.36
Smotherman, Regina, Finance Specialist 2	$5,787.36	1	50%	$2,893.68
Harden, Dianne , Finance Mgr.	$5,200.00	11	20%	$11,440.00
Vacant, Research Analyst (PHA 1)	$5,787.36	6	100%	$34,724.13
Vacant, Mobile Social Worker (PS3)	$4,795.85	6	100%	$28,775.08
Vacant, Mobile Social Worker (PS3)	$4,795.85	6	100%	$28,775.08
Vacant, Outreach Coordinator (PHA 1)	$5,787.36	6	100%	$34,724.13
Vacant, Project Manager (PHA 2)	$6,734.20	6	100%	$40,405.19
Vacant, Office Support Specialist (OSS 2)	$3,855.45	6	100%	$23,132.68
Vacant, Mobile Clinic Facilities Specialist (PS3)	$4,795.85	6	100%	$28,775.08
				$247,286.49
			ROUNDED TOTAL	$247,300.00

TRAVEL / CONFERENCES & MEETINGS	**AMOUNT**
Routine Travel	$20,000.00
ROUNDED TOTAL	$20,000.00

PROFESSIONAL FEES/GRANT AWARD			AMOUNT
Matthew Walker Community Health Worker Contract	1	**Existing contract -** Sustains 2 Community Health Workers contracted and working at Matthew Walker.	$15,000.00
Siloam Health Community Health Worker Contract	1	**Existing contract -** Sustains 2 Community Health Workers contracted and working at Siloam.	$15,000.00
PolicyMap	N/A	2 year department-wide subscription +	$25,000.00
COVID-19 Response/Recovery Data Dashboard Development	N/A	**Existing contract -** ESRi Contract via Metro ITS	$25,000.00
Transportation Services	4	**Contract in process -** Transportation to/from clinics for testing and wraparound services (11,700/month x 6 months)	$35,000.00

Health Communications Campaigns	COVID-19 communications campaigns that are culturally and linguistically tailored for communities most impacted by disparities	$50,000.00
West Publishing Corporation dba Thomson Reuters	CLEAR Investigative license	$40,000.00
CLAS Training	Annual CLAS training for grant-funded staff via the Tennessee Language Center	$25,000.00
Temporary Staffing & Language line assistance for COVID-19 Testing/Results/Information		$350,000.00
ROUNDED TOTAL		$580,000.00

SUPPLIES	Justification Description	AMOUNT
COVID-19 At Home Test Kits	Continued distribution of COVID at-home test kits via community partners.	$124,000.00
Mobile Vaccination Unit Supplies		$100,000.00
Office Supplies		$29,778.31
Tablets		$5,000.00
PPE (gloves, gowns, masks, etc.)		$15,000.00
	ROUNDED TOTAL	$273,778.31

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Bus passes, food boxes, etc. to provide wraparound support to community members at mobile clinic events and via partners.	$20,100.00
ROUNDED TOTAL	$20,100.00

CAPITOL PURCHASE	Justification/Description	AMOUNT
Climate Controlled Storage Building for Mobile Assets		$500,000.00
	ROUNDED TOTAL	$500,000.00

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ATTACHMENT 2 (continued)

GRANT BUDGET

(BUDGET PAGE 4)

Metropolitan Government of Nashville and Davidson County - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Enhancing Detection Additional Supplemental Funds - Traveler's Health

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.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	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]	$189,200.00	$0.00	$189,200.00
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 (6% direct charges)	$13,100.00	$0.00	$13,100.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$202,300.00**	$0.00	$202,300.00

$202,300.00 TRAVELERS HEALTH FY24

1 Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E) and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).

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

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ATTACHMENT 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 5)

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Supplemental ELC Grant Award - Traveler's Health	$189,200.00
ROUNDED TOTAL	$189,200.00

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ATTACHMENT 2 (continued)

GRANT BUDGET

(BUDGET PAGE 6)

Metropolitan Government of Nashville and Davidson County - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Enhancing Detection Additional Supplemental Funds - Crisis CoAg MPOX

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.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$154,600.00	$0.00	$154,600.00
2	Benefits & Taxes	$40,716.87	$0.00	$40,716.87
4, 15	Professional Fee/ Grant & Award [2]	$200,000.00	$0.00	$200,000.00
5	Supplies	$3,100.00	$0.00	$3,100.00
6	Telephone	$2,800.00	$0.00	$2,800.00
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]	$5,800.00	$0.00	$5,800.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$32,000.00	$0.00	$32,000.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (7% direct costs)	$31,000.00	$0.00	$31,000.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$470,016.87**	$0.00	$470,016.87

$470,016.87 MPOX CRISIS COAG FUNDS HL00019063

1 Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E) and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).

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

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ATTACHMENT 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 7)

SALARIES										AMOUNT
Kawana Holt, Public Health Nurse Practitioner	8,824.64	x	100%	x	12					$105,895.65
Holli Finchum, Program Specialsit 2	4,058.25	x	100%	x	12					$48,699.02
										$154,594.67
ROUNDED TOTAL										$154,600.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Temporary Staffing	$200,000.00
ROUNDED TOTAL	$200,000.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Out of Town conference	$ 3,500.00
Routine Travel (4000 miles @ $0.585/mile)	$2,340.00
	$ 5,840.00
ROUNDED TOTAL	$5,800.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Bus passes, food boxes, etc. to provide wraparound support to community members at mobile clinic events and via partners.	$32,000.00
ROUNDED TOTAL	$32,000.00

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ATTACHMENT 2 (continued)

GRANT BUDGET

(BUDGET PAGE 8)

Nashville Davidson County Health Department - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), Enhancing Detection Expansion, (ELC-EDx), COVID HL00018529

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.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$673,261.93	$0.00	$673,261.93
2	Benefits & Taxes	$303,000.00	$0.00	$303,000.00
4, 15	Professional Fee/ Grant & Award [2]	$1,305,400.00	$0.00	$1,305,400.00
5	Supplies	$390,000.00	$0.00	$390,000.00
6	Telephone	$65,000.00	$0.00	$65,000.00
7	Postage & Shipping	$10,000.00	$0.00	$10,000.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$200,000.00	$0.00	$200,000.00
10	Printing & Publications	$50,000.00	$0.00	$50,000.00
11, 12	Travel/ Conferences & Meetings [2]	$20,000.00	$0.00	$20,000.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$50,000.00	$0.00	$50,000.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$440,000.00	$0.00	$440,000.00
22	Indirect Cost (7% of total direct costs)	$245,500.00	$0.00	$245,500.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$3,752,161.93**	$0.00	$3,752,161.93

