

RESOLUTION NO. RS2020 - 594

A resolution approving amendment two to a grant from the State of Tennessee, Department of Health, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to provide Chronic Disease Prevention and Management Services to reduce risks associated with prediabetes, type 2 diabetes, or heart disease and stroke.

WHEREAS, The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the State of Tennessee, Department of Health, to provide Chronic Disease Prevention and Management Services to reduce risks associated with prediabetes, type 2 diabetes, or heart disease and stroke approved by RS2019-1700; and,

WHEREAS, the parties wish to amend that grant agreement to increase the amount of the grant by \$90,900.00 for a new grant total of \$242,400.00 with no cash match required, a copy of which amendment two is attached hereto; and,

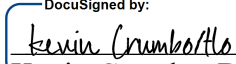
WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendment two be accepted.

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

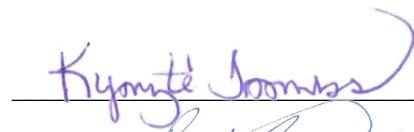
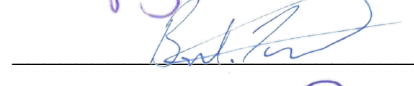
Section 1. That amendment two to the grant by and between the State of Tennessee, Department of Health, and The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to provide Chronic Disease Prevention and Management Services to reduce risks associated with prediabetes, type 2 diabetes, or heart disease and stroke, a copy of which amendment two is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY  
OF FUNDS:

DocuSigned by:  
  
Kevin Crumbo, Director  
Department of Finance

INTRODUCED BY:

  
  
Zulfat Suara  
Member(s) of Council

APPROVED AS TO FORM AND  
LEGALITY:

DocuSigned by:  
  
Assistant Metropolitan Attorney

## GRANT SUMMARY SHEET

<b>Grant</b>	Chronic Disease Prevention 19-23 Amend. 2
<b>Department:</b>	HEALTH DEPARTMENT
<b>Grantor:</b>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
<b>Pass-Through Grantor</b>	TENN. DEPT. OF HEALTH
<b>Total Award this</b>	\$90,900.00
<b>Cash Match</b>	\$0.00
<b>Department</b>	Brad Thompson 340-0407
<b>Status</b>	AMENDMENT

**Program Description:**

A mini-grant to establish a Cardiovascular Disease and Type 2 Diabetes Prevention & Management program to promote and support healthy living. Amendment 2 adds an additional \$90,900.00 to the previous amount of \$151,500.00 for a new grand total of \$242,400.00.

**Plan for continuation of services upon**

If the program is successful, the results will carry on without funding.

## Grants Tracking Form

## Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input type="radio"/>		Contract Amendment <input checked="" type="radio"/>	
Department	Dept. No.	Contact				Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson				340-0407	
Grant Name:		Chronic Disease Prevention 19-23 Amend. 2					
Grantor:		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:	
Grant Period From:		08/01/19	(applications only) Anticipated Application Date:				
Grant Period To:		06/30/23	(applications only) Application Deadline:				
Funding Type:	FED PASS THRU	Multi-Department Grant		<input type="checkbox"/>	If yes, list below.		
Pass-Thru:	TENN. DEPT. OF HEALTH	Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	FORMULA	Total Award:		\$90,900.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.426	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:		Applic. Submitted Electronically?		<input type="checkbox"/>			
A mini-grant to establish a Cardiovascular Disease and Type 2 Diabetes Prevention & Management program to promote and support healthy living. <b>Amendment 2 adds an additional \$90,900.00 to the previous amount of \$151,500.00 for a new grand total of \$242,400.00</b>							
Plan for continuation of service after expiration of grant/Budgetary Impact: If the program is successful, the results will carry on without funding.							
How is Match Determined?							
Fixed Amount of \$		or		% of Grant		Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:							
For this Metro FY, how much of the required local Metro cash match:							
Is already in department budget?		Fund		Business Unit			
Is not budgeted?		Proposed Source of Match:					
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:		0.50	Actual number of positions added:		0.00		
Departmental Indirect Cost Rate		23.54%	Indirect Cost of Grant to Metro:		\$57,060.96		
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No		% Allow.	0.00%	Ind. Cost Requested from Grantor:		\$0.00	in budget
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable?		<input type="checkbox"/>					
Metro or Community-based Partners:							

## Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY20	\$60,600.00						\$60,600.00	\$14,265.24	\$0.00
Yr 2	FY21	\$60,600.00						\$60,600.00	\$14,265.24	\$0.00
Yr 3	FY22	\$60,600.00						\$60,600.00	\$14,265.24	\$0.00
Yr 4	FY23	\$60,600.00						\$60,600.00	\$14,265.24	\$0.00
Yr 5	FY									
Total		\$242,400.00	\$0.00	\$0.00	\$0.00		\$0.00	\$242,400.00	\$57,060.96	\$0.00
	Date Awarded:			09/10/20	Tot. Awarded:		\$90,900.00	Contract#:	34352-52220-2	
	(or) Date Denied:				Reason:					
	(or) Date Withdrawn:				Reason:					

