

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 05/19/26

Resolution Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 04/15/26

Title (Caption): Sexually Transmitted Infection Prevention 23-26 Amendment 3 - adds additional funding of \$218,400.00 for a new total of \$2,289,773.00 and Attachment 1&2 are deleted and replaced.

January 23 - December 27

Submitted to Planning Commission? N/A Yes-Date: _____ Proposal No: _____

Proposing Department: Health Requested By: Health

Affected Department(s): Health Affected Council District(s): all

Legislative Category (check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Contract Approval | <input type="checkbox"/> Intergovernmental Agreement |
| <input type="checkbox"/> Budget - Pay Plan | <input type="checkbox"/> Donation | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Budget - 4% | <input type="checkbox"/> Easement Abandonment | <input type="checkbox"/> Maps |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Easement Accept/Acquisition | <input type="checkbox"/> Master List A&E |
| <input type="checkbox"/> Capital Outlay Notes | <input checked="" type="checkbox"/> Grant | <input type="checkbox"/> Settlement of Claims/Lawsuits |
| <input type="checkbox"/> Code Amendment | <input type="checkbox"/> Grant Application | <input type="checkbox"/> Street/Highway Improvements |
| <input type="checkbox"/> Condemnation | <input type="checkbox"/> Improvement Acc. | <input type="checkbox"/> Other: _____ |

FINANCE	Amount +/-: \$ <u>\$ 218,400.00</u>	Match: \$ <u>\$ 0.00</u>
Funding Source:	<input type="checkbox"/> Capital Improvement Budget <input type="checkbox"/> Capital Outlay Notes <input type="checkbox"/> Departmental/Agency Budget <input type="checkbox"/> Funds to Metro <input type="checkbox"/> General Obligation Bonds <input type="checkbox"/> Grant <input type="checkbox"/> Increased Revenue Sources	<input type="checkbox"/> Judgments and Losses <input type="checkbox"/> Local Government Investment Project <input type="checkbox"/> Revenue Bonds <input type="checkbox"/> Self-Insured Liability <input type="checkbox"/> Solid Waste Reserve <input type="checkbox"/> Unappropriated Fund Balance <input type="checkbox"/> 4% Fund <input type="checkbox"/> Other: _____
Approved by OMB: <u>Asron Pratt</u>	<u>BN</u>	Date to Finance Director's Office: _____
Approved by Finance/Accounts: _____		APPROVED BY
Approved by Div Grants Coordination: <u>Juanita Paulsen</u>		FINANCE DIRECTOR'S OFFICE: _____

ADMINISTRATION

Council District Member Sponsors: _____

Council Committee Chair Sponsors: _____

Approved by Administration: _____ Date: _____

DEPARTMENT OF LAW

Date to Dept. of Law: _____ Approved by Department of Law: _____

Settlement Resolution/Memorandum Approved by: _____

Date to Council: _____ For Council Meeting: _____ E-mailed Clerk

All Dept. Signatures Copies Backing Legislative Summary Settlement Memo Clerk Letter Ready to File

GRANT SUMMARY SHEET

Grant Name: Sexually Transmitted Infection Prevention 23-26 Amend 3

Department: HEALTH DEPARTMENT

Grantor: CENTER FOR DISEASE CONTROL AND PREVENTION

**Pass-Through Grantor
(If applicable):** TENN. DEPT. OF HEALTH

Total Award this Action: \$218,400.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

This Tennessee Department of Health grant provides funds to implement and coordinate activities and services related to HIV/AIDS/STD prevention, testing, diagnosis and treatment, and surveillance, including, but not limited to, the provision of medical and support services in accordance with HIV biomedical prevention standards consistent with the CDC HIV PrEP Clinical Practice Guidelines. Amendment #3 - adds additional funding of \$218,400.00 for a new total of \$2,289,773.00 & Attachments 1 & 2 are deleted and replaced.

Plan for continuation of services upon grant expiration:

Services will end

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: Sexually Transmitted Infection Prevention 23-26 Amend 3							
Grantor: CENTER FOR DISEASE CONTROL AND PREVENTION		Other:					
Grant Period From:	01/01/23	(applications only) Anticipated Application Date:					
Grant Period To:	12/31/27	(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:		\$218,400.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.977	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>					
<p>This Tennessee Department of Health grant provides funds to implement and coordinate activities and services related to HIV/AIDS/STD prevention, testing, diagnosis and treatment, and surveillance, including, but not limited to, the provision of medical and support services in accordance with HIV biomedical prevention standards consistent with the CDC HIV PrEP Clinical Practice Guidelines. Amendment #3 - adds additional funding of \$218,400.00 for a new total of \$2,289,773.00 & Attachments 1 & 2 are deleted and replaced.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Services will end							
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:		12.00		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		24.43%		Indirect Cost of Grant to Metro:		\$559,391.54	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 3.22%		Ind. Cost Requested from Grantor:		\$73,700.00 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	23	\$109,936.50	\$90,600.00					\$200,536.50	\$48,991.07	\$9,200.00
Yr 2	24	\$394,236.50	\$181,200.00					\$575,436.50	\$140,579.14	\$17,700.00
Yr 3	25	\$653,950.00	\$181,200.00					\$835,150.00	\$204,027.15	\$15,400.00
Yr 4	26	\$406,850.00	\$181,200.00					\$588,050.00	\$143,660.62	\$15,400.00
Yr 5	27		\$90,600.00					\$90,600.00	\$22,133.58	\$16,000.00
Total		\$1,564,973.00	\$724,800.00	\$0.00	\$0.00		\$0.00	\$2,289,773.00	\$559,391.54	\$73,700.00
Date Awarded:				04/16/26	Tot. Awarded:		\$218,400.00	Contract#:		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

Rev. 5/13/13
6219



GCP Received 04/27/26

GCP Approved 04/27/26

Resolution No. _____

A resolution approving amendment three to a grant from the Tennessee Department of Health to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to implement and coordinate activities and services related to sexually transmitted infection (STI) prevention, testing, diagnosis, treatment, and surveillance.

WHEREAS, the Metropolitan Government, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the Tennessee Department of Health to implement and coordinate activities and services related to sexually transmitted infection (STI) prevention, testing, diagnosis, treatment, and surveillance approved by RS2024-244, RS2025-969 (amendment one), and RS2025-1269 (amendment two); and,

WHEREAS, the parties wish to amend the grant agreement to increase the amount of the grant by \$218,400.00 from \$2,071,373.00 to \$2,289,773.00 and Attachments 1 and 2 are deleted in their entirety and replaced with new Attachments 1 and 2, a copy of which amendment three is attached hereto; and,

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

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

Section 1. That amendment three to the grant by and between the Tennessee Department of Health and the Metropolitan Government, acting by and through the Metropolitan Board of Health, to implement and coordinate activities and services related to sexually transmitted infection STI prevention, testing, diagnosis, treatment, and surveillance, a copy of which amendment three 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:

Jenneen Reed/adm
Jenneen Reed, Director
Department of Finance

INTRODUCED BY:

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Assistant Metropolitan Attorney

Member(s) of Council



GRANT AMENDMENT

Agency Tracking # 34349-19423	Edison ID 82038	Contract # GG-23-82038-00	Amendment # 3		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) Add CY26 Awarded Funds to Support STI Program Services					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: 12/31/2027			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ +218,400.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2023	\$90,600.00	\$109,936.50			\$200,536.50
2024	\$181,200.00	\$394,236.50			\$575,436.50
2025	\$181,200.00	\$653,950.00			\$835,150.00
2026	\$181,200.00	\$406,850.00			\$588,050.00
2027	\$90,600.00	\$0.00			\$90,600.00
TOTAL:	\$724,800.00	\$1,564,973.00			\$2,289,773.00
<p>Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.</p> <p style="text-align: center;"><i>Eric Buchholz</i></p>			<p><i>CPO USE</i></p> <p style="font-size: 24pt; font-weight: bold;">GG-23-82038-03</p>		
Speed Chart (optional)		Account Code (optional)			
HL00017920		71301000			
HL00006843					
HL00019074					

**AMENDMENT 3
OF GRANT CONTRACT GG-23-82038-02**

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 C.1. Maximum Liability 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 Million, Two Hundred Eighty-Nine Thousand, Seven Hundred Seventy-Three Dollars (\$2,289,773.00) ("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.

2. Grant Contract Attachment 1 and Attachment 2 are deleted in their entirety and replaced with the new attachments Attachment 1, and 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).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. 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

Signed by: Sanmi Areda 4/15/2026
08722956D81A4B1...
 Director, Metro Public Health Department Date

Signed by: Tiné Hamilton Franklin 4/16/2026
BEDF08BF14D14B0...
 Chair, Board of Health Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jenneen Reed/adm 4/30/2026 | 12:30 PM CDT
 Director, Department of Finance Date

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb 4/30/2026 | 1:56 PM CDT
 Director of Risk Management Services Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan 4/30/2026 | 1:40 PM CDT
 Metropolitan Attorney Date

 Metropolitan Mayor Date

ATTEST:

 Metropolitan Clerk Date

DEPARTMENT OF HEALTH:

 Dr. John R. Dunn Date
 Interim Commissioner

ATTACHMENT 1**Federal Award Identification Worksheet**

Subrecipient name (must match the name associated with its Unique Entity Identifier (SAM))	NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
Subrecipient Unique Entity Identifier (SAM)	LGZLHP6ZHM55 Cage# 3QKW8
Federal Award Identification Number (FAIN)	NH25PS005151
Federal award date	TBD *Pending Extension Award*
Subaward Period of Performance Start and End Date	TBD
Subaward Budget Period Start and End Date	TBD
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.977
Grant contract begin date	January 1, 2023
Grant contract end date	December 31, 2027
Amount of federal funds obligated by this grant contract	\$1,564,973.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$22,850,251.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	-Strengthening STD Prevention and Control for Health Departments (STD PCHD) -DIS Workforce Supplement
Name of federal awarding agency	CDC
Name and contact information for the federal awarding official	Christy Wipperfurth Grants Management Specialist lmh4@cdc.gov 770-488-3946
Name of pass-through entity	Tennessee Department of Health
Name and contact information for the pass-through entity awarding official	Dr. John R. Dunn Interim Commissioner John.Dunn@tn.gov 615-741-5948
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)	15.6% as of the date of this contract

**ATTACHMENT 2
GRANT BUDGET ROLL-UP
(BUDGET PAGE 1)**

Metropolitan Government of Nashville and Davidson County - STI Program		CONTRACT BUDGET ROLLUP		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2023 and ending December 31, 2027.				
EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT	
Salaries ²	\$1,617,800.00	\$0.00	\$1,617,800.00	
Benefits & Taxes	\$462,700.00	\$0.00	\$462,700.00	
Professional Fee/ Grant & Award ²	\$98,600.00	\$0.00	\$98,600.00	
Supplies	\$21,773.00	\$0.00	\$21,773.00	
Telephone	\$7,100.00	\$0.00	\$7,100.00	
Postage & Shipping	\$0.00	\$0.00	\$0.00	
Occupancy	\$0.00	\$0.00	\$0.00	
Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00	
Printing & Publications	\$0.00	\$0.00	\$0.00	
Travel/ Conferences & Meetings ²	\$8,100.00	\$0.00	\$8,100.00	
Interest ²	\$0.00	\$0.00	\$0.00	
Insurance	\$0.00	\$0.00	\$0.00	
Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00	
Depreciation ²	\$0.00	\$0.00	\$0.00	
Other Non-Personnel ²	\$0.00	\$0.00	\$0.00	
Capital Purchase ²	\$0.00	\$0.00	\$0.00	
Indirect Cost (6.84% salaries and benefits)	\$73,700.00	\$0.00	\$73,700.00	
In-Kind Expense	\$0.00	\$0.00	\$0.00	
GRAND TOTAL	\$2,289,773.00	\$0.00	\$2,289,773.00	

\$2,289,773.00 TOTAL CY23-CY26 Contract Amount for Metro Davidson STI Program

¹ Each expense object line-item shall be defined by 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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET ROLL-UP

(BUDGET PAGE 2)

Metropolitan Government of Nashville and Davidson County - STI Program		STATE Testing Clinic CY23		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2023 and ending December 31, 2023.				
	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
	Salaries ²	\$124,000.00	\$0.00	\$124,000.00
	Benefits & Taxes	\$54,000.00	\$0.00	\$54,000.00
	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
	Supplies	\$0.00	\$0.00	\$0.00
	Telephone	\$0.00	\$0.00	\$0.00
	Postage & Shipping	\$0.00	\$0.00	\$0.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$0.00	\$0.00	\$0.00
	Travel/ Conferences & Meetings ²	\$1,000.00	\$0.00	\$1,000.00
	Interest ²	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
	Depreciation ²	\$0.00	\$0.00	\$0.00
	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
	Capital Purchase ²	\$0.00	\$0.00	\$0.00
	Indirect Cost (5% total Salaries and Benefits)	\$2,200.00	\$0.00	\$2,200.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	GRAND TOTAL	\$181,200.00	\$0.00	\$181,200.00

\$181,200.00 State PrEP CY23 HL00017920

¹ Each expense object line-item shall be defined by 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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 3)

SALARIES	Rate		# of Months		Pct		(Longevity, if applicable)		AMOUNT
Kawana Holt, Public Health Nurse Practitioner	\$8,082.65	x	6%	x	100	x	\$0.00		\$48,495.90
Kawana Holt, Public Health Nurse Practitioner	\$8,824.64	x	4%	x	100	x	\$0.00		\$35,298.55
Holli Finchum, Program Specialsit 2	\$4,000.93	x	6%	x	100	x	\$0.00		\$24,005.56
Holli Finchum, Program Specialsit 2	\$4,058.25	x	4%	x	100	x	\$0.00		\$16,233.01
ROUNDED TOTAL									\$124,000.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local Mileage (1710 miles @ \$0.585/mile)	\$1,000.35
STI Engage Conference May, 2025	\$0.00
ROUNDED TOTAL	\$1,000.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