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ATTACHMENT 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 9)

SALARIES	Monthly Salary	x # of Months (expected)	x % of time	Justification/Description	AMOUNT
Krews, Elise, Health Manager 3	$8,361.59	12	100%	**Grant Manager** - Directs overall operation of remaining grant projects	$100,339.07
Vargas, Zacnite, Public Health Administrator 1	$6,161.31	12	100%	**Partnership Manager** - Serves as a liaison between MPHD and community partners/internal departments	$73,935.69
Smotherman, Regina, Finance Specialist 2	$6,192.45	12	50%	**Finance Specialist -** Provides financial support and accounting to the project including filing grant reports to the CDC and managing financial correspondence	$37,154.70
Vacant, Research Analyst (PHA 1)	$5,787.36	12	100%	**Research Analyst** - Perform data analysis, report writing, tracking metrics over time and reporting of key outputs and outcomes	$73,935.69
Vacant, Mobile Social Worker (PS3)	$4,795.85	12	100%	**Mobile Social Worker -** Coordinates resource navigation efforts and implements expanded primary data collection efforts	$59,330.06
Vacant, Mobile Social Worker (PS3)	$4,795.85	12	100%	**Mobile Social Worker** - Coordinates resource navigation efforts and implements expanded primary data collection efforts	$59,330.06
Vacant, Outreach Coordinator (PHA 1)	$5,787.36	12	100%	**Outreach Coordinator** - Serves as a liaison between MPHD and community partners/internal departments	$73,935.69
Vacant, Project Manager (PHA 2)	$6,734.20	12	100%	**Project Manager** - Supports management of grant projects, contracts, etc.	$86,467.01
Vacant, Office Support Specialist (OSS 2)	$4,125.33	12	100%	**Office Support Representative** - Provides administrative services for grant-related projects.	$49,503.92
Vacant, Mobile Clinic Facilities Specialist (PS3)	$4,795.85	12	100%	**Mobile Clinic Facilities Specialist -** Supports the driving, maintenance, and security of the mobile clinic unit.	$59,330.06
				ROUNDED TOTAL	$673,261.93

TRAVEL / CONFERENCES & MEETINGS	Justification/Description	AMOUNT
Routine Travel		$20,000.00
	ROUNDED TOTAL	$20,000.00

PROFESSIONAL FEES/GRANT AWARD	Justification/Description	AMOUNT
Matthew Walker Community Health Worker Contract	**Existing contract -** Sustains 2 Community Health Workers contracted and working at Matthew Walker.	$125,000.00
Siloam Health Community Health Worker Contract	**Existing contract -** Sustains 2 Community Health Workers contracted and working at Matthew Walker.	$115,000.00
Closed Loop Referral System Development	For consulting services to inform purchase and implementation of a closed loop referral system. Consultant would conduct environmental scan, convene local partners, and provide recommendations for software and implementation process to maximize network inter-operability.	$100,000.00
COVID-19 Response/Recovery Data Dashboard Development	**Existing contract -** ESRi Contract via Metro ITS	$100,000.00
Transportation Services	Transportation to/from clinics for testing and wraparound services (11,700/month x 12 months)	$140,400.00
Health Communications Campaigns	COVID-19 communications campaigns that are culturally and linguistically tailored for communities most impacted by disparities	$100,000.00
CLAS Training	Annual CLAS training for grant-funded staff via the Tennessee Language Center	$25,000.00
Temporary Staffing & Language line assistance for COVID-19 Testing/Results/Information		$600,000.00
	ROUNDED TOTAL	$1,305,400.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	Justification/Description	AMOUNT
Bus passes, food boxes, etc. to provide wraparound support to community members at mobile clinic events and via community partners.		$50,000.00
	ROUNDED TOTAL	$50,000.00

CAPITOL PURCHASE	Justification/Description	AMOUNT
Climate Controlled Storage Building for Mobile Assets		$440,000.00
	ROUNDED TOTAL	$440,000.00

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ATTACHMENT 2 (continued)

GRANT BUDGET

(BUDGET PAGE 10)

Nashville Davidson County Health Department - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), Enhancing Detection Expansion, (ELC-EDx), COVID HL00018529

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2025, and ending June 30, 2026.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$637,000.00	$0.00	$637,000.00
2	Benefits & Taxes	$22,500.00	$0.00	$22,500.00
4, 15	Professional Fee/ Grant & Award [2]	$735,000.00	$0.00	$735,000.00
5	Supplies	$390,000.00	$0.00	$390,000.00
6	Telephone	$20,000.00	$0.00	$20,000.00
7	Postage & Shipping	$10,000.00	$0.00	$10,000.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$200,000.00	$0.00	$200,000.00
10	Printing & Publications	$50,000.00	$0.00	$50,000.00
11, 12	Travel/ Conferences & Meetings [2]	$5,000.00	$0.00	$5,000.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$10,000.00	$0.00	$10,000.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (7% of total direct costs)	$104,700.00	$0.00	$104,700.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$2,184,200.00**	$0.00	$2,184,200.00

ELC EDx HL00018529

1 Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E) and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).