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

Rev. 5/13/13  
5110

GCP rec'd  
09/23/20

GCP  
Approved  
09/23/20

VW



## CONTRACT AMENDMENT COVER SHEET

<b>Agency Tracking #</b> 34352-52220	<b>Edison ID</b> 62939	<b>Contract #</b> GG-20-62939-01	<b>Amendment #</b> 2		
<b>Contractor Legal Entity Name</b> Metropolitan Government of Nashville and Davidson County			<b>Edison Vendor ID</b> 4		
<b>Amendment Purpose &amp; Effect(s)</b> Increase Maximum Liability					
<b>Amendment Changes Contract End Date:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>End Date:</b> June 30, 2023			
<b>TOTAL Contract Amount INCREASE or DECREASE per this Amendment</b> (zero if N/A):			<b>\$ 90,900.00</b>		
<b>Funding —</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>
2020		\$60,600.00			\$60,600.00
2021		\$60,600.00			\$60,600.00
2022		\$60,600.00			\$60,600.00
2023		\$60,600.00			\$60,600.00
<b>TOTAL:</b>		<b>\$242,400.00</b>			<b>\$242,400.00</b>
<b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.  <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Eric Bucholz</div>					CPO USE
<b>Speed Chart</b> (optional) HL00017079/HL00000755		<b>Account Code</b> (optional) 71301000			

**AMENDMENT TWO  
OF CONTRACT GG2062939-01**

This Amendment is made and entered by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" and Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Contractor." For good and valuable consideration, the sufficiency of which is hereby acknowledged, it is mutually understood and agreed by and between said, undersigned contracting parties that the subject contract is hereby amended as follows:

1. Contract Attachment 1 is deleted in its entirety and replaced with the new Attachment 1 attached hereto.
2. Grant Contract section B. is deleted in its entirety and replaced with the following:

**B. TERM OF GRANT CONTRACT:**

- B.1. This Grant Contract shall be effective for the period beginning on October 1, 2018, ("Effective Date") and ending on June 30, 2023, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
  - B.2. Term Extension. It is understood and agreed that the State may extend the Term an additional period of time, not to exceed one hundred-eighty (180) days beyond the expiration date of this Grant Contract, under the same terms and conditions. In no event, however, shall the maximum Term, including all extensions or renewals, exceed a total of sixty (60) months.
3. Contract section C.1. is deleted in its entirety and replaced with the following:
    - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Two Hundred Forty Two Thousand Four Hundred (\$242,400.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 3 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.
  4. Contract Attachment 3 is deleted in its entirety and replaced with the new Attachment 3 attached hereto.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective ten (10) days following the last signature. All other terms and conditions of this Contract not expressly amended herein shall remain in full force and effect.

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

  
\_\_\_\_\_  
Director, Metro Public Health Department

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Chair, Board of Health

9/16/2020  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
  
\_\_\_\_\_  
Director, Department of Finance

10/5/2020  
\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
  
\_\_\_\_\_  
Director of Risk Management Services

10/5/2020  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
  
\_\_\_\_\_  
Metropolitan Attorney

10/5/2020  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk RS2020-594

\_\_\_\_\_  
Date

DEPARTMENT OF HEALTH:

\_\_\_\_\_  
Lisa Piercey, MD, MBA, FAAP  
Commissioner

\_\_\_\_\_  
Date

**Attachment 1****Federal Award Identification Worksheet**

Subrecipient's name (must match registered name in DUNS)	Metropolitan Government of Nashville and Davidson County
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	NU58DP006552
Federal award date	May 7, 2020
CFDA number and name	93.426
Grant contract's begin date	August 1, 2019
Grant contract's end date	June 30, 2023
Amount of federal funds obligated by this grant contract	\$242,400.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$2,273,138.00
Name of federal awarding agency	Center for Disease Control and Prevention
Name and contact information for the federal awarding official	Paul Rahbari 4770 Buford Hwy, NE M/S F75 Chambles, GA 30341 Phone: 678-612-7896
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	15.8%

**ATTACHMENT 3**  
**GRANT BUDGET**  
(BUDGET PAGE 1 of 9)

Metropolitan Government of Nashville and Davidson County - Chronic Disease Prevention				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning August 1, 2019, and ending June 30, 2023. Roll-Up				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$150,500.00	\$0.00	\$150,500.00
2	Benefits & Taxes	\$67,100.00	\$0.00	\$67,100.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$24,000.00	\$0.00	\$24,000.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$800.00	\$0.00	\$800.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$242,400.00</b>	<b>\$0.00</b>	<b>\$242,400.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: [https://www.tn.gov/content/dam/tn/finance/documents/fa\\_policies/policy3.pdf](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf)).

