



## GRANT AMENDMENT

Agency Tracking # LW09F171RESEA17	Edison ID	Contract #	Amendment # 2		
Contractor Legal Entity Name METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY BY AND THROUGH THE NASHVILLE CAREER ADVANCEMENT CENTER			Edison Vendor ID 0000000004		
Amendment Purpose & Effect(s) To extend the term of this grant contract.					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: June 30, 2018			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 0.00		
Funding ---					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2018		\$28,300.00			\$28,300.00
TOTAL:		\$28,300.00			\$28,300.00
American Recovery and Reinvestment Act (ARRA) Funding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
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.			OCR USE		
Speed Chart (optional)		Account Code (optional)			

**AMENDMENT TWO  
OF GRANT CONTRACT LW09F171RESEA17**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Labor and Workforce Development, hereinafter referred to as the "State" and Metropolitan Government of Nashville & Davidson County by and through The Nashville Career Advancement Center, 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 B is deleted in its entirety and replaced with the following:

**B. TERM OF AGREEMENT:**

This Grant Contract shall be effective on February 1, 2017 ("Effective Date") and extend for a period of seventeen (17) months after the Effective Date ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

2. Grant Contract Attachment C is deleted in its entirety and replaced with the new attachment C 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 December 13, 2017. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

CHIEF LOCAL ELECTED OFFICIAL/MAYOR:

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GRANTEE SIGNATURE

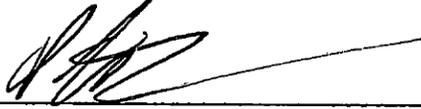
DATE

The Honorable Megan Barry, Mayor of Nashville

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PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY BY AND THROUGH  
THE NASHVILLE CAREER ADVANCEMENT CENTER:**



1/4/18  
DATE

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**GRANTEE SIGNATURE**

**Patrick Combs, Executive Director**

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**PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)**

**DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT:**

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**Burns P. Phillips III, Commissioner**

**DATE**

**SIGNATURE PAGE  
FOR  
GRANT NO. LW09F171RESEA17**

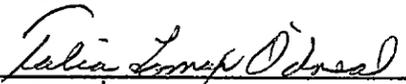
IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

**METROPOLITAN GOVERNMENT OF  
NASHVILLE AND DAVIDSON COUNTY**

See Previous Page \_\_\_\_\_  
Department \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

APPROVED AS TO AVAILABILITY  
OF FUNDS:

  
\_\_\_\_\_  
Director *for*  
Department of Finance *TH*

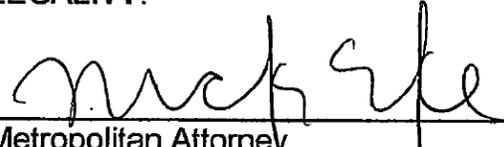
\_\_\_\_\_ Date \_\_\_\_\_

APPROVED AS TO RISK AND INSURANCE:

  
\_\_\_\_\_  
Director of Insurance

1/19/18  
\_\_\_\_\_ Date \_\_\_\_\_

APPROVED AS TO FORM AND  
LEGALITY:

  
\_\_\_\_\_  
Metropolitan Attorney

1/22/18  
\_\_\_\_\_ Date \_\_\_\_\_

See Previous Page \_\_\_\_\_  
Megan Barry  
Metropolitan Mayor

\_\_\_\_\_ Date \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_ Date \_\_\_\_\_

ATTACHMENT CFederal Award Identification Worksheet

Subrecipient's name (must match registered name in DUNS)	Nashville & Davidson County, Metropolitan Government of
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	UI-30246-17-60-A-47
Federal award date	12/07/2017
CFDA number and name	17.225 UNEMPLOYMENT INSURANCE STATE ADMINISTRATION
Grant contract's begin date	02/01/2017
Grant contract's end date	06/30/2018
Amount of federal funds obligated by this grant contract	\$28,300.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$2,348,680.00
Name of federal awarding agency	U.S. DEPARTMENT OF LABOR / ETA
Name and contact information for the federal awarding official	Serena Boyd boyd.serena@dol.gov
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)	