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

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ATTACHMENT 2 (continued) GRANT
BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 11)

SALARIES	Monthly Salary	# of Months (expected)	% of time	Justification/Description	AMOUNT
Krews, Elise, Health Manager 3	$7,854.09	12	100%	**Grant Manager** - Directs overall operation of grant projects. Transitioning from another grant that is ending in May.	$94,249.13
Vargas, Zacnite, Public Health Administrator 1	$5,787.36	12	100%	**Partnership Manager** - Serves as a liaison between MPHD and community partners/internal departments. Transitioning from another grant that is ending in May.	$69,448.26
Smotherman, Regina, Finance Specialist 2	$5,787.36	12	50%	**Finance Specialist -** Provides financial support and accounting to the project including filing grant reports to the CDC and managing financial correspondence. Transitioning from supporting another grant that is ending in May.	$34,724.14
Vacant, Research Analyst (PHA 1)	$5,787.36	12	100%	**Research Analyst** - Perform data analysis, report writing, tracking metrics over time and reporting of key outputs and outcomes.	$69,448.26
Vacant, Mobile Social Worker (PS3)	$4,795.85	12	100%	**Mobile Social Worker -** Coordinates resource navigation efforts and implements expanded primary data collection efforts	$57,550.16
Vacant, Mobile Social Worker (PS3)	$4,795.85	12	100%	**Mobile Social Worker -** Coordinates resource navigation efforts and implements expanded primary data collection efforts	$57,550.16
Vacant, Outreach Coordinator (PHA 1)	$5,787.36	12	100%	**Outreach Coordinator** - Serves as a liaison between MPHD and community partners/internal departments	$69,448.26
Vacant, Project Manager (PHA 2)	$6,734.20	12	100%	**Project Manager** - Supports management of grant projects, contracts, etc.	$80,810.37
Vacant, Office Support Specialist (OSS 2)	$3,855.45	12	100%	**Office Support Representative** - Provides administrative services for grant-related projects.	$46,265.35
Vacant, Mobile Clinic Facilities Specialist (PS3)	$4,795.85	12	100%	**Mobile Clinic Facilities Specialist -** Supports the driving, maintenance, and security of the mobile clinic unit.	$57,550.16
					$637,044.25
				ROUNDED TOTAL	$637,000.00

TRAVEL / CONFERENCES & MEETINGS	Justification/Description	AMOUNT
Local mileage		$5,000.00
	ROUNDED TOTAL	$5,000.00

PROFESSIONAL FEES/GRANT AWARD	# of Months (if monthly)	Justification/Description	AMOUNT
Matthew Walker Community Health Worker Contract	1	**Existing contract -** Sustains 2 Community Health Workers contracted and working at Matthew Walker.	$15,000.00
Siloam Health Community Health Worker Contract	1	**Existing contract -** Sustains 2 Community Health Workers contracted and working at Siloam.	$15,000.00
PolicyMap	N/A	2 year department-wide subscription + public-facing mapping tool (EPI)□	$50,000.00
COVID-19 Response/Recovery Data Dashboard Development	N/A	**Existing contract -** ESRi Contract via Metro ITS	$70,000.00
Transportation Services	1	**Contract in process -** Transportation to/from clinics for testing and wraparound services (11,700/month x 6 months)	$10,000.00
Health Communications Campaigns		COVID-19 communications campaigns that are culturally and linguistically tailored for communities most impacted by disparities	$50,000.00
CLAS Training		Annual CLAS training for grant-funded staff via the Tennessee Language Center	$25,000.00
Temporary Staffing & Language line assistance for COVID-19 Testing/Results/Information			$500,000.00
		ROUNDED TOTAL	$735,000.00

SUPPLIES	Justification/Description	AMOUNT
COVID-19 At Home Test Kits	Continued distribution of COVID at-home test kits via community partners	$200,000.00
Mobile Vaccination Unit Supplies		$100,000.00
Office Supplies		$5,000.00
Computers, hot spots, wireless routers		$50,000.00
Tablets	Data Entry Support	$25,000.00
Phones		$5,000.00
PPE (gloves, gowns, masks, etc.)		$5,000.00
	ROUNDED TOTAL	$390,000.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	Justification/Description	AMOUNT
Bus passes, food boxes, etc. to provide wraparound support to community members at mobile clinic events and via partners.		$10,000.00
	ROUNDED TOTAL	$10,000.00

CAPITOL PURCHASE	Justification/Description	AMOUNT
		$0.00
	ROUNDED TOTAL	$0.00

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ATTACHMENT 2 (continued)

GRANT BUDGET

(BUDGET PAGE 12)

Nashville Davidson County Health Department - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), Enhancing Detection Expansion, (ELC-EDx), COVID HL00018529

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2026, and ending July 31, 2026.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$53,100.00	$0.00	$53,100.00
2	Benefits & Taxes	$22,500.00	$0.00	$22,500.00
4, 15	Professional Fee/ Grant & Award [2]	$65,000.00	$0.00	$65,000.00
5	Supplies	$2,000.00	$0.00	$2,000.00
6	Telephone	$2,000.00	$0.00	$2,000.00
7	Postage & Shipping	$1,000.00	$0.00	$1,000.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$10,000.00	$0.00	$10,000.00
10	Printing & Publications	$1,000.00	$0.00	$1,000.00
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]	$1,000.00	$0.00	$1,000.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (7% of total direct costs)	$10,700.00	$0.00	$10,700.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$168,800.00**	$0.00	$168,800.00

ELC EDx HL00018529

1 Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E) and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).

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

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ATTACHMENT 2 (continued) GRANT
BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 13)

SALARIES	Monthly Salary	# of Months (expected)	% of time	Justification/Description	AMOUNT
Krews, Elise, Health Manager 3	$7,854.09	1	100%	**Grant Manager** - Directs overall operation of grant projects. Transitioning from another grant that is ending in May.	$7,854.09
Vargas, Zacnite, Public Health Administrator 1	$5,787.36	1	100%	**Partnership Manager** - Serves as a liaison between MPHD and community partners/internal departments. Transitioning from another grant that is ending in May.	$5,787.36
Smotherman, Regina, Finance Specialist 2	$5,787.36	1	50%	**Finance Specialist -** Provides financial support and accounting to the project including filing grant reports to the CDC and managing financial correspondence. Transitioning from supporting another grant that is ending in May.	$2,893.68
Vacant, Research Analyst (PHA 1)	$5,787.36	1	100%	**Research Analyst** - Perform data analysis, report writing, tracking metrics over time and reporting of key outputs and outcomes.	$5,787.36
Vacant, Mobile Social Worker (PS3)	$4,795.85	1	100%	**Mobile Social Worker -** Coordinates resource navigation efforts and implements expanded primary data collection efforts	$4,795.85
Vacant, Mobile Social Worker (PS3)	$4,795.85	1	100%	**Mobile Social Worker** - Coordinates resource navigation efforts and implements expanded primary data collection efforts	$4,795.85
Vacant, Outreach Coordinator (PHA 1)	$5,787.36	1	100%	**Outreach Coordinator** - Serves as a liaison between MPHD and community partners/internal departments	$5,787.36
Vacant, Project Manager (PHA 2)	$6,734.20	1	100%	**Project Manager** - Supports management of grant projects, contracts, etc.	$6,734.20
Vacant, Office Support Specialist (OSS 2)	$3,855.45	1	100%	**Office Support Representative** - Provides administrative services for grant-related projects.	$3,855.45
Vacant, Mobile Clinic Facilities Specialist (PS3)	$4,795.85	1	100%	**Mobile Clinic Facilities Specialist -** Supports the driving, maintenance, and security of the mobile clinic unit.	$4,795.85
					$53,087.02
				ROUNDED TOTAL	$53,100.00