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

**ATTACHMENT 3**  
**GRANT BUDGET**  
**(BUDGET PAGE 2 of 9)**

<b>Metropolitan Government of Nashville and Davidson County - Chronic Disease Prevention</b>				
<b>APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning August 1, 2019, and ending June 30, 2020. Year 1</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$37,600.00	\$0.00	\$37,600.00
2	Benefits & Taxes	\$16,800.00	\$0.00	\$16,800.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$6,000.00	\$0.00	\$6,000.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$200.00	\$0.00	\$200.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$60,600.00</b>	<b>\$0.00</b>	<b>\$60,600.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: [https://www.tn.gov/content/dam/tn/finance/documents/fa\\_policies/policy3.pdf](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf)).

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

ATTACHMENT 3 (continued)  
GRANT BUDGET LINE-ITEM DETAIL  
(BUDGET PAGE 3 of 9)

YEAR 1					
SALARIES	Monthly Salary		# of Months	% of time	AMOUNT
Priya Patel, Program Specialist 2	\$ 3,421.09	x	11	x 100%	\$37,631.99
TOTAL ROUNDED					\$37,600.00
TRAVEL / CONFERENCES & MEETINGS					AMOUNT
Local travel mileage					\$200.00
TOTAL ROUNDED					\$200.00

**ATTACHMENT 3**  
**GRANT BUDGET**  
 (BUDGET PAGE 4 of 9)

Metropolitan Government of Nashville and Davidson County - Chronic Disease Prevention				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2020, and ending June 30, 2021. Year 2				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$37,700.00	\$0.00	\$37,700.00
2	Benefits & Taxes	\$16,700.00	\$0.00	\$16,800.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$6,000.00	\$0.00	\$6,000.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$200.00	\$0.00	\$200.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$60,600.00</b>	<b>\$0.00</b>	<b>\$60,700.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*, (posted on the Internet at: [https://www.tn.gov/content/dam/tn/finance/documents/fa\\_policies/policy3.pdf](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf)).

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

ATTACHMENT 3 (continued)  
GRANT BUDGET LINE-ITEM DETAIL  
(BUDGET PAGE 5 of 9)

YEAR 2					
SALARIES	Monthly Salary	# of Months	% of time		AMOUNT
Priya Patel, Program Specialist 2	\$ 3,526.08 x	12	x	89%	\$37,658.53
TOTAL ROUNDED					\$37,700.00
TRAVEL / CONFERENCES & MEETINGS					AMOUNT
Local travel mileage					\$200.00
TOTAL ROUNDED					\$200.00

## ATTACHMENT 3

## GRANT BUDGET

(BUDGET PAGE 6 of 9)

Metropolitan Government of Nashville and Davidson County - Chronic Disease Prevention				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2021, and ending June 30, 2022. Year 3				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$37,500.00	\$0.00	\$37,500.00
2	Benefits & Taxes	\$16,900.00	\$0.00	\$16,800.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$6,000.00	\$0.00	\$6,000.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$200.00	\$0.00	\$200.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$60,600.00</b>	<b>\$0.00</b>	<b>\$60,500.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: [https://www.tn.gov/content/dam/tn/finance/documents/fa\\_policies/policy3.pdf](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf)).

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

ATTACHMENT 3 (continued)  
GRANT BUDGET LINE-ITEM DETAIL  
(BUDGET PAGE 7 of 9)

YEAR 3					AMOUNT
SALARIES	Monthly Salary	# of Months	% of time		
Priya Patel, Program Specialist 2	\$ 3,631.86	x 12	x 86%		\$37,480.80
TOTAL ROUNDED					\$37,500.00
TRAVEL / CONFERENCES & MEETINGS					AMOUNT
Local travel mileage					\$200.00
TOTAL ROUNDED					\$200.00

**ATTACHMENT 3**  
**GRANT BUDGET**  
 (BUDGET PAGE 8 of 9)

Metropolitan Government of Nashville and Davidson County - Chronic Disease Prevention				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2022, and ending June 30, 2023. Year 4				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$37,700.00	\$0.00	\$37,700.00
2	Benefits & Taxes	\$16,700.00	\$0.00	\$16,800.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$6,000.00	\$0.00	\$6,000.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$200.00	\$0.00	\$200.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$60,600.00</b>	<b>\$0.00</b>	<b>\$60,700.00</b>

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: [https://www.tn.gov/content/dam/tn/finance/documents/fa\\_policies/policy3.pdf](https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf)).

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

ATTACHMENT 3 (continued)  
GRANT BUDGET LINE-ITEM DETAIL  
(BUDGET PAGE 9 of 9)

YEAR 4					
SALARIES	Monthly Salary	# of Months	% of time		AMOUNT
Priya Patel, Program Specialist 2	\$ 3,740.82 x	12	x	84%	\$37,707.47
TOTAL ROUNDED					\$37,700.00
TRAVEL / CONFERENCES & MEETINGS					AMOUNT
Local travel mileage					\$200.00
TOTAL ROUNDED					\$200.00