ATTACHMENT 2
GRANT BUDGET ROLL-UP
 (BUDGET PAGE 4)

Metropolitan Government of Nashville and Davidson County - STI Program		FEDERAL PCHD CY23		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2023 and ending December 31, 2023.				
	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
	Salaries ²	\$152,200.00	\$0.00	\$152,200.00
	Benefits & Taxes	\$50,900.00	\$0.00	\$50,900.00
	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
	Supplies	\$3,773.00	\$0.00	\$3,773.00
	Telephone	\$1,000.00	\$0.00	\$1,000.00
	Postage & Shipping	\$0.00	\$0.00	\$0.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$0.00	\$0.00	\$0.00
	Travel/ Conferences & Meetings ²	\$5,000.00	\$0.00	\$5,000.00
	Interest ²	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
	Depreciation ²	\$0.00	\$0.00	\$0.00
	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
	Capital Purchase ²	\$0.00	\$0.00	\$0.00
	Indirect Cost (9% salary/benefits)	\$7,000.00	\$0.00	\$7,000.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	GRAND TOTAL	\$219,873.00	\$0.00	\$219,873.00

\$219,873.00 Federal PCHD CY23 HL00006843

¹ Each expense object line-item shall be defined by 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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 5)

SALARIES		# of Months	Pct	(Longevity, if applicable)	AMOUNT
Norman Foster, Manager	\$8,183.25	x 20%	x 6	\$0.00	\$9,819.90
Norman Foster, Manager	\$8,765.90	x 20%	x 6	\$0.00	\$10,519.08
Shelia Kirkendoll, Communicable Disease Investigator	\$5,212.53	x 100%	x 12	\$0.00	\$62,550.37
Vacant, Communicable Disease Investigator	\$4,058.25	x 100%	x 4	\$0.00	\$16,233.01
Monica Woodruff, Communicable Disease Investigator	\$4,347.20	x 100%	x 12	\$935.00	\$53,101.39
ROUNDED TOTAL					\$152,200.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Parking reimbursements (\$435/month for parking)	\$5,220.00
ROUNDED TOTAL	\$5,000.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP
(BUDGET PAGE 6)

Metropolitan Government of Nashville and Davidson County - STI Program		FEDERAL DIS WF CY23 HL00019074		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2023 and ending December 31, 2023.				
EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT	
Salaries ²	\$0.00	\$0.00	\$0.00	
Benefits & Taxes	\$0.00	\$0.00	\$0.00	
Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00	
Supplies	\$0.00	\$0.00	\$0.00	
Telephone	\$0.00	\$0.00	\$0.00	
Postage & Shipping	\$0.00	\$0.00	\$0.00	
Occupancy	\$0.00	\$0.00	\$0.00	
Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00	
Printing & Publications	\$0.00	\$0.00	\$0.00	
Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00	
Interest ²	\$0.00	\$0.00	\$0.00	
Insurance	\$0.00	\$0.00	\$0.00	
Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00	
Depreciation ²	\$0.00	\$0.00	\$0.00	
Other Non-Personnel ²	\$0.00	\$0.00	\$0.00	
Capital Purchase ²	\$0.00	\$0.00	\$0.00	
Indirect Cost (10% Salaries and Benefits)	\$0.00	\$0.00	\$0.00	
In-Kind Expense	\$0.00	\$0.00	\$0.00	
GRAND TOTAL	\$0.00	\$0.00	\$0.00	

\$0.00 *ACTUALS SPENT of STI DIS Workforce from January 2023 - December 31, 2023 -HL00019074

¹ Each expense object line-item shall be defined by 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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 7)

SALARIES	Rate		# of Months		Pct	(Longevity, if applicable)		AMOUNT
Vacant, Program Coordinator	4,383.68	x	0	x	100%			\$0.00
Vacant, Communicable Disease Investigator	3,855.45	x	0	x	100%			\$0.00
Vacant, Communicable Disease Investigator	3,855.45	x	0	x	100%			\$0.00
Vacant, Communicable Disease Investigator	3,855.45	x	0	x	100%			\$0.00
Vacant, Office Support Specialist 2	4,369.46	x	12	x	100%			\$0.00
								\$0.00
ROUNDED TOTAL								\$0.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Temporary Staffing services	\$0.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local In-State Travel	\$0.00
ROUNDED TOTAL	\$0.00

INTEREST	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

ATTACHMENT 2
GRANT BUDGET ROLL-UP
(BUDGET PAGE 8)