TRAVEL / CONFERENCES & MEETINGS	Justification/Description	AMOUNT
Local mileage		$500.00
	ROUNDED TOTAL	$500.00

PROFESSIONAL FEES/GRANT AWARD	# of Months (if monthly)	Justification/Description	AMOUNT
Matthew Walker Community Health Worker Contract	1	**Existing contract -** Sustains 2 Community Health Workers contracted and working at Matthew Walker.	$15,000.00
Siloam Health Community Health Worker Contract	1	**Existing contract -** Sustains 2 Community Health Workers contracted and working at Siloam.	$15,000.00
COVID-19 Response/Recovery Data Dashboard Development	N/A	**Existing contract -** ESRi Contract via Metro ITS	$5,000.00
Transportation Services	1	**Contract in process -** Transportation to/from clinics for testing and wraparound services (11,700/month x 6 months)	$10,000.00
Health Communications Campaigns		COVID-19 communications campaigns that are culturally and linguistically tailored for communities most impacted by disparities	$5,000.00
CLAS Training		Annual CLAS training for grant-funded staff via the Tennessee Language Center	$5,000.00
Temporary Staffing & Language line assistance for COVID-19 Testing/Results/Information			$10,000.00
		ROUNDED TOTAL	$65,000.00

SUPPLIES	Justification/Description	AMOUNT
COVID-19 At Home Test Kits	Continued distribution of COVID at-home test kits via community partners	$0.00
Mobile Vaccination Unit Supplies		$0.00
Office Supplies		$1,000.00
PPE (gloves, gowns, masks, etc.)		$1,000.00
	ROUNDED TOTAL	$2,000.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	Justification/Description	AMOUNT
Bus passes, food boxes, etc. to provide wraparound support to community members at mobile clinic events and via partners.		$1,000.00
	ROUNDED TOTAL	$1,000.00

CAPITOL PURCHASE	Justification/Description	AMOUNT
		$0.00
	ROUNDED TOTAL	$0.00

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ATTACHMENT 3

TN Department of Health

Invoice Reimbursement Form

Contract #
Supplier Name
Program Name

Section 1: Contract Information (to be completed by TDH Accounts)

PO # (Req.) _____

PO Line # (Req.) _____

Receipt # (Req.) _____

Agency Invoice # _____

Edison Contract # _____

Edison Vendor # _____

Edison Address Line # _____

AP Attachment (check if yes) ☐

Section 2: Invoice Information (to be completed by Contractor/Grantee)

Contract Invoice # _____

Invoice Date _____

Service Start Date _____

Service End Date _____

Contract Start Date _____

Contract End Date _____

Contact Person Name _____

Phone # _____

Remit Payment to:

Business Name _____

Street Address _____ City _____ State _____ ZIP _____

Budget Line Items	(A) Total Contract Budget	(B) Amount Billed YTD	(C) Monthly Expenditures Due
Salaries			
Benefits			
Professional Fee/Grant/Award			
Supplies			
Telephone			
Postage and Shipping			
Occupancy			
Equipment Rental and Maintenance			
Printing and Publications			
Travel/Conferences and Meetings			
Interest			
Insurance			
Specific Assistance to Individuals			
Depreciation			
Other Non-Personnel			
Capital Purchase			
Indirect Costs			
TOTAL	$ 0.00	$ 0.00	$ 0.00

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ATTACHMENT 3

Section 3: Payment Information (to be completed by TDH Program)

Invoice Received Date _____ Invoice Received by (Name) _____

Service Type (Select One): ☐ Medical Services ☐ Non-Medical Services

Speedchart	Department ID	User Code	Project ID	Amount ($)

Total Amount: $ 0.00

Additional Signatures as Required by Program (Not required for processing and payment by F&A Accounts Payable)

_____ Program Signature 1

_____ Program Signature 2

_____ Program Signature 3

Section 4: Authorized Signatures

Contractor/Grantee Authorization

Name: _____

Date: _____

Signature: _____

TDH Program Authorization

Name: _____

Date: _____

Signature: _____

TDH Accounts Authorization

Name: _____

Date: _____

Signature: _____

Section 5: Additional Comments

Section 6: Month to Month Expense Tracking Sheet (Not Required by F&A Accounts Payable)

Budget Line Items	Budget Amt	Jul Expenses	Aug Expenses	Sep Expenses	Oct Expenses	Nov Expenses	Dec Expenses	Jan Expenses	Feb Expenses	Mar Expenses	Apr Expenses	May Expenses	Jun Expenses	YTD Totals	Balance Remaining
Salaries	$ 0.00													$ 0.00	$ 0.00
Benefits	$ 0.00													$ 0.00	$ 0.00
Fee/Grant/Award	$ 0.00													$ 0.00	$ 0.00
Supplies	$ 0.00													$ 0.00	$ 0.00
Telephone	$ 0.00													$ 0.00	$ 0.00
Postage and Shipping	$ 0.00													$ 0.00	$ 0.00
Occupancy	$ 0.00													$ 0.00	$ 0.00
Equipment Rental and Maintenance	$ 0.00													$ 0.00	$ 0.00
Printing and Publications	$ 0.00													$ 0.00	$ 0.00
Travel/Conferences and Meetings	$ 0.00													$ 0.00	$ 0.00
Interest	$ 0.00													$ 0.00	$ 0.00
Insurance	$ 0.00													$ 0.00	$ 0.00
Specific Assistance to Individuals	$ 0.00													$ 0.00	$ 0.00
Depreciation	$ 0.00													$ 0.00	$ 0.00
Other Non-Personnel	$ 0.00													$ 0.00	$ 0.00
Capital Purchase	$ 0.00													$ 0.00	$ 0.00
Indirect Costs	$ 0.00													$ 0.00	$ 0.00
Totals	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Instructions & Hints

