#### **GRANT SUMMARY SHEET**

Grant Name: Tobacco Use Prevention & Control Services 20-23 Amend. 1

**Department:** HEALTH DEPARTMENT

Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Pass-Through Grantor** 

(**If applicable**): TENN. DEPT. OF HEALTH

**Total Award this Action:** \$48,000.00

Cash Match \$0.00

**Department Contact:** Brad Thompson

340-5616

**Status:** AMENDMENT

### **Program Description:**

To improve the health of the citizens of Davidson County by preventing and controlling the use of tobacco in Davidson County. Amendment 1 update scope of services, extends the end date from 3/31/23 to 4/30/23, and adds an additional \$48,000.00 to the previous total of \$127,500.00 for a new grand total of \$175,500.00.

### Plan for continuation of services upon grant expiration:

Services would be discontinued.

## **Grants Tracking Form**

				Part	One											
Pre-Ap	plication O	Application (		<b>Award Accept</b>	ance ○ Cor	ntract Amendn	nent									
	Department	Dept. No.			Contact			Phone	Fax							
HEALTH DE	PARTMENT	038	Brad Thompson					340-5616	340-2131							
Grant N	lame:	Tobacco Use Pr	evention & Contr	rol Services 20-	23 Amend. 1											
Granto	r:	U.S. DEPARTMENT OF	HEALTH AND HUMAN	SERVICES	▼	Other:										
Grant F	Period From:	04/01/20		(applications only) A	nticipated Application	Date:										
Grant F	Period To:	04/30/23		(applications only) A	pplication Deadline:											
Fundin	g Type:	FED PASS THRU	_		Multi-Department	Grant		► If yes, list	below.							
Pass-Th	<del>- , .</del>	TENN. DEPT. OF HEAL	TH ▼		Outside Consultar			]								
Award		COMPETITIVE	▼		Total Award:		\$48,000.00									
Status:	71	AMENDMENT	_		Metro Cash Matc	h:	\$0.00	1								
	Category:	Est. Prior.	_		Metro In-Kind Ma		\$0.00	†								
CFDA #		93.305			Is Council approv	al required?	. 🗸									
Project	Description:		J		Applic. Submitted Elec	•										
	ove the health of the ci	tizens of Davidso	n County by prev	enting and cont	• • • • • • • • • • • • • • • • • • • •			ndment 1 und	date scope							
	ces, extends the end		, , ,	•	•		•	•	•							
of \$175,		uuto 11 0111 07 0 17 2	.o to 1/00/20, and	a addo dii dadi		o tino provious	τοται οι φι21,00	0.00 .0. 4	n grana total							
σ. φ. το,	,000.00.															
Diam fo	u continuation of com	rian after avairat	ion of arout/Du	daratam i luana at		1										
	r continuation of servers would be discontinue		ion of grant/buc	agetary impact												
Services	s would be discontinue	a.														
How is	Match Determined?															
	Match Determined?		or		% of Grant		Othor: V									
Fixed A	Amount of \$		or		% of Grant		Other: 🗹									
Fixed A		ans of determini	]		% of Grant		Other:									
Fixed A	Amount of \$	nns of determini	]		% of Grant		Other: 🗸									
Fixed A	Amount of \$	ans of determini	]		% of Grant		Other:									
Fixed A	Amount of \$		ng match:	sh match:	% of Grant		Other: 🗸									
Fixed A Explana For this	Amount of \$ ation for "Other" mea	h of the requirec	ng match:	sh match:	% of Grant		Other:									
Fixed A Explana For this Is alrea	Amount of \$ ation for "Other" mea	h of the requirec	ng match:	sh match:	Fund	ed Source of	Business Unit									
Fixed A  Explans  For this Is alrea Is not b	ation for "Other" mea s Metro FY, how muc dy in department bud	h of the required	ng match:		Fund Propos	ed Source of	Business Unit									
Fixed A  Explans  For this Is alrea Is not b	ation for "Other" means s Metro FY, how muc dy in department but budgeted?	h of the required	ng match:		Fund Propos	ed Source of	Business Unit									
For this Is alrea Is not be (Indicate Other:	ation for "Other" means s Metro FY, how muc dy in department but budgeted?	h of the required dget? ource for Remain	ng match:		Fund Propos		Business Unit Match:	0.00								
For this Is alrea Is not be (Indicate Other: Number	ation for "Other" means and the second of th	h of the required dget? ource for Remain	ng match:	s in Budget Be	Fund Propos low)	positions add	Business Unit Match:	0.00 \$40,204.59								
For this Is alread Is not be (Indicate Other: Number Departer)	ation for "Other" means and the second of th	h of the required dget? ource for Remain	ng match:	s in Budget Be 0.50 22.91%	Fund Propos low)  Actual number of	positions add	Business Unit Match: led:		in budget							
For this Is alrea Is not be (Indicate Other: Number Departer)	ation for "Other" means and the second of th	h of the required dget? Durce for Remain fill fund: Rate	I local Metro cas ning Grant Years % Allow.	o.50 22.91% 11.74%	Fund Proposition  Actual number of Indirect Cost of Gind. Cost Request	positions addrant to Metro:	Business Unit Match: led:	\$40,204.59	in budget							
For this Is alrea Is not be (Indicate Other: Numbe Departs *Indirec *(If "No")	ation for "Other" means of the second of the	h of the required dget? Durce for Remain fill fund: Rate	I local Metro cas ning Grant Years % Allow.	o.50 22.91% 11.74%	Fund Proposition  Actual number of Indirect Cost of Gind. Cost Request	positions addrant to Metro:	Business Unit Match: led:	\$40,204.59	in budget							
For this Is alrea Is not be (Indicate Numbe Departe *Indirec *(If "No";	ation for "Other" means and the second of th	h of the required dget? Durce for Remain fill fund: Rate • Yes • No Intation from the	I local Metro cas ning Grant Years % Allow.	o.50 22.91% 11.74%	Fund Proposition  Actual number of Indirect Cost of Gind. Cost Request	positions addrant to Metro:	Business Unit Match: led:	\$40,204.59	in budget							
For this Is alrea Is not be (Indicate Numbe Departe *Indirec *(If "No";	amount of \$ ation for "Other" mea s Metro FY, how muc dy in department but budgeted? e Match Amount & So r of FTEs the grant w mental Indirect Cost ct Costs allowed? , please attach docume own allowable?	h of the required dget? Durce for Remain fill fund: Rate • Yes • No Intation from the	I local Metro cas ning Grant Years % Allow.	o.50 22.91% 11.74%	Fund Proposition  Actual number of Indirect Cost of Gind. Cost Request	positions addrant to Metro:	Business Unit Match: led:	\$40,204.59	in budget							
For this Is alrea Is not be (Indicate Numbe Departe *Indirec *(If "No";	amount of \$ ation for "Other" mea s Metro FY, how muc dy in department but budgeted? e Match Amount & So r of FTEs the grant w mental Indirect Cost ct Costs allowed? , please attach docume own allowable?	h of the required dget? Durce for Remain fill fund: Rate • Yes • No Intation from the	I local Metro cas ning Grant Years % Allow.	0.50 22.91% 11.74% ect costs are not	Actual number of Indirect Cost of G Ind. Cost Request allowable. See Insti	positions add rant to Metro: ed from Grant	Business Unit Match: led:	\$40,204.59	in budget							
For this Is alrea Is not be (Indicate Numbe Departe *Indirec *(If "No";	amount of \$ ation for "Other" mea s Metro FY, how muc dy in department but budgeted? e Match Amount & So r of FTEs the grant w mental Indirect Cost ct Costs allowed? , please attach docume own allowable?	h of the required dget? Durce for Remain fill fund: Rate • Yes • No Intation from the	I local Metro cas ning Grant Years % Allow.	o.50 22.91% 11.74%	Actual number of Indirect Cost of G Ind. Cost Request allowable. See Insti	positions add rant to Metro: ed from Grant	Business Unit Match: led:	\$40,204.59	in budget							
For this Is alrea Is not be (Indicate Numbe Departe *Indirec *(If "No";	amount of \$ ation for "Other" mea s Metro FY, how muc dy in department but budgeted? e Match Amount & So r of FTEs the grant w mental Indirect Cost ct Costs allowed? , please attach docume own allowable?	h of the required dget? Durce for Remain fill fund: Rate • Yes • No Intation from the	I local Metro cas ning Grant Years % Allow.	0.50 22.91% 11.74% ect costs are not	Actual number of Indirect Cost of G Ind. Cost Request allowable. See Insti	positions add rant to Metro: ed from Grant	Business Unit Match: led:	\$40,204.59	in budget							
For this Is alrea Is not be (Indicate Numbe Departre *(Indicate (Indicate *(Indicate (Indicate (	amount of \$ ation for "Other" mea s Metro FY, how muc dy in department but budgeted? e Match Amount & So r of FTEs the grant w mental Indirect Cost ct Costs allowed? , please attach docume own allowable?	h of the required dget? Durce for Remain fill fund: Rate • Yes • No Intation from the	I local Metro cas ning Grant Years % Allow.	0.50 22.91% 11.74% ect costs are not	Actual number of Indirect Cost of G Ind. Cost Request allowable. See Institute of G Ind. The Indirect Cost of G Indirect	positions addrant to Metro: ed from Grant ructions)	Business Unit Match: led: or:	\$40,204.59 \$20,600.00								
For this Is alrea Is not be (Indicate Numbe Departe *Indirec *(If "No";	ation for "Other" means ation for "Other" means ation for "Other" means ation for "Other" means at a means at	h of the required dget?  Durce for Remain fill fund: Rate  Pyes No nation from the grant from th	I local Metro cas ning Grant Years % Allow.	0.50 22.91% 11.74% ect costs are not	Actual number of Indirect Cost of G Ind. Cost Request allowable. See Institut	positions add rant to Metro: ed from Grant	Business Unit Match: led:	\$40,204.59	in budget  Ind. Cost Neg.							

					Part Tw	<b>/</b> 0					
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	\$10,600.00			\$0.00			\$10,600.00	\$2,428.31	\$0.00	
Yr 2	FY21	\$47,200.00			\$0.00			\$47,200.00	\$10,812.86	\$1,600.00	
Yr 3	FY22	\$62,300.00			\$0.00			\$62,300.00	\$14,272.06	\$9,800.00	
Yr 4	FY23	\$55,400.00			\$0.00			\$55,400.00	\$12,691.36	\$9,200.00	
Yr 5	FY_										
To	tal	\$175,500.00	\$0.00	\$0.00	\$0.00		\$0.00	\$175,500.00	\$40,204.59	\$20,600.00	
	Date Awarded:         07/19/21         Tot. Awarded:         \$48,000.00         Contract#:         34360-46220-1										
	(or) Date Denied: Reason:										
	(0	r) Date Withdra	wn:		Reason:			-			

 $\begin{array}{c} \textbf{Contact:} \ \underline{trinity.weatheresby@nashville.gov} \\ \underline{vaughn.wilson@nashville.gov} \end{array}$ 

Rev. 5/13/13 5289

THE ZVI	GRAN	T AMENDM	ENT			
Agency T	racking #	Edison ID		Contract #	ŧ	Amendment #
	34360-46220		65648		GG2065648-01	1
Contracto	or Legal Entity Name	•				Edison Vendor ID
Metro	politan Governmen	t of Nashville and	Davidson	County		4
Amendme	ent Purpose & Effec	t(s)				
To up	date scope of serv	ces, increase max	imum liab	ility, chang	e end date	
Amendme	ent Changes Contra	ct End Date:	X YES	□NO	End Date:	April 30, 2023
TOTAL C	ontract Amount INC	REASE or DECREAS	SE <u>per this</u>	Amendme	nt (zero if N/A):	\$ 48,000.00
Funding -	_					
FY	State	Federal	Interdep	artmental	Other	TOTAL Grant Contract Amoun
2020		\$10,600.00				\$10,600.00
2021		\$47,200.00				\$47,200.00
2022		\$62,300.00				\$62,300.00
2023		\$55,400.00				\$55,400.00
TOTAL:		\$175,500.00				\$175,500.00
appropriat	fficer Confirmation: ion from which obliga that is not already er s.  Tric Buc	itions hereunder are ncumbered to pay oth	required		CPO	USE
Speed Ch	art (optional)	Account Code (opt	,			
	HL00006866	7	1301000			

# AMENDMENT ONE OF GRANT CONTRACT GG2065648-01

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

1. Grant contract section A.2. is deleted in its entirety and replaced with the following:

#### A.2. Service Definitions

- a. Accrual A charge for work that has been done but not yet invoiced, for which provision is made at the end of a financial period.
- b. Primary Prevention Initiative (PPI) projects Local preventative health initiatives designed to prevent a disease or condition from occurring in the first place.
- c. TNSTRONG Tennessee Stop Tobacco and Revolutionize Our Next Generation.
- d. TNSTRONG Youth Movement develops policy and program initiatives to reduce youth tobacco initiation/use.
- e. TUPCP Tennessee Tobacco Use Prevention and Control Program.
- 2. Grant contract section A.3. is deleted in its entirety and replaced with the following:
  - A.3. <u>Service Goals</u> To improve the health of the citizens of Davidson County by preventing and controlling the use of tobacco and tobacco products.
- 3. Grant contract section A.5. is deleted in its entirety and replaced with the following:
  - A.5. Service Description The Grantee shall;
    - a. Provide and maintain appropriate staff to serve as the Coordinator/Health Educator for the purpose of planning, administering, and monitoring county, regional and/or local tobacco prevention from April 1, 2021 through April 30, 2023.
    - b. Develop a comprehensive Annual Work Plan of SMART (Specific, Measurable, Attainable, Realistic, Timely), objectives for the TUPCP goals and submit no later than May 1, 2021, and May 1 2022, respectively. The Grantee shall implement at minimum, the interventions listed under each goal listed below.
      - Goal 1: Prevent initiation of tobacco and emerging tobacco products among youth and young adults:
      - Goal 2: Promote quitting among youth, young adults and pregnant women;
      - Goal 3: Eliminate nonsmokers' exposure to secondhand smoke;
      - Goal 4: Engage Behavioral Health Systems to implement screening, treatment, and tobacco-free campus policies;
      - Goal 5: Mass-Reach Health Communications
    - c. Promote, incorporate and coordinate county and/or regional tobacco use prevention and control program goals by selecting from the following

recommended practice initiatives and organizations: Tobacco Cessation, Health Department Employee Wellness, Coordinated School Health, Worksite Wellness, Higher Education Institutions, Healthcare Facilities, Behavioral Healthcare Facilities or Faith-Based Initiatives;

- d. Utilize new and existing resources to partner with community organizations to implement counter-marketing campaigns to reduce the impact of advertising by tobacco companies. The counter-marketing may include media campaigns for reduction of tobacco use available from the Media Campaign Resource Center, Centers for Disease Control and Prevention, <a href="www.cdc.gov/tobacco">www.cdc.gov/tobacco</a>. Counter-marketing media campaigns shall include print, radio, television, billboard, videos, store, and/or other forms of advertising and shall promote use of the Tennessee Tobacco QuitLine: 1-800-QUIT-NOW (1-800-784-8669);
- e. Partner with community organizations/coalitions to plan, provide and/or participate in tobacco related initiatives, including marketing campaigns (e.g. local media coverage, social media). Campaigns and initiatives may include, but are not limited to supporting the Great American Smoke Out, Kick Butts Day, World No Tobacco Day, Tennessee Tobacco Quit Week, TNSTRONG and Public Health Week;
- f. Establish, maintain or support county, regional, and local health councils' interventions aimed at achieving the goals of the TUPCP;
- g. Collaborate with and participate in tobacco advocacy initiatives funded by the State, and county, regional and/or local coalitions to promote tobacco control policy, tobacco initiative and provide resources such as data, technical assistance, and educational materials, and related support tools;
- h. Develop and/or maintain organized youth advocacy groups through the utilization of the TNSTRONG youth movement to develop policy and program initiatives to reduce youth tobacco and emerging tobacco product initiation/use, eliminate the sale of tobacco products to youth and increase the knowledge of harmful effects of tobacco and emerging tobacco products;
- Provide information on the current county or regional tobacco cessation services available to Tennesseans, and policy's on restricting the use of tobacco products through voluntary smoke-free spaces quarterly, and as requested, to the TUPCP survey site;
- j. Participate in monthly meetings, training, teleconferences and/or conferences as requested by the Department of Health and any additional meetings, trainings, teleconferences and/or conferences hosted but the Department of Health. The Grantee's TUPCP Coordinators/Health Educators must attend the above referenced meetings trainings teleconferences and/or conferences for the purposes of sharing and receiving information and direction/guidance from the State:
- k. Participate in and attend mandatory site visits (in-person or virtual) at Local Health Department organized by the TUPCP. The TUPCP Coordinators and Health Educators must attend these meetings for the purpose of program updates, networking, sharing of information, and receiving presentations by speakers on "Best Practices" or the latest tobacco control techniques; and
- I. Document, evaluate and monitor the effectiveness of the regional and/or county tobacco program in achieving he TUPCP goals including outcomes such as

- policy changes, changes in social norms, and individual and community participation in local and statewide efforts on quarterly and annual reports.
- m. Comply with all applicable requirements associated with this grant, including but not limited to the CDC General Terms and Conditions for Non-research Awards of Notice and Funding Opportunity Number DP20-2001 entitled National and State Tobacco Control Program.
- 4. Grant contract section A.6. is deleted in its entirety and replaced with the following:
  - A.6. <u>Service Reporting Quarterly reports are due in a format provided by the State with the following schedule.</u>

Period Covered	Reports Due
January 1, 2021- April 30, 2021	May 15, 2021
May 1, 2021-July 31	August 15, 2021
August 1, 2021- October 31, 2021	November 15, 2021
November 1, 2021-January 31, 2022	February 15 2022
February 1, 2022-April 30, 2022	May 15, 2022
May 1, 2022-July 31, 2022	August 15, 2022
August 1, 2022-October 31, 2022	November 15, 2022
November 1, 2022-January 31, 2023	February 15, 2023
February 1, 2023-April 30, 2023	April 30, 2023

- 5. The following is added as Grant contract section B.2.
  - 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) (no more than 5 per life of contract) 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.
- 6. The following is added as Grant contract section B.3.
  - B.3. <u>Term Extension</u>. 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.
- 7. Grant contract section C.1 is deleted in its entirety and replaced with the following:
  - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed One Hundred Seventy-Five Thousand Five Hundred Dollars (\$175,500.00) ("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.
- 8. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new attachment 1 attached hereto.

9. Grant Contract Attachment 2 is deleted in its entirety and replaced with the new attachment 2 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).

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

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

#### METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:		
Tina Lester		7/19/2021
Interim Administrative Director  Metro Public Health Department		Date
DocuSigned by:		
Alex Jahangir		7/19/2021
Chair, Board of Health		Date
APPROVED AS TO AVAILABILITY OF FUNDS:		
DocuSigned by:		8/4/2021
Ewin (rumbo/mfw Director: Department of Finance		Date
APPROVED AS TO RISK AND INSURANCE:		
DocuSigned by:		- /- /
Balogun Cobb		8/5/2021
_ெ இர்க்கூர் இர்க்கிய Anagement Services		Date
APPROVED AS TO FORM AND LEGALITY:		
DocuSigned by:		0.44.40004
Meki Eke		8/4/2021
Metropolitan Attorney	Date	
Metropolitan Mayor		 Date

n	9-	71	٦_	1	Ω	Δ	NΛ	ΙF	N	ın	-	G

ATTEST:		
Metropolitan Clerk	 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)	NU58DP006813
Federal award date	4/21/2021
CFDA number and name	93.387
Grant contract's begin date	4/1/2020
Grant contract's end date	4/30/2023
Amount of federal funds obligated by this grant contract	\$175,500.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$1,664,198.00
Name of federal awarding agency	Centers for Disease Control and Prevention
Name and contact information for the federal awarding official	Mrs. Rhonda Colbert Grants Management Specialist hvxl@cdc.gov Phone: 770-488-2848
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)	14.3%

# ATTACHMENT 2 GRANT BUDGET

(BUDGET PAGE 1 of 7)

Metropolitan Government of Nashville & Davidson County

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2020, and ending April 30, 2023. ROLLUP

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>	\$98,200.00	\$0.00	\$98,200.00
2	Benefits & Taxes	\$37,900.00	\$0.00	\$37,900.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$14,800.00	\$0.00	\$14,800.00
6	Telephone	\$2,000.00	\$0.00	\$2,000.00
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>	\$2,000.00	\$0.00	\$2,000.00
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 (% and method)	\$20,600.00	\$0.00	\$20,600.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$175,500.00	\$0.00	\$175,500.00

<sup>&</sup>lt;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: http://www.tn.gov/finance/looking-for/policies.html).

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

# ATTACHMENT 2 (Continued) GRANT BUDGET

(BUDGET PAGE 2 of 7)

#### Metropolitan Government of Nashville & Davidson County

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2020, and ending March 31, 2021. YEAR 1

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>	\$30,500.00	\$0.00	\$30,500.00
2	Benefits & Taxes	\$10,400.00	\$0.00	\$10,400.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (4% of Salaries and Benefits)	\$1,600.00	\$0.00	\$1,600.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$42,500.00	\$0.00	\$42,500.00

<sup>&</sup>lt;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: http://www.tn.gov/finance/looking-for/policies.html).

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

# ATTACHMENT 2 (continued) GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 3 of 7)

### YEAR 1

SALARIES									AMOUNT
Lillian Maddox-Whitehead, Medical Administrative Assistant	\$ 5,	,081.04	< 12	2 x	50%	+	\$ -	longevity	\$30,486.24
TOTAL ROUNDED	)								\$30,500.00

# ATTACHMENT 2 (Continued) GRANT BUDGET

(BUDGET PAGE 4 of 7)

Metropolitan Government of Nashville & Davidson County

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2021, and ending April 30, 2022. 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>	\$34,700.00	\$0.00	\$34,700.00
2	Benefits & Taxes	\$14,300.00	\$0.00	\$14,300.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$5,700.00	\$0.00	\$5,700.00
6	Telephone	\$1,000.00	\$0.00	\$1,000.00
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>	\$1,000.00	\$0.00	\$1,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (20% of Salaries and Benefits)	\$9,800.00	\$0.00	\$9,800.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$66,500.00	\$0.00	\$66,500.00

<sup>&</sup>lt;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: http://www.tn.gov/finance/looking-for/policies.html).

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

# ATTACHMENT 2 (continued) GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 5 of 7)

#### YEAR 2

SALARIES									AMOUNT
Lillian Maddox-Whitehead, Medical Administrative Assistant	\$	5,335.09 x	13	Х	50%	+	\$ -	longevity	\$34,678.10
TOTAL ROUNDED	,								\$34,700.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT		
Local mileage and parking	\$	1,000.00	
TOTAL ROUNDED	\$	1,000.00	

# ATTACHMENT 2 (Continued) GRANT BUDGET

(BUDGET PAGE 6 of 7)

Metropolitan Government of Nashville & Davidson County

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning May 1, 2022, and ending April 30, 2023. 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>	\$33,000.00	\$0.00	\$33,000.00
2	Benefits & Taxes	\$13,200.00	\$0.00	\$13,200.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$9,100.00	\$0.00	\$9,100.00
6	Telephone	\$1,000.00	\$0.00	\$1,000.00
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>	\$1,000.00	\$0.00	\$1,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (20% and Salaries and Benefits)	\$9,200.00	\$0.00	\$9,200.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$66,500.00	\$0.00	\$66,500.00

<sup>&</sup>lt;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: http://www.tn.gov/finance/looking-for/policies.html).

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

# ATTACHMENT 2 (Continued) GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 7 of 7)

#### YEAR 3

SALARIES								AMOUNT
Lillian Maddox-Whitehead, Medical Administrative \$ Assistant	5,495.14 x	12	Х	50%	+ \$	=	longevity	\$32,970.86
TOTAL ROUNDED								\$33,000.00

TRAVEL/ CONFERENCES & MEETINGS		AMOUNT
Local mileage and parking	\$	1,000.00
TOTAL ROUNDED	\$	1,000.00