Metropolitan Government of Nashville and Davidson County - STI Program		STATE PrEP Clinic CY24 HL00017920		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2024 and ending December 31, 2024.				
	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ <small>(detail schedule(s) attached as applicable)</small>	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
	Salaries ²	\$146,500.00	\$0.00	\$146,500.00
	Benefits & Taxes	\$34,100.00	\$0.00	\$34,100.00
	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
	Supplies	\$0.00	\$0.00	\$0.00
	Telephone	\$600.00	\$0.00	\$600.00
	Postage & Shipping	\$0.00	\$0.00	\$0.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$0.00	\$0.00	\$0.00
	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
	Interest ²	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
	Depreciation ²	\$0.00	\$0.00	\$0.00
	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
	Capital Purchase ²	\$0.00	\$0.00	\$0.00
	Indirect Cost (% plus method)	\$0.00	\$0.00	\$0.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	GRAND TOTAL	\$181,200.00	\$0.00	\$181,200.00

\$181,200.00 CY24 State PrEP Award Amount HL00017920

¹ Each expense object line-item shall be defined by 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-III/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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 9)

SALARIES	Rate		Percent		Months	(Longevity, if applicable)	AMOUNT
Kawana Holt, Public Health Nurse Practitioner	\$8,824.64	x	100%	x	6		\$52,947.83
Kawana Holt, Public Health Nurse Practitioner	\$8,824.64	x	100%	x	6		\$52,947.83
Holli Finchum, Program Specialist 2	\$4,058.25	x	100%	x	6		\$24,349.51
Keitonyia Tate, Program Specialist 2	\$4,058.25	x	100%	x	4		\$16,233.01
ROUNDED TOTAL							\$146,500.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
	\$0.00
	\$0.00
ROUNDED TOTAL	\$0.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

ATTACHMENT 2
GRANT BUDGET ROLL-UP
(BUDGET PAGE 10)

Metropolitan Government of Nashville and Davidson County - STI Program		FEDERAL PCHD CY24		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2024 and ending December 31, 2024.				
	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ <small>(detail schedule(s) attached as applicable)</small>	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
	Salaries ²	\$158,200.00	\$0.00	\$158,200.00
	Benefits & Taxes	\$46,200.00	\$0.00	\$46,200.00
	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
	Supplies	\$5,000.00	\$0.00	\$5,000.00
	Telephone	\$900.00	\$0.00	\$900.00
	Postage & Shipping	\$0.00	\$0.00	\$0.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$0.00	\$0.00	\$0.00
	Travel/ Conferences & Meetings ²	\$700.00	\$0.00	\$700.00
	Interest ²	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
	Depreciation ²	\$0.00	\$0.00	\$0.00
	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
	Capital Purchase ²	\$0.00	\$0.00	\$0.00
	Indirect Cost (6.2% salary/benefits)	\$12,700.00	\$0.00	\$12,700.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	GRAND TOTAL	\$223,700.00	\$0.00	\$223,700.00

\$223,700.00 CY24 Federal PCHD Award Amount HL00006843

¹ Each expense object line-item shall be defined by 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-III/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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

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

SALARIES		Percent	Months	(Longevity, if applicable)	AMOUNT
Norman Foster, Manager	\$8,183.25	x 20%	x 6	\$0.00	\$9,819.90
Norman Foster, Manager	\$8,765.90	x 20%	x 6	\$0.00	\$10,519.08
Vacant, Communicable Disease Investigator	\$3,855.45	x 100%	x 6	\$0.00	\$23,132.68
Monica Woodruff, Communicable Disease Investigator	\$4,347.20	x 100%	x 6	\$0.00	\$26,083.20
Monica Woodruff, Communicable Disease Investigator	\$4,347.20	x 100%	x 6	\$0.00	\$26,083.20
Shelia Kirkendoll, Communicable Disease Investigator	\$5,212.53	x 100%	x 6	\$0.00	\$31,275.19
Shelia Kirkendoll, Communicable Disease Investigator	\$5,212.53	x 100%	x 6	\$0.00	\$31,275.19
ROUNDED TOTAL					\$158,200.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local In-State Travel	\$700.00
ROUNDED TOTAL	\$700.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

**ATTACHMENT 2
GRANT BUDGET ROLL-UP
(BUDGET PAGE 12)**

Metropolitan Government of Nashville and Davidson County -STI Program FEDERAL DIS Workforce CY24 HL00019074				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2024 and ending December 31, 2024.				
	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
	Salaries ²	\$262,800.00	\$0.00	\$262,800.00
	Benefits & Taxes	\$71,700.00	\$0.00	\$71,700.00
	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
	Supplies	\$3,000.00	\$0.00	\$3,000.00
	Telephone	\$1,700.00	\$0.00	\$1,700.00
	Postage & Shipping	\$0.00	\$0.00	\$0.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$0.00	\$0.00	\$0.00
	Travel/ Conferences & Meetings ²	\$700.00	\$0.00	\$700.00
	Interest ²	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
	Depreciation ²	\$0.00	\$0.00	\$0.00
	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
	Capital Purchase ²	\$0.00	\$0.00	\$0.00
	Indirect Cost (10% of total Salaries and Benefits)	\$5,000.00	\$0.00	\$5,000.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	GRAND TOTAL	\$344,900.00	\$0.00	\$344,900.00