Do not send a worksheet that is linked to another file

Line by line instructions are on the "line by line info" tab
Retain this file in blank form
Use "File Save As" to save information for a specific contract or reporting period
File Names: **Please use the following format when naming files.**
name of agency REPORTING PERIOD END.xls
do not abbreviate the agency name
example: davidson county health MARCH 02.xls
Reporting period - the start and end dates of the quarter being reported
Reporting periods are based on the Agency's fiscal year
Grant period - the start and end dates of the contract being reported
Send a report for every quarter even if there is no activity for that quarter
Abbreviations - do not abbreviate the Agency name
Number pages using the "page_____of _____ pages" format

THE WORKSHEET IS NOT PROTECTED
do not overwrite formulas (identified by yellow shading and "0") or change formats
do not overwrite/edit shaded areas (move to the cell beyond the shading for input)
do not add (insert) lines **do not change shaded areas**

Expense and Revenue pages can show information for 2 contracts
Use separate Schedules A & B to report contracts for each granting State agency
Use additional expense and revenue pages for more than 2 contracts
copy all lines & fields to the first blank line below the last line in column A
with the cursor at the start of the added page, use "insert" "page break" for print purposes
reset print range to cover the added page(s) and correct the page numbers
Contract Number is the State Contract Number, NOT the agency program number
Report by program within the State Contract Number within State Department
Summarize programs into totals by State Contract Number and State Department totals
Do not combine State Contract Numbers
One Funding Information Summary and one Schedule C are required from each contractor submitting reports
Review Section C in all contracts for reporting requirements

ALLOCATION OF ADMINISTRATIVE COSTS
Requires completion of all attached sheets

NOTE If files are not properly named and print ranges not set, the report will be returned for correction
Do not send invoices with expense reports
If a refund is due, mail reports with check or send note with e-mail that check in the mail.

e-mail completed files to: policy2013_007.amo.health@tn.gov
e-mail filing replaces mailing forms
or mailing Address:
Rushdi Eskarous Telephone: 615-741-2974
Tennessee Department of Health
Fiscal Services
6th Floor Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243

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PROGRAM EXPENSE REPORT (Excerpted from Policy 3 statement)
SCHEDULE A
EXPENSE BY OBJECT LINE-ITEMS

There are seventeen specific object expense categories; two subtotals (Line 3, Total Personnel Expenses, and Line 19, Total Non-personnel Expenses); and Reimbursable Capital Purchases (Line 20), above Line 21, Total Direct Program Expenses. All expenses should be included in one or more of the specific categories, or in an additional expense category entered under Line 18, Other Non-personnel Expenses. The contracting state state agency may determine these requirements.

With the exception of depreciation, everything reported in Lines 1 through 21 must represent an actual cash disbursement or accrual as defined in the Basis For Reporting Expenses/Expenditures section on page 13.

THE YEAR-TO-DATE EXPENSES MUST BE TRACEABLE TO THE REPORTING AGENCY'S GENERAL LEDGER

Line 1 Salaries And Wages
On this line, enter compensation, fees, salaries, and wages paid to officers, directors, trustees, and employees. An attached schedule may be required showing client wages or other included in the aggregations.

Line 2 Employee Benefits & Payroll Taxes
Enter (a) the organization's contributions to pension plans and to employee benefit programs such as health, life, and disability insurance; and (b) the organization's portion of payroll taxes such as social security and Medicare taxes and unemployment and workers' compensation insurance. An attached schedule may be required showing client benefits and taxes or other included in the aggregations.

Line 3 Total Personnel Expenses
Add lines 1 and 2.

Line 4 Professional Fees
Enter the organization's fees to outside professionals, consultants, and personal-service contractors. Include legal, accounting, and auditing fees. An attached schedule may be required showing the details in the aggregation of professional fees.

Line 5 Supplies
Enter the organization's expenses for office supplies, housekeeping supplies, food and beverages, and other supplies. An attached schedule may be required showing food expenses or other details included in the aggregations.

Line 6 Telephone
Enter the organization's expenses for telephone, cellular phones, beepers, telegram, FAX, E-mail, telephone equipment maintenance, and other related expenses.

Line 7 Postage And Shipping
Enter the organization's expenses for postage, messenger services, overnight delivery, outside mailing service fees, freight and trucking, and maintenance of delivery and

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shipping vehicles. Include vehicle insurance here or on line 14.

Line 8 Occupancy
Enter the organization's expenses for use of office space and other facilities, heat, light, power, other utilities, outside janitorial services, mortgage interest, real estate taxes, and similar expenses. Include property insurance here or on line 14.

Line 9 Equipment Rental And Maintenance
Enter the organization's expenses for renting and maintaining computers, copiers, postage meters, other office equipment, and other equipment, except for telephone, truck, and automobile expenses, reportable on lines 6, 7, and 11, respectively.

Line 10 Printing And Publications
Enter the organization's expenses for producing printed materials, purchasing books and publications, and buying subscriptions to publications.

Line 11 Travel
Enter the organization's expenses for travel, including transportation, meals and lodging, and per diem payments. Include gas and oil, repairs, licenses and permits, and leasing costs for company vehicles. Include travel expenses for meetings and conferences. Include vehicle insurance here or on line 14.

Line 12 Conferences And Meetings
Enter the organization's expenses for conducting or attending meetings, conferences, and conventions. Include rental of facilities, speakers' fees and expenses, printed materials, and registration fees (but not travel).

Line 13 Interest
Enter the organization's interest expense for loans and capital leases on equipment, trucks and automobiles, and other notes and loans. Do not include mortgage interest reportable on line 8.

Line 14 Insurance
Enter the organization's expenses for liability insurance, fidelity bonds, and other insurance. Do not include employee-related insurance reportable on line 2. Do not include property and vehicle insurance if reported on lines 7, 8, or 11.

Line 15 Grants And Awards
Enter the organization's awards, grants, subsidies, and other pass-through expenditures to individuals and to other organizations. Include allocations to affiliated organizations. Include in-kind grants to individuals and organizations. Include scholarships, tuition payments, travel allowances, and equipment allowances to clients and individual beneficiaries. Pass-through funds are not included when computing administrative expenses reported on Line 22.

Line 16 Specific Assistance to Individuals
Enter the organization's direct payment of expenses of clients, patients, and individual beneficiaries. Include such expenses as medicines, medical and dental fees, children's board, food and homemaker services, clothing, transportation, insurance coverage, and wage supplements.

Line 17 Depreciation

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Enter the expenses the organization records for depreciation of equipment, buildings, leasehold improvements, and other depreciable fixed assets.

Line 18 Other Non-personnel Expenses

NOTE: Expenses reportable on lines 1 through 17 should not be reported in an additional expense category on line 18. A description should be attached for each additional category entered on line 18. The contracting state agency may determine these requirements.
Enter the organization's allowable expenses for advertising (1), bad debts (2), contingency provisions (7), fines and penalties (14), independent research and development (reserved) (17), organization (27), page charges in professional journals (29), rearrangement and alteration (39), recruiting (41), and taxes (47). Include the organization’s and employees' membership dues in associations and professional societies (26). Include other fees for the organization's licenses, permits, registrations, etc.

Line 19 Total Non-personnel Expenses
Add lines 4 through 18.

Line 20 Reimbursable Capital Purchases
Enter the organization's purchases of fixed assets. Include land, equipment, buildings, leasehold improvements, and other fixed assets. An attached schedule may be required showing the details for each such purchase.

Line 21 Total Direct Program Expenses
Add lines 3, 19, and 20.
Includes direct and allocated direct program expenses.

Line 22 Administrative Expenses
The distribution will be made in accordance with an allocation plan approved by your cognizant state agency.

Line 23 Total Direct And Administrative Expenses
Line 23 is the total of Line 21, Total Direct Program Expenses, and Line 22, Administrative Expenses. Line 23, Total Direct and Administrative Expenses Year-to-Date should agree with the Total of Column B, Year-to-Date Actual Expenditures of the *Invoice for Reimbursement.*

Line 24 In-Kind Expenses
In-kind Expenses (Line 24) is for reporting the value of contributed resources applied to the program. Approval and reporting guidelines for in-kind contributions will be specified by those contracting state agencies who allow their use toward earning grant funds.
Carry forward to Schedule B, Line 38.

Line 25 Total Expenses
The sum of Line 23, Total Direct and Administrative Expenses, and Line 24, In-kind Expenses, goes on this line.

PROGRAM REVENUE REPORT (PRR)
SCHEDULE B

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SOURCES OF REVENUE

The revenue page is intended to be an extension of the total expenses page, in that the columns should match up by contract/attachment number and program title. There are ten revenue sources (Schedule B, Part 1) and three subtotals (Lines 33, 41, and 43). Additional supplemental schedules for one or more of the line items may be attached, if needed. Each revenue column should be aligned with its corresponding expense column from Schedule A.

Reimbursable Program Funds

Line 31 Reimbursable Federal Program Funds
Enter the portion of Total Direct & Administrative Expenses reported on Line 23, Schedule A, that is reimbursable from federal program funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 32 Reimbursable State Program Funds
Enter the portion of Total Direct & Administrative Expenses reported on Line 23, Schedule A, that is reimbursable from state program funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 33 Total Reimbursable Program Funds (Equals Schedule B, Line 55)
Add lines 31 and 32.

Matching Revenue Funds

Line 34 Other Federal Funds
Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other federal funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 35 Other State Funds
Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other state funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 36 Other Government Funds
Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other government funds. The state funding agency may an attached detail listing and reconciliation schedule.

Line 37 Cash Contributions (Non-government)
Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from such sources of cash contributions as corporations, foundations, trusts, individuals, United Ways, other not-for-profit organizations, and from affiliated organizations. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 38 In-Kind Contributions (Equals Schedule A, Line 24)
Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from direct and administrative in-kind contributions. The state

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funding agency may require an attached detail listing and reconciliation schedule. Approval and guidelines for valuation and reporting of in-kind contributions will be specified by those grantor agencies who allow their use toward earning grant funds.

Line 39 Program Income
Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from program income related to the program funded by the state agency. The state funding agency may require an attached detail listing.

Line 40 Other Matching Revenue
Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other revenues not included in lines 34 through 39. The state funding agency may require an attached detail listing.

Line 41 Total Matching Revenue Funds
Add lines 34 through 40

Line 42 Other Program Funds
Enter program income related to the program funded by the state agency but not reported as matching revenue funds on Line 54.

Line 43 Total Revenue
Add lines 33, 41, and 42

RECONCILIATION BETWEEN TOTAL EXPENSES AND REIMBURSABLE EXPENSES SCHEDULE B - (Lines 51 to 59)

This section, at the bottom of Schedule B, is for subtracting non-reimbursable amounts included in Total Expenses (Line 25, Schedule A and Line 51, Schedule B).
The first line of this section, Line 51, Total Expenses, is brought forward from the last last line of the corresponding Schedule A Total Expense Page.

There are three categories of adjustments for which titled lines are provided:

Line 52 OTHER UNALLOWABLE EXPENSES:
Some program expenses may not be reimbursable under certain grants. This is a matter between the contracting parties, and will vary according to the state agency involved and the type of grant or contract. Consult your contract or the department that funds the program for guidelines.

Line 53 EXCESS ADMINISTRATION:
This adjustment line may be used to deduct allocated Administration and General expenses in excess of an allowable percentage specified in the grant contract. It may also be used to deduct an adjustment resulting from limitations on certain components of Administration and General expenses. Again, the specific guidelines of the department and grant involved are the controlling factor.

Line 54 MATCHING EXPENSES (Equals Schedule B, Line 41)
Since the goal is to arrive at a reimbursable amount, the expenses paid out of other sources

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of funding, local support and program user fees for example, will have to be deducted. The amount left should be only that which is to be paid for by the contracting state agency.

Line 55 REIMBURSABLE EXPENSES (Line 51 less Lines 52, 53, and 54) (Equals Schedule B, Line 33)
This is the amount that the contracting state agency will pay for the quarter's operations of the program. The cumulative column is what the grant actually paid to date.