\$344,900.00 *ACTUALS SPENT of STI DIS Workforce for January 2023 - December 31, 2023 -HL00019074

¹ Each expense object line-item shall be defined by 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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

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

SALARIES	Rate		# of Months		Pct	(Longevity, if applicable)	AMOUNT
Norman Foster, Manager	\$8,183.25	x	6	x	20%		\$9,819.90
Norman Foster, Manager	\$8,765.90	x	6	x	20%		\$10,519.08
Taylor Alexander , Program Coordinator	\$4,666.92	x	4	x	100%		\$18,667.67
Taylor Alexander , Program Coordinator	\$4,999.20	x	6	x	100%		\$29,995.21
Mia Barber, Community Disease Investgator	\$4,058.25	x	5	x	100%		\$20,291.26
Demetria Winrow, Communicable Disease Investigator	\$4,058.25	x	4	x	100%		\$16,233.01
Demetria Winrow, Communicable Disease Investigator	\$4,220.58	x	6	x	100%		\$25,323.49
Cedeira Ammons, Communicable Disease Investigator	\$4,058.25	x	6	x	100%		\$24,349.51
Cedeira Ammons, Communicable Disease Investigator	\$4,220.58	x	6	x	100%		\$25,323.49
Zuriel Lopez-Bautista, Communicable Disease Investigator	\$4,058.25	x	3	x	100%		\$12,174.76
Zuriel Lopez-Bautista, Communicable Disease Investigator	\$4,220.58	x	6	x	100%		\$25,323.49
Sarah Rash, Office Support Specialist 2	\$4,369.49	x	4	x	100%		\$17,477.97
Sarah Rash, Office Support Specialist 2	\$4,544.27	x	6	x	100%		\$27,265.64
ROUNDED TOTAL							\$262,800.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local In-state Travel	\$700.00
ROUNDED TOTAL	\$700.00

INTEREST	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

ATTACHMENT 2
GRANT BUDGET ROLL-UP
 (BUDGET PAGE 14)

Metropolitan Government of Nashville and Davidson County - STI Program		STATE STI CY25		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2025 and ending December 31, 2025.				
	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
	Salaries ²	\$148,700.00	\$0.00	\$148,700.00
	Benefits & Taxes	\$32,500.00	\$0.00	\$32,500.00
	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
	Supplies	\$0.00	\$0.00	\$0.00
	Telephone	\$0.00	\$0.00	\$0.00
	Postage & Shipping	\$0.00	\$0.00	\$0.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$0.00	\$0.00	\$0.00
	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
	Interest ²	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
	Depreciation ²	\$0.00	\$0.00	\$0.00
	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
	Capital Purchase ²	\$0.00	\$0.00	\$0.00
	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	GRAND TOTAL	\$181,200.00	\$0.00	\$181,200.00

\$181,200.00 CY25 State Award Amount HL00017920

¹ Each expense object line-item shall be defined by 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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 15)

SALARIES	Rate		# of Months		Pct	(Longevity, if applicable)	AMOUNT
Public Health Nurse Practitioner, Holt, Kawana	9,452.95	x	100%	x	6	\$0.00	\$56,717.71
Public Health Nurse Practitioner, Holt, Kawana	10,349.08	x	60%	x	6	\$0.00	\$37,256.70
Program Specialist 2, K Tate Keitonya	4,558.25	x	100%	x	12	\$0.00	\$54,699.00
		x	0%	x	0	\$0.00	\$0.00
ROUNDED TOTAL							\$148,673.41

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local Mileage (1710 miles @ \$0.585/mile)	\$0.00
STI Engage Conference May, 2023	\$0.00
ROUNDED TOTAL	\$0.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

ATTACHMENT 2
GRANT BUDGET ROLL-UP
(BUDGET PAGE 16)

Metropolitan Government of Nashville and Davidson County - STI Program		FEDERAL PCHD CY25		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2025 and ending December 31, 2025.				
	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ <small>(detail schedule(s) attached as applicable)</small>	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
	Salaries ²	\$158,200.00	\$0.00	\$158,200.00
	Benefits & Taxes	\$46,200.00	\$0.00	\$46,200.00
	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
	Supplies	\$5,000.00	\$0.00	\$5,000.00
	Telephone	\$900.00	\$0.00	\$900.00
	Postage & Shipping	\$0.00	\$0.00	\$0.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$0.00	\$0.00	\$0.00
	Travel/ Conferences & Meetings ²	\$700.00	\$0.00	\$700.00
	Interest ²	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
	Depreciation ²	\$0.00	\$0.00	\$0.00
	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
	Capital Purchase ²	\$0.00	\$0.00	\$0.00
	Indirect Cost (6% salary/benefits)	\$12,200.00	\$0.00	\$12,200.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	GRAND TOTAL	\$223,200.00	\$0.00	\$223,200.00

\$223,200.00 CY25 Federal PCHD Award Amount HL00006843

¹ Each expense object line-item shall be defined by 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-III/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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 17)

SALARIES		Percent	Months	(Longevity, if applicable)	AMOUNT
Norman Foster, Manager	\$8,183.25	x 20%	x 6	\$0.00	\$9,819.90
Norman Foster, Manager	\$8,765.90	x 20%	x 6	\$0.00	\$10,519.08
Vacant, Communicable Disease Investigator	\$3,855.45	x 100%	x 6	\$0.00	\$23,132.68
Monica Woodruff, Communicable Disease Investigator	\$4,347.20	x 100%	x 6	\$0.00	\$26,083.20
Monica Woodruff, Communicable Disease Investigator	\$4,347.20	x 100%	x 6	\$0.00	\$26,083.20
Shelia Kirkendoll, Communicable Disease Investigator	\$5,212.53	x 100%	x 6	\$0.00	\$31,275.19
Shelia Kirkendoll, Communicable Disease Investigator	\$5,212.53	x 100%	x 6	\$0.00	\$31,275.19
ROUNDED TOTAL					\$158,200.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local In-State Travel	\$700.00
ROUNDED TOTAL	\$700.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 18)

Metropolitan Government of Nashville and Davidson County -STI Program FEDERAL DIS Workforce CY25 HL00019074				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2025 and ending December 31, 2025.				
	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
	Salaries ²	\$310,200.00	\$0.00	\$310,200.00
	Benefits & Taxes	\$81,700.00	\$0.00	\$81,700.00
	Professional Fee/ Grant & Award ²	\$98,600.00	\$0.00	\$98,600.00
	Supplies	\$5,000.00	\$0.00	\$5,000.00
	Telephone	\$2,000.00	\$0.00	\$2,000.00
	Postage & Shipping	\$0.00	\$0.00	\$0.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$0.00	\$0.00	\$0.00
	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
	Interest ²	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
	Depreciation ²	\$0.00	\$0.00	\$0.00
	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
	Capital Purchase ²	\$0.00	\$0.00	\$0.00
	Indirect Cost (5% of total Salaries and Benefits)	\$18,600.00	\$0.00	\$18,600.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	GRAND TOTAL	\$516,100.00	\$0.00	\$516,100.00

\$516,100.00 *REMAINING AMOUNT of STI DIS Workforce allocated for CY25 HL00019074

¹ Each expense object line-item shall be defined by 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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 19)

SALARIES	Rate		# of Months	Pct	(Longevity, if applicable)		AMOUNT
Norman Foster, Manager	\$8,183.25	x	6	x 20%			\$9,819.90
Norman Foster, Manager	\$8,765.90	x	6	x 20%			\$10,519.08
Taylor Alexander , Program Coordinator	\$4,999.20	x	12	x 100%			\$59,990.41
Demetria Winrow, Communicable Disease Investigator	\$4,220.58	x	12	x 100%			\$50,646.98
Vacant, Communicable Disease Investigator	\$4,058.25		12	100%			\$48,699.02
Cedeira Ammons, Communicable Disease Investigator	\$4,220.58	x	12	x 100%			\$50,646.98
Zuriel Lopez-Bautista, Communicable Disease Investigator	\$4,220.58	x	6	x 100%			\$25,323.49
Sarah Rash, Office Support Specialist 2	\$4,544.27	x	12	x 100%			\$54,531.28
							\$310,177.14
ROUNDED TOTAL							\$310,200.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Federal DIS WF for Salaries and Benefits in CY26	\$98,600.00
ROUNDED TOTAL	\$98,600.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local Travel	\$0.00
ROUNDED TOTAL	\$0.00

INTEREST	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
	\$0.00
ROUNDED TOTAL	\$0.00

ATTACHMENT 2
GRANT BUDGET ROLL-UP
(BUDGET PAGE 20)

Metropolitan Government of Nashville and Davidson County - STI Program		STATE STI CY26		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2026 and ending December 31, 2026.				
	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ <small>(detail schedule(s) attached as applicable)</small>	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
	Salaries ²	\$129,200.00	\$0.00	\$129,200.00
	Benefits & Taxes	\$36,000.00	\$0.00	\$36,000.00
	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
	Supplies	\$0.00	\$0.00	\$0.00
	Telephone	\$0.00	\$0.00	\$0.00
	Postage & Shipping	\$0.00	\$0.00	\$0.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$0.00	\$0.00	\$0.00
	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
	Interest ²	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
	Depreciation ²	\$0.00	\$0.00	\$0.00
	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
	Capital Purchase ²	\$0.00	\$0.00	\$0.00
	Indirect Cost (10% Salaries and Benefits)	\$16,000.00	\$0.00	\$16,000.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	GRAND TOTAL	\$181,200.00	\$0.00	\$181,200.00

\$181,200.00 CY26 State Award Amount - Allocate as Needed

¹ Each expense object line-item shall be defined by 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-III/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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 21)

SALARIES	Rate		Percent		Months	(Longevity, if applicable)	AMOUNT
Public Health Nurse Prationer, Holt, Kawana	10,349.08	x	60%	x	12	\$0.00	\$74,513.40
Program Specialist 2, K Tate Keitonya	4,558.25	x	100%	x	12	\$0.00	\$54,699.00
		x	0%	x	0	\$0.00	\$0.00
ROUNDED TOTAL							\$129,200.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local Mileage (1710 miles @ \$0.585/mile)	\$0.00
STI Engage Conference May, 2023	\$0.00
ROUNDED TOTAL	\$0.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 22)

Metropolitan Government of Nashville and Davidson County - STI Program		FEDERAL PCHD CY26		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2026 and ending February 28, 2026.				
EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT	
Salaries ²	\$27,800.00	\$0.00	\$27,800.00	
Benefits & Taxes	\$9,400.00	\$0.00	\$9,400.00	
Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00	
Supplies	\$0.00	\$0.00	\$0.00	
Telephone	\$0.00	\$0.00	\$0.00	
Postage & Shipping	\$0.00	\$0.00	\$0.00	
Occupancy	\$0.00	\$0.00	\$0.00	
Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00	
Printing & Publications	\$0.00	\$0.00	\$0.00	
Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00	
Interest ²	\$0.00	\$0.00	\$0.00	
Insurance	\$0.00	\$0.00	\$0.00	
Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00	
Depreciation ²	\$0.00	\$0.00	\$0.00	
Other Non-Personnel ²	\$0.00	\$0.00	\$0.00	
Capital Purchase ²	\$0.00	\$0.00	\$0.00	
Indirect Cost (6% salary/benefits)	\$0.00	\$0.00	\$0.00	
In-Kind Expense	\$0.00	\$0.00	\$0.00	
GRAND TOTAL	\$37,200.00	\$0.00	\$37,200.00	

*** Funding Jan - Feb Months Only

\$37,200.00 CY26 Federal PCHD Award Amount - Allocate as Needed***

¹ Each expense object line-item shall be defined by 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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 23)

SALARIES			Percent		Months	(Longevity, if applicable)		AMOUNT
Communicable Disease Investigator, WOODRUFF, MONICA	\$4,759.31	x	100%	x	2	\$0.00		\$9,518.62
Communicable Disease Investigator, Vacant	4558.25	x	100%	x	2	\$0.00		\$9,116.50
Communicable Disease Investigator, Vacant	\$4,558.25	x	100%	x	2	\$0.00		\$9,116.50
ROUNDED TOTAL								\$27,800.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local In-State Travel	\$0.00
ROUNDED TOTAL	\$0.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 24)

Metropolitan Government of Nashville and Davidson County - STI Program		STATE PrEP STI CY27		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2027 and ending December 31, 2027.				
	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
	Salaries ²	\$0.00	\$0.00	\$0.00
	Benefits & Taxes	\$0.00	\$0.00	\$0.00
	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
	Supplies	\$0.00	\$0.00	\$0.00
	Telephone	\$0.00	\$0.00	\$0.00
	Postage & Shipping	\$0.00	\$0.00	\$0.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$0.00	\$0.00	\$0.00
	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
	Interest ²	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
	Depreciation ²	\$0.00	\$0.00	\$0.00
	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
	Capital Purchase ²	\$0.00	\$0.00	\$0.00
	Indirect Cost (10% and method)	\$0.00	\$0.00	\$0.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	GRAND TOTAL	\$0.00	\$0.00	\$0.00

\$0.00

¹ Each expense object line-item shall be defined by 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.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 25)

SALARIES	Rate		Percent	Months	(Longevity, if applicable)	AMOUNT
		x	0%	x 0		\$0.00
		x	0%	x 0		\$0.00
		x	0%	x 0		\$0.00
ROUNDED TOTAL						\$0.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local Mileage (1710 miles @ \$0.585/mile)	\$0.00
STI Engage Conference May, 2023	\$0.00
ROUNDED TOTAL	\$0.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00