Line 56 TOTAL REIMBURSEMENT-TO-DATE
In the quarter-to-date column, this is the total received for this quarter from filing of the Invoice For Reimbursement. The cumulative column's amount is the total received for the grant year-to-date.

Line 57 DIFFERENCE (Line 55 less Line 56)
This is the portion of Reimbursable Expenses not yet paid.

Line 58 ADVANCES
Any advance payments for a grant should appear on this line.

Line 59 THIS REIMBURSEMENT (Line 57 less Line 58)
The remainder should be the amount due under the grant contract. Actual payments are made through the invoicing process and not through the filing of this report.

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POLICY 7 REPORTING REQUIREMENTS - SUMMARY

Policy 7 requires reporting the entire operation of the Grantee agency. This could include numerous programs and contracts. Policy 7 requirements are outlined in each contract and are available on line at: http://www.state.tn.us/finance/act/policyb.html

The "Contractor/Grantee" is the agency receiving the state grant.

The "Contracting State Agency" is the state agency that gives the grant.

Reports are normally due 30 days after the close of the Grantee's accounting quarter and year, which may/may not coincide with the State accounting quarter and year end. Exact requirements are in the contract.

Policy 7 reporting requires one report from each contracting agency consisting of Schedules A, B, and C and a Funding Information Summary. Schedules A and B detail each program added to a contract total. Schedules A and B are designed to show 2 programs per page and there would be only one Schedule C per grantee. On Schedules A and B, programs that are not state funded can be rolled into a single program category. The lines on Schedule A for year-to-date information add across all programs/contracts to the corresponding line on the Schedule C - Grant contracts in the first column and non-grant operations in the second column.

The third column of the Schedule C shows Administrative Expenses incurred by the Grantee. Administrative expenses are generally those that benefit programs but are not directly associated with the program/contract. These could include the Executive Director, office operation, accounting staff, and other similar expenses. This column will also show the allocation of Administrative Expenses to the various programs/contracts, if this is done by the Grantee. If allocated, a negative on line 22 is equal to the Administrative Expense allocated to the grant and non-grant programs/contracts. Administrative Expenses may include some items that are not subject to allocation so the amount allocated may/may not equal the total Administrative Expense reported. Allocation of Administrative Expenses requires an approved allocation plan.

The fourth column of the Schedule C shows the total operation of the reporting grantee for the year-to-date. The Policy 7 report should, in total, match the total operation of the Grantee.

The funding Information Summary shows the method of allocating Administrative Expenses. If there is no approved allocation plan and the grantee does not allocate Administrative Expenses, then there is no entry on Schedule C, line 22 and no allocation to the programs/contracts. This form must be submitted with every report.

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Tennessee Department of Health
Funding Information Summary

AGENCY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

REPORTING PERIOD: (MM/DD/YY) FROM: _____ THRU: _____

AGENCY FISCAL YEAR END (MM/DD) _____

COST ALLOCATION: DOES YOUR ORGANIZATION HAVE AN APPROVED COST ALLOCATION PLAN?

YES ____ NO ____

If yes, Name of organization that approved the Plan: _____

IF COST ALLOCATION IS APPLIED, INDICATE THE METHOD OF ALLOCATION:

Ratio of direct program salaries to total direct salaries applied to administrative cost. _____

Ratio of direct program expenditure to total direct expenditures applied to administrative cost. _____

Cost step down. _____

Other (describe) _____

_____

_____

Is your organization: _____ A private not-for-profit organization?

_____ A state college or university, or part of a city government?

DIRECTOR _____ PHONE # _____

PREPARER OF REPORT _____ PHONE # _____

DATE COMPLETED _____

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Schedule A, Part 1 STATE OF TENNESSEE PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE _____ FEDERAL ID # _____

CONTRACTING STATE AGENCY _____ REPORT PERIOD _____

Program # _____ _____

Contract Number _____ _____

Grant Period _____ _____

Program Name _____ _____

Service Name _____ _____

Schedule A

Item #	EXPENSE BY OBJECT:	QUARTER TO DATE	YEAR TO DATE	QUARTER TO DATE	YEAR TO DATE
1	Salaries and Wages				
2	Employee Benefits & Payroll Taxes				
3	Total Personnel Expenses (add lines 1 and 2)	0.00	0.00	0.00	0.00
4	Professional Fees				
5	Supplies				
6	Telephone				
7	Postage and Shipping				
8	Occupancy				
9	Equipment Rental and Maintenance				
10	Printing and Publications				
11	Travel				
12	Conferences and Meetings				
13	Interest				
14	Insurance				
15	Grants and Awards				
16	Specific Assistance to Individuals				
17	Depreciation				
18	Other Non-personnel Expenses (detail)	----------	----------	----------	----------
a					
b					
c					
d					
19	Total Non-personnel Expenses (add lines 4 - 18)	0.00	0.00		0.00
20	Reimbursable Capital Purchases				
21	TOTAL DIRECT PROGRAM EXPENSES	0.00	0.00		0.00
22	Administrative Expenses				
23	TOTAL DIRECT AND ADMINISTRATIVE EXPENSES	0.00	0.00	0.00	0.00
24	In-Kind Expenses				
25	TOTAL EXPENSES	0.00	0.00	0.00	0.00

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Schedule B, Part 1 STATE OF TENNESSEE PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE _____ FEDERAL ID # _____

CONTRACTING STATE AGENCY _____ REPORT PERIOD _____

Program # _____ _____

Contract Number _____ _____

Grant Period _____ _____

Program Name _____ _____

Service Name _____ _____

Schedule B

Item #	SOURCES OF REVENUE	QUARTER TO DATE	YEAR TO DATE	QUARTER TO DATE	YEAR TO DATE
	Reimbursable Program Funds				
31	Reimbursable Federal Program Funds				
32	Reimbursable State Program Funds				
33	Total Reimbursable Program Funds (equals line 55)	0.00	0.00	0.00	0.00
	Matching Revenue Funds				
34	Other Federal Funds				
35	Other State Funds				
36	Other Government Funds				
37	Cash Contributions (non-government)				
38	In-Kind Contributions (equals line 24)	0.00	0.00	0.00	0.00
39	Program Income				
40	Other Matching Revenue				
41	Total Matching Revenue Funds (lines 34 - 40)	0.00	0.00	0.00	0.00
42	Other Program Funds				
43	Total Revenue (lines 33, 41, & 42)	0.00	0.00	0.00	0.00
	Reconciliation Between Total and Reimbursable Expenses				
51	Total Expenses (line 25)	0.00	0.00	0.00	0.00
52	Subtract Other Unallowable Expenses (contractual)				
53	Subtract Excess Administration Expenses (contractual)				
54	Subtract Matching Expenses (equals line 41)	0.00	0.00	0.00	0.00
55	Reimbursable Expenses (line 51 less lines 52,53,54)	0.00	0.00	0.00	0.00
56	Total Reimbursement To Date				
57	Difference (line 55 less line 56)	0.00	0.00	0.00	0.00
58	Advances	0.00	0.00	0.00	0.00
59	This reimbursement (line 57 less line 58)	0.00	0.00	0.00	0.00

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Schedule C - Final Page STATE OF TENNESSEE PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE _____ FEDERAL ID # _____

CONTRACTING STATE AGENCY _____ REPORT PERIOD _____

Schedule A Year-To-Date Information

Item #	EXPENSE BY OBJECT:	TOTAL DIRECT PROGRAM EXPENSES	TOTAL NONGRANT/ UNALLOWABLE EXPENSES	TOTAL ADMINISTRATIVE EXPENSES	GRAND TOTAL
		YEAR TO DATE	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE
1	Salaries and Wages				0.00
2	Employee Benefits & Payroll Taxes				0.00
3	Total Personnel Expenses	0.00	0.00	0.00	0.00
4	Professional Fees				0.00
5	Supplies				0.00
6	Telephone				0.00
7	Postage and Shipping				0.00
8	Occupancy				0.00
9	Equipment Rental and Maintenance				0.00
10	Printing and Publications				0.00
11	Travel				0.00
12	Conferences and Meetings				0.00
13	Interest				0.00
14	Insurance				0.00
15	Grants and Awards				0.00
16	Specific Assistance to Individuals				0.00
17	Depreciation				0.00
18	Other Non-personnel Expenses (detail)	----------	----------	----------	----------
a	_____				0.00
b	_____				0.00
c	_____				0.00
d	_____				0.00
19	Total Non-personnel Expenses	0.00	0.00	0.00	0.00
20	Reimbursable Capital Purchases				0.00
21	TOTAL DIRECT PROGRAM EXPENSES	0.00	0.00	0.00	0.00
22	Administrative Expenses				0.00
23	TOTAL DIRECT AND ADMINISTRATIVE EXPENSES	0.00	0.00	0.00	0.00
24	In-Kind Expenses				0.00
25	TOTAL EXPENSES	0.00	0.00	0.00	0.00

ATTACHMENT 4 END

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ATTACHMENT 5

Annual (Final) Report*

1. **Grantee Name:**
2. **Grant Contract Edison Number:**
3. **Grant Term:**
4. **Grant Amount:**
5. **Narrative Performance Details:** *(Description of program goals, outcomes, successes and setbacks, benchmarks or indicators used to determine progress and any activities that were not completed).*

Submit one copy each to:

- Jessie.Smotherman@tn.gov
- Cecilia.A.Sawyers@tn.gov
- CEDEP.Compliance@tn.gov
- fa.audit@tn.gov

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Juanita Paulson
730 2nd Ave. South 1st Floor
Nashville, TN 37219
Juanita.Paulsen@nashville.gov
IP Address: 170.190.198.190

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Signer Events	Signature	Timestamp
Rose Wood rose.wood@nashville.gov Finance Admin Metro Finance Dept. OMB Security Level: Email, Account Authentication (None)	RW Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 5/17/2024 11:15:47 AM Viewed: 5/17/2024 2:01:40 PM Signed: 5/17/2024 2:01:50 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Aaron Pratt Aaron.Pratt@nashville.gov Security Level: Email, Account Authentication (None)	Aaron Pratt Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 5/17/2024 2:01:51 PM Viewed: 5/21/2024 6:09:08 AM Signed: 5/21/2024 6:09:20 AM
Electronic Record and Signature Disclosure: Accepted: 5/21/2024 6:09:08 AM ID: 5d6285b7-d642-4fe0-8d29-2949c2d859fd		
Kevin Crumbo/mjw MaryJo.Wiggins@nashville.gov Security Level: Email, Account Authentication (None)	Kevin Crumbo/mjw Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.100	Sent: 5/21/2024 6:09:22 AM Viewed: 5/21/2024 3:43:46 PM Signed: 5/21/2024 3:44:55 PM
Electronic Record and Signature Disclosure: Accepted: 5/21/2024 3:43:46 PM ID: cf74ae3d-43d5-4e23-b07a-3ea05ecbdc0b		
Courtney Mohan Courtney.Mohan@nashville.gov Security Level: Email, Account Authentication (None)	Courtney Mohan Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 5/21/2024 3:44:57 PM Viewed: 5/21/2024 3:47:30 PM Signed: 5/21/2024 4:15:10 PM
Electronic Record and Signature Disclosure:		

Signer Events	Signature	Timestamp
Accepted: 5/21/2024 3:47:30 PM ID: d14a8d17-843f-40f6-a499-36d23e0d45ba		
Balogun Cobb balogun.cobb@nashville.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 5/21/2024 4:15:12 PM Viewed: 5/21/2024 4:16:06 PM Signed: 5/21/2024 4:16:15 PM
Electronic Record and Signature Disclosure: Accepted: 5/21/2024 4:16:06 PM ID: 75132a8b-a4f3-4f72-9f49-a335b9c64b72		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Danielle Godin Danielle.Godin@nashville.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 5/21/2024 4:16:17 PM Viewed: 5/21/2024 6:34:03 PM
Sally Palmer sally.palmer@nashville.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 5/21/2024 12:05:32 PM ID: e9de22dd-da91-4028-abd6-e561361760b1	COPIED	Sent: 5/21/2024 4:16:18 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/17/2024 11:15:47 AM
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Signing Complete	Security Checked	5/21/2024 4:16:15 PM
Completed	Security Checked	5/21/2024 4:16:18 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure