GOVERNMENTAL GRANT CONTRACT

(cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)

Begin Date	End Date	Agency Tracking #	Edison ID
April 1, 2018	March 31, 2019	34349-85918	

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

Subrecipient or Contractor	CFDA # 93.917
☒ Subrecipient ☐ Contractor	Grantee's fiscal year end June 30

Service Caption (one line only)

HIV/AIDS Core Medical Services and Early Intervention Services

Funding —

FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
2018		$13,675			$13,675
2019		$41,025			$41,025
TOTAL:		**$54,700**			**$54,700**

Grantee Selection Process Summary

☐ Competitive Selection	
☒ Non-competitive Selection	The Grantee was chosen for its current capacity to perform all needed services, its proximity to the target audience, and its prior experience with HIV/STD Core Medical Services

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.

Digitally signed by Adeniyi Bakare
DN: cn=Adeniyi Bakare, o=Department of Health, ou=Division of Administrative Services, email=Adeniyi.Bakare@tn.gov, c=US
Date: 2018.01.30 14:38:36 -06'00'

Speed Chart (optional)	Account Code (optional)
HL00006855	71301000

CPO USE - GG

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

This grant contract ("Grant Contract"), by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" or the "Grantor State Agency" and Grantee Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee," is for the provision of Human Immunodeficiency Virus (HIV) infection and Acquired Immunodeficiency Syndrome (AIDS) Core Medical Services, as further defined in the "SCOPE OF SERVICES AND DELIVERABLES."

Grantee Edison Vendor ID # 4

A. SCOPE OF SERVICES AND DELIVERABLES:

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

A.2. Service Definitions.

a. CAREWare Database- free, scalable software for managing and monitoring HIV clinical and supportive care which quickly produces a completed Ryan White HIV/AIDS Services Report (RSR).

b. Center of Excellence (COE) - a hub for a continuum of medical and social support services that are comprehensive integrated across providers, seamless and provide high quality, chronic care services to patients with HIV/AIDS.

c. Community Based Organization (CBO) - a public or private nonprofit (including a church or religious entity) that serves a significant segment of a community, and is engaged in meeting health and community needs.

d. Early Intervention Services (EIS) – services that include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures.

Early Intervention Services must include the following four components:

1. Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected.
   (a) Grantee must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
   (b) HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
2. Referral service to improve HIV care and treatment service at key points of entry
3. Access and linkage to HIV care and treatment services such as HIV. Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care.
4. Outreach Service and Health Education/Risk Reduction related to HIV diagnosis.

e. Health Resource and Services Administration (HRSA)- the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

f. HIV Consortia - is the four (4) regional Tennessee Consortiums that are responsible for the planning, development, and delivery of comprehensive HIV related services funded under Part B of the Ryan White HIV/AIDS Program.

g. HIV Drug Assistance Program (HDAP)- is a state-administered program authorized under Part B of the RWHAP to provide Food and Drug Administration (FDA) approved medications to low-income clients with HIV disease who have no coverage or limited health care coverage.

h. Insurance Assistance Program (IAP) - provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program.

The service provision consists of either or both of the following:

- Paying health insurance premiums to provide comprehensive HIV. Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients.
- Paying cost-sharing on behalf of the client.

i. Medical Case Management - the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

j. Medical Case Manager (MCM) – a professional who assists eligible HIV/AIDS clients to ensure that they access care and treatment.

k. Papanicolaou (PAP) Screening - a screening test used in gynecology to detect premalignant and malignant (cancerous) processes in the endocervical canal.

l. Ryan White HIV/AIDS Program (RWHAP)- a Federal program, the purpose of which, is to assist States and Territories in developing and/or enhancing access to a comprehensive continuum of high quality HIV care and treatment for low-income people living with HIV (PLWH). This program supports the National HIV/AIDS Strategy: Updated to 2020 (NHAS 2020) which is inclusive of the HIV continuum of care. The goals of NHAS 2020 are to reduce HIV incidence, increase access to care and optimize health outcomes, and reduce HIV-related health disparities.

m. Ryan White Services Report (RSR) – an annual performance report that documents client demographics, services delivered and expenditures by funded programs.

n. Women, Infants, Children, and Youth (WICY) - the provision of family-centered primary medical care involving outpatient or ambulatory care (directly, through contracts or through memoranda of understanding) for women, infants, children, and youth with HIV/AIDS. Part D funds family-centered primary and specialty medical care as well as support services.

A.3. Service Goals. Provide HIV-related care and support services for those persons affected by HIV disease who do not have sufficient health care coverage or financial resources and are seeking such services.

A.4. Service Recipients. Service recipients are those persons seeking services in the state of Tennessee who are infected with or affected by HIV disease and meeting all program eligibility requirements.

A.5. Service Description. The Grantee shall use the grant funds to implement and coordinate activities related to HIV/AIDS treatment and services as follows:

a. The Grantee agrees that during the term of the Grant Contract, the State shall have access to the Grantee's patient records in order to fulfill the State's goals for patients in the program. Upon expiration or termination of the Grant Contract for any reason, the Grantee shall provide the State with copies of all patient records associated with the Grant Contract. Such records shall be maintained by the State in accordance with all applicable State laws and rules pertaining to confidentiality and records retention.

b. The Grantee shall create and/or maintain an agency Quality Management Plan and an agency Quality Management Committee. The committee shall meet periodically, maintain minutes of those meetings, and perform a minimum of two (2) quality improvement studies annually. Additionally, each Grantee shall cooperate with the Ryan White Part B Quality Management Program in performing selected statewide quality studies in accordance with the most current version of the Ryan White Part B Quality Management Plan developed by the State, on file in the Ryan White Part B program office, and distributed to the Grantee. The Ryan White Part B Quality Management staff updates the Ryan White Part B Quality Management Plan annually, or more frequently if needed and updates are distributed to the Grantee via email.

c. The Grantee shall provide at least one (1) staff person to be a member of the Ryan White Part B Quality Management Committee. The Ryan White Part B Quality Management Committee and staff will provide leadership and technical assistance to individual agency Quality Management Committees, and provide worksheets, checklists, and other documentation materials as necessary.

d. The Grantee shall provide EIS and refer ninety percent (90%) or more of newly diagnosed HIV-positive cases identified in STD clinics to HIV care within ninety (90) days of diagnosis.

e. The Grantee shall send at least one (1) representative to the HIV/STD Statewide Meetings held twice a year. The Grantee will be notified of the dates and times of the meetings by the State (or designee) as they are scheduled.

A.6. Reporting Requirements.

a. The Grantee shall maintain a CAREWare database and submit a Quarterly Export Data File. The quarterly file shall be submitted no later than the fifteenth (15th) day of the month following the end of each quarter (July 15, 2018; October 15, 2018; January 15, 2019; and April 15, 2019).

b. The Grantee shall complete and submit an initial Implementation Plan (Attachment 1) and a quarterly Implementation Plan (using Attachment 1). The initial Implementation Plan will list the services to be provided, the projected number of clients to be served, and the projected units of service to be provided (defined as one [1] fifteen [15] minute encounter). The quarterly Implementation Plan will list the progress made toward the projections of the initial Implementation Plan. These reports are due to the State Consortia Coordinator no later than the fifteenth (15th) day of the month following the end of each quarter (July 15, 2018; October 15, 2018; January 15, 2019; and April 15, 2019).

c. The Grantee agrees to gather all the data elements required to complete the RSR and shall be in the format described by the HRSA Guidelines. A copy has been provided to the Grantee and is posted on the website www.hab.hrsa.gov and includes:

(1) the Grantee Report, which collects information about the services the provider was funded to provide;

(2) the Service Provider Report which captures services actually delivered on a contract-by-contract basis under each Ryan White HIV/AIDS Program Part; and

(3) the Client Report which captures the services received by each individual client.

The RSR shall be submitted to the State annually. The submission will be for the complete calendar year (January – December) and is due no later than February 15th of each following calendar year.

d. The Grantee agrees to gather all the data elements required to complete the WICY Report. All funded agencies are required to submit an annual report listing the amount of dollars expended on all Women (25 years old and older), Infants (less than 2 years old), Children (2 - 12 years old) and Youth (13 - 24 years old). The WICY Reports are due to the State Ryan White Office no later than June 15, 2019, which is seventy five (75) days after the ending date in Section B of this Grant Contract.

A.7. Incorporation of Additional Documents. Each of the following documents is included as a part of this Grant Contract by reference or attachment. In the event of a discrepancy or ambiguity regarding the Grantee's duties, responsibilities, and performance hereunder, these items shall govern in order of precedence below.

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

b. the most current version of the Ryan White Part B Medical Services Fee Schedule;

c. the most current version of the HRSA/HAB Part B Manual and other applicable guidelines;

d. the most current version of the MCM Handbook; and

e. the most current version of the State Ryan White Part B Quality Management Plan.

A.8. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment 2, is incorporated in this Grant Contract.

B. TERM OF CONTRACT:

This Grant Contract shall be effective for the period beginning on April 1, 2018 ("Effective Date") and ending on March 31, 2019, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

C. PAYMENT TERMS AND CONDITIONS:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Fifty Four Thousand Seven Hundred Dollars ($54,700) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 3 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

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

C.3. Payment Methodology. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in Section C.1. Upon progress toward the completion of the Scope, as described in Section A of this Grant Contract, the Grantee shall submit invoices (Attachment 4) prior to any reimbursement of allowable costs.

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

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

Contract Coordinator
Tennessee Department of Health
HIV/STD Program
4th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243

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

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

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

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

(1) An invoice under this Grant Contract shall include only reimbursement requests for actual, reasonable, and necessary expenditures required in the delivery of

service described by this Grant Contract and shall be subject to the Grant Budget and any other provision of this Grant Contract relating to allowable reimbursements.

(2) An invoice under this Grant Contract shall not include any reimbursement request for future expenditures.

(3) An invoice under this Grant Contract shall initiate the timeframe for reimbursement only when the State is in receipt of the invoice, and the invoice meets the minimum requirements of this section C.5.

(4) An invoice under this Grant Contract shall be presented to the State within thirty (30) days after the end of the calendar month in which the subject costs were incurred or services were rendered by the Grantee. An invoice submitted more than thirty (30) days after such date will NOT be paid. The State will not deem such Grantee costs to be allowable and reimbursable by the State unless, at the sole discretion of the State, the failure to submit a timely invoice is warranted. The Grantee shall submit a special, written request for reimbursement with any such untimely invoice. The request must detail the reason the invoice is untimely as well as the Grantee's plan for submitting future invoices as required, and it must be signed by a Grantee agent that would be authorized to sign this Grant Contract.

C.6. Budget Line-items. Expenditures, reimbursements, and payments under this Grant Contract shall adhere to the Grant Budget. The Grantee may move up to twenty percent (20%) of a line-item amount to another line item category provided that any increase is off-set by an equal reduction of other line-item amount(s) and the total Grant Contract amount detailed by the Grant Budget does not increase. An increase of any line item funded at zero dollars ($0.00) shall require prior approval of the Grantor State Agency.

C.7. Disbursement Reconciliation and Close Out. The Grantee shall submit a grant disbursement reconciliation report within thirty (30) days following the end of each quarter and a final invoice and final grant disbursement reconciliation report within forty five (45) days of the Grant Contract end date in form and substance acceptable to the State (Attachment 5).

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

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

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

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

C.8. Indirect Cost. Should the Grantee request reimbursement for indirect costs, the Grantee must submit to the State a copy of the indirect cost rate approved by the cognizant federal agency or the cognizant state agency, as applicable. The Grantee will be reimbursed for indirect costs in accordance with the approved indirect cost rate and amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the Term. Any

changes in the approved indirect cost rate must have prior approval of the cognizant federal agency or the cognizant state agency, as applicable. If the indirect cost rate is provisional during the Term, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the State, and subject to the availability of funds the State agrees to remit any underpayment to the Grantee.

C.9. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Department of Finance and Administration Policy Statement 03 or any amendments or revisions made to this policy statement during the Term.

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

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

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

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

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

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

D. STANDARD TERMS AND CONDITIONS:

D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Grant Contract, the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

D.2. Modification and Amendment. This Grant Contract may be modified only by a written amendment signed by all parties and approved by the officials who approved the Grant Contract and, depending upon the specifics of the Grant Contract as amended, any additional officials required by Tennessee laws and regulations (the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

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

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

D.5. Subcontracting. The Grantee shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination," "Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.

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

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

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

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

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

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

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

Tonya King, MPH, Ryan White Part B HIV/STD Program Director
Tennessee Department of Health
HIV/STD/Viral Hepatitis Section
Communicable and Environmental Diseases and Emergency Preparedness
4th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243
Email Address: Tonya.King@tn.gov
Telephone #: (615) 741-7500
FAX #: (615) 741-3691

The Grantee:

William S. Paul, M.D., Director
Metropolitan Government of Nashville and Davidson County
2500 Charlotte Avenue
Nashville, Tennessee 37209
Email Address: bill.paul@nashville.gov
Telephone # (615) 340-5635
FAX # (615) 340-2131

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

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

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

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

shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

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

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

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

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

D.12. Public Accountability. If the Grantee is subject to Tenn. Code Ann. § 8-4-401 *et seq.*, or if this Grant Contract involves the provision of services to citizens by the Grantee on behalf of the State, the Grantee agrees to establish a system through which recipients of services may present grievances about the operation of the service program. The Grantee shall also display in a prominent place, located near the passageway through which the public enters in order to receive Grant supported services, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:

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

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

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

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

D.15. Records. The Grantee and any approved subcontractor shall maintain documentation for all charges under this Grant Contract. The books, records, and documents of the Grantee and any approved subcontractor, insofar as they relate to work performed or money received under this

Grant Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the records be maintained for a period of less than five (5) full years from the date of the final payment. The Grantee's records shall be subject to audit at any reasonable time and upon reasonable notice by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.

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

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

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

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

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

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

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

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

D.18. Annual and Final Reports. The Grantee shall submit, within three (3) months of the conclusion of each year of the Term, an annual report. For grant contracts with a term of less than one (1) year, the Grantee shall submit a final report within three (3) months of the conclusion of the Term. For grant contracts with multiyear terms, the final report will take the place of the annual report for the final year of the Term. The Grantee shall submit annual and final reports to the Grantor State Agency and the Department of Finance and Administration ("F&A"). Send electronic copies of annual and final reports to F&A at fa.audit@tn.gov. At minimum, annual and final reports shall include: (a) the Grantee's name; (b) the Grant Contract's Edison identification number, Term, and total amount; (c) a narrative section that describes the program's goals, outcomes, successes and setbacks, whether the Grantee used benchmarks or indicators to determine progress, and whether any proposed activities were not completed; and (d) other relevant details requested by the Grantor State Agency. Annual and final report documents to be completed by the Grantee shall appear on the Grantor State Agency's website or as an attachment 6 to the Grant Contract.

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

If the Grantee is subject to an audit under this provision, then the Grantee shall complete Attachment 7.

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

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

D.20. Procurement. If other terms of this Grant Contract allow reimbursement for the cost of goods, materials, supplies, equipment, motor vehicles, or contracted services, procurements by the Grantee shall be competitive where practicable. For any procurement for which reimbursement is paid under this Grant Contract, the Grantee shall document the competitive procurement method. In each instance where it is determined that use of a competitive procurement method is not practicable, supporting documentation shall include a written justification for the decision and for the use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.318—200.326 when procuring property and services under a federal award.

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

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

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

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

D.24. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party except to the extent that the non-performing party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either party from its obligations under this Grant Contract. Except as set forth in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a default under this Grant Contract or grounds for termination. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Grantee's representatives, suppliers, subcontractors, customers or business apart from this Grant Contract

is not a Force Majeure Event under this Grant Contract. Grantee will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Grantee's performance longer than forty-eight (48) hours, the State may, upon notice to Grantee: (a) cease payment of the fees until Grantee resumes performance of the affected obligations; or (b) immediately terminate this Grant Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Grantee will not increase its charges under this Grant Contract or charge the State any fees other than those provided for in this Grant Contract as the result of a Force Majeure Event.

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

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

D.27. No Acquisition of Equipment or Motor Vehicles. This Grant Contract does not involve the acquisition and disposition of equipment or motor vehicles acquired with funds provided under this Grant Contract.

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

D.29. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-407.

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

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

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

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

E. SPECIAL TERMS AND CONDITIONS:

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

E.2. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the State or acquired by the Grantee on behalf of the State that is regarded as confidential under state or federal law shall be regarded as "Confidential Information." Nothing in this Section shall permit Grantee to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required or permitted under state or federal law. Grantee shall take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law.

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

E.3. Printing Authorization. The Grantee agrees that no publication coming within the jurisdiction of Tenn. Code Ann. § 12-7-101, *et seq.*, shall be printed pursuant to this Grant Contract unless a printing authorization number has been obtained and affixed as required by Tenn. Code Ann. § 12-7-103(d).

E.4. Environmental Tobacco Smoke. Pursuant to the provisions of the federal "Pro-Children Act of 1994" and the "Children's Act for Clean Indoor Air of 1995," Tenn. Code Ann. §§ 39-17-1601 through 1606, the Grantee shall prohibit smoking of tobacco products within any indoor premises in which services are provided to individuals under the age of eighteen (18) years. The Grantee shall post "no smoking" signs in appropriate, permanent sites within such premises. This prohibition shall be applicable during all hours, not just the hours in which children are present. Violators of the prohibition may be subject to civil penalties and fines. This prohibition shall apply to and be made part of any subcontract related to this Grant Contract.

E.5. Federal Funding Accountability and Transparency Act (FFATA).

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

The Grantee shall comply with the following:

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

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

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

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

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

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

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

i. Salary and bonus.
ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
v. Above-market earnings on deferred compensation which is not tax qualified.
vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

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

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

d. The Grantee will obtain a Data Universal Numbering System (DUNS) number and maintain its DUNS number for the term of this Grant Contract. More information about obtaining a DUNS Number can be found at: http://fedgov.dnb.com/webform/.

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

E.6. Health Care Data. Grantee shall provide data reports about health care services provided under this Grant using the Department of Health's Patient Tracking and Billing Management Information System (or its successor). Data regarding health care services provided by the Grantee shall be coded and entered into the Patient Tracking and Billing Management Information System (PTBMIS), using the PTBMIS Codes Manual. The PTBMIS Codes manual is available

electronically at http://hsaintranet.health.tn.gov/ and e-mail notices shall be sent to the Grantee regarding new revisions and/or updates, which can be accessed through the above-referenced website.

On a schedule defined by the State, the Grantee shall submit Central Office Database Report (CODB) files, as defined in PTBMIS, electronically to the State. The Grantee shall also submit other health care data reports, as requested by the State, and in a format acceptable to the State.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

See next page

William S. Paul, M.D.
Director, Metro Public Health Department

Date

See next page

Carol Etherington, MSN, RN, FAAN
Chair, Board of Health

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

See next page

Talia Lomax-O'dneal
Director, Department of Finance

Date

APPROVED AS TO RISK AND INSURANCE:

See next page

Director of Risk Management Services

Date

APPROVED AS TO FORM AND LEGALITY:

See next page

Metropolitan Attorney

Date

FILED:

See next page

Metropolitan Clerk

Date

SIGNATURE PAGE
FOR
HIV CORE MEDICAL & EARLY INTERVENTION SERVICES

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

William S. Paul, M.D.
Director, Metro Public Health Department

Date: 3-7-2018

Carol Etherington, MSN, RN, FAAN
Chair, Board of Health

Date: 3.8.2018

APPROVED AS TO AVAILABILITY OF FUNDS:

Talia Lomax-O'dneal
Director, Department of Finance

Date: 3-16-18

APPROVED AS TO RISK AND INSURANCE:

Director of Risk Management Services

Date

APPROVED AS TO FORM AND LEGALITY:

Metropolitan Attorney

Date: 3-28-18

FILED:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

John J Dreyzehner, M.D., MPH, FACOEM
Commissioner

Date

ATTACHMENT 2

Federal Award Identification Worksheet

Subrecipient's name (must match registered name in DUNS)	Metropolitan Government of Nashville & Davidson County
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	Pending
Federal award date	Pending
CFDA number and name	93.917
Grant contract's begin date	April 1, 2018
Grant contract's end date	March 31, 2019
Amount of federal funds obligated by this grant contract	$54,700
Total amount of federal funds obligated to the subrecipient	N/A
Total amount of the federal award to the pass-through entity (Grantor State Agency)	Pending
Name of federal awarding agency	Health Resources and Services Administration
Name and contact information for the federal awarding official	Pending
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)	10% of Award

ATTACHMENT 7

Notice of Audit Report

Check one of the two boxes below and complete the remainder of this document as instructed. Send completed documents as a PDF file to cpo.auditnotice@tn.gov. ***The Grantee should submit only one, completed "Notice of Audit Report" document to the State ninety (90) days prior to the Grantee's fiscal year.***

☐ Grantee Legal Entity Name is subject to an audit for fiscal year #.

☐ Grantee Legal Entity Name is not subject to an audit for fiscal year #.

Grantee's Edison Vendor ID Number:

Grantee's fiscal year end:

Any Grantee that is subject to an audit must complete the information below.

Type of funds expended	Estimated amount of funds expended by end of Grantee's fiscal year
Federal pass-through funds a. Funds passed through the State of Tennessee b. Funds passed through any other entity	a. b.
Funds received directly from the federal government	
Non-federal funds received directly from the State of Tennessee	

ATTACHMENT 1

Ryan White Part B Implementation Plan: Service Category Table

Provider Name		Prepared By		Total Service Category Funds	
				Allocation	Expenditure
Service Category Name: Case Management (Non-Medical)				$ -	$ -

Service Category Goal: Provide Case Management Services in order to facilitate and support PLWHA's access, to HIV medical care and access to other needed services in order to enhance their ability to effectively manage their HIV disease.

Stage of the HIV Care Continuum related to this service category: Diagnosed; Linked to Care; Retained in Care

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be provided*		*Provide the approximate and actual amount of funds to be used to provide this service.*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide Case Management **assessment**, service planning, monitoring and follow-up activities based on identified need to 90% of PLWA.	15 Minute Increments (Office Visit, Non Face-to-face, etc.)						
b: Provide Case Management **reassessment**, service planning, monitoring and follow-up activities based on identified need to 90% of PLWA.	15 Minute Increments (Office Visit, Non Face-to-face, etc.)						
c: 100% of eligible clients have been accurately entered into RWES.	1 Unit = 1 RWES Record						

5a. Client Demographics: *Provide the number of newly diagnosed clients and clients that have been re-engaged to care.*

Linkage to Care	Re-engaged to Care

5. Unduplicated: *Provide the number of unduplicated clients served.*

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category:

HAB MCM Care Plan Measure: Medical Case Management: Care Plan	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	1375/1500, 92%	1450/1500, 97%	
HAB MCM Care Plan Measure: HIV Medical Visit Frequency	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	1375/1500, 92%	1450/1500, 97%	

TDH or United Way Feedback:	

ATTACHMENT 1

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds	
				Allocation	Expenditure
Service Category Name: Early Intervention Services - Corrections Navigation				$ -	$ -

Service Category Goal: Improve rates of linkage, re-engagement and retention in medical care by providing linkage services to HIV positive inmates upon release from prison.

Stage of the HIV Care Continuum related to this service category: Linked to Care, Retained in Care

1. Objectives:	**2. Service Unit Definition:**	**3. Quantity:**				**4. Funds:**	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be*		*Provide the approximate amount of funds to be used to provide*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Link 75% of recently released clients to medical services, within 30 days after their release date.	15 Minute Increments					$	$
b: 75% of recently released clients have been referred to housing, employment and transportation services will actually receive assistance within 30 days of release.	15 Minute Increments					$	$
c: 75% of recently released clients have received follow-up services to determine if they remain in care after six (6) months.	15 Minute Increments					$	$
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
HAB Systems-Level Measures: Linkage to HIV Medical Care	67/75, 90%	18/23, 78%	
	Baseline: Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
HHS Measure: Retention in HIV Medical Care	60/67, 90%	13/18, 75%	

TDH or United Way Feedback:	

ATTACHMENT 1

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds: Allocation	Expenditure
Service Category Name: Early Intervention Services - Re-engagement and Linkage to Care				$ -	$ -

Service Category Goal: Improve rates of linkage, re-engagement and retention in medical care by providing linkage services to newly diagnosed HIV positive clients and PLWHA who have fallen out of care for 12 months or longer.

Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be*		*Provide the approximate amount of funds to be used to provide*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Link 95% of new PLWHA to medical services within 30 days of diagnosis.	15 Minutes of Linkage Activities					$ -	$ -
b: Investigate at least 90% of PLWHA (referred to the program) with no known medical visits within the past 12 months to verify their current care status.	15 Minute Record Search					$ -	$ -
c: Locate 50% of known PLWHA who had no known medical visits within the past 12 months	15 minutes of Attempts to Contact/Locate (phone calls, field visits, letters)					$ -	$ -
d: 1) Re-engage and link 50% of known PLWHA (who were located and had no known medical visits within the past 12 months) within 6 months of locating the client. d: 2) 40% within 30 days	15 minutes of Re-engagement Activities (provider communication, transportation, provider visits)					$ -	$ -
e: Follow up with PLWHA re-engaged in care and verify that 50% are retained in care	15 Minute Record Search					$ -	$ -
f: Verify that 50% of PLWHA, with a known medical visit within the past 12 months, achieve viral suppression	15 Minute Record Search					$ -	$ -
g: Make in-person contact with six points of entry across the state of Tennessee during the grant year to inform the providers of linkage services and where to refer clients for HIV care.	15 Minute Increments					$ -	$ -
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
HAB Systems-Level Measures: Linkage to HIV Medical Care	77/495, 16%	75/500, 15%	
HHS Measure: Retention in HIV Medical Care	882/880, 100%	750/750, 100%	
HHS Measure: Retention in HIV Medical Care	217/420, 50%	375/750, 50%	
HHS Measure: Retention in HIV Medical Care	90/217, 41%	150/375, 40%	
HHS Measure: Retention in HIV Medical Care	8,088/15,319, 53%	8,088/15,319, 53%	
HHS Measure: Viral Load Suppression Among Persons in HIV Medical Care	7,979/15,319, 52%	7,979/15,319, 52%	
HHS Measure: Retention in HIV Medical Care	N/a	6/6, 100%	

TDH or United Way Feedback:	

ATTACHMENT 1

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds: Allocation	Expenditure
Service Category Name: Emergency Financial Assistance				$ -	$ -

Service Category Goal: Meet the emergency financial needs of PLWHAs by providing utility and emergency formulary pharmaceutical assistance.

Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be provided*		*Provide the approximate amount of funds to be used to provide this service.*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide emergency financial assistance for 90% of PLWA's utilities not covered by other municipal, state or federal programs (HOWPA, etc.).	1 Utility Bill Paid = 1 Unit					$	$
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
HHS Measure: Retention in HIV Medical Care	17/20, 85%	20/20, 100%	

TDH or United Way Feedback:

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds: Allocation	Expenditure
Service Category Name: Food Bank / Home-based Meal Services				$ -	$ -

Service Category Goal: Provide food in order to improve nutritional status of PLWHA and enhance medication adherence.

Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be provided*		*Provide the approximate amount of funds to be used to provide this service.*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide Food Voucher / Cards for 90% of clients referred and/or individual requests.	$20 = 1 Unit					$ -	$ -
b: Provide Food Bag / Box for 90% of clients referred and/or individual requests.	$20 = 1 Unit					$ -	$ -
c: Provide Home Delivered Meals for 90% of clients referred and/or individual requests.	$20 = 1 Unit					$ -	$ -
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
HHS Measure: Retention in HIV Medical Care	1520/1575, 96%	1550/1600,97%	

TDH or United Way Feedback:

ATTACHMENT 1

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds: Allocation	Expenditure
Service Category Name: Health Insurance Premium and Cost Sharing Assistance				$ -	$ -

Service Category Goal: Provide financial assistance in the form of premiums, co-pays and deductibles.

Stage of the HIV Care Continuum related to this service category: Retained in Care

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be*		*Provide the approximate amount of funds to be used to provide*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide access to medical care for low income HIV+ clients by paying health insurance premiums, co-pays, and deductibles for eligible Ryan White clients.	Premium Only					$	$
	Co-pays and Deductibles Only					$	$
	Co-pay Only					$	$
	Deductible Only					$	$
	Benefits Mgmnt Services					$	$
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
HHS Measure: Retention in HIV Medical Care	4900/5000, 98%	3000/4900, 62%	

TDH or United Way Feedback:

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds: Allocation	Expenditure
Service Category Name: Housing Services				$ -	$ -

Service Category Goal: Provide short-term housing assistance to PLWHA's to enhance maintenance and adherence to HIV medical care and services.

Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be provided*		*Provide the approximate amount of funds to be used to provide this service.*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide 75% of PLWA with housing assistance in the form of payment of rent.	1 Rent Bill Paid = 1 Unit					$	$
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
HHS Measure: Housing Status	N/a	188/250, 75%	

TDH or United Way Feedback:

ATTACHMENT 1

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds	
				Allocation	Expenditure
Service Category Name: MAI - Health Education / Risk Reduction				$ -	$ -

Service Category Goal: Ensure communities of color/minority populations receive education about HIV disease, the importance of HIV treatment, and increase awareness of care and treatment services with an emphasis on ADAP services.

Stage of the HIV Care Continuum related to this service category: Diagnosed; Linked to Care

1. Objectives:	**2. Service Unit Definition:**	**3. Quantity:**				**4. Funds:**	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be*		*Provide the approximate amount of funds to be used to provide*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Conduct outreach activities in venues for at-risk populations.	15 Minute Increments					$	$ -
b: PLWA have been referred to Primary Medical Care / Centers of Excellence and Medical Care Management services.	15 Minute Increments					$	$ -
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
HHS Measure: HIV Positivity			
	Baseline: Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
HAB Systems-Level Measure: Linkage to HIV Medical Care			

TDH or United Way Feedback:	

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds	
				Allocation	Expenditure
Service Category Name: MAI - Outreach				$ -	$ -

Service Category Goal: Ensure access and linkage to quality medical nutrition services for all eligible HIV/AIDS diagnosed residents of Tennessee.

Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed

1. Objectives:	**2. Service Unit Definition:**	**3. Quantity:**				**4. Funds:**	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be*		*Provide the approximate amount of funds to be used to provide*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: 80% of newly diagnosed minority individuals not engaged in care will be successfully linked to medical care.	15 Minute Increments					$ -	$ -
b: 67% of previously diagnosed individuals with no evidence of medical visits or viral load draws have been successfully linked to medical care.	15 Minute Increments					$ -	$ -
c: 350 clients have been referred for services, including Pre-Exposure Prophylaxis (PrEP) evaluation, after an outreach contact.	15 Minute Increments					$ -	$ -
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
HAB Systems-Level Measures: Linkage to HIV Medical Care	71/75, 95%	75/75, 100%	
	Baseline: Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
HAB Systems-Level Measures: Linkage to HIV Medical Care	71/75, 95%	75/75, 100%	

TDH or United Way Feedback:	

ATTACHMENT 1

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds	
				Allocation	Expenditure
Service Category Name: Medical Case Management				$ -	$ -

Service Category Goal: Provide Medical Case Management assistance to PLWHA to determine eligibility and enhance maintenance and adherence to HIV medical care and services.

Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be provided*		*Provide the approximate amount of funds to be used to provide this service.*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide high quality Medical Case Management to HIV/AIDS clients at Centers of Excellence clinics and other Ryan White Part B sites through eligibility determination, adherence counseling and appointment follow-up.	15 Minute Office Visit					$ -	$ -
b: Provide Medical Case Management assessment, service planning, monitoring and follow-up activities based on identified need to 90% of PLWA.	15 Minute Increments (Office Visit, Non Face-to-face, etc.)					$ -	$ -
c: Provide Medical Case Management reassessment, service planning, monitoring and follow-up activities based on identified need to 90% of PLWA.	15 Minute Increments (Office Visit, Non Face-to-face, etc.)					$ -	$ -
d: 100% of eligible clients have been accurately entered into RWES.	1 Unit = 1 RWES Record					$ -	$ -
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

HAB MCM Care Plan Measure: Medical Case Management: Care Plan	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	6000/7400, 81%	6800/7400, 92%	
HAB ADAP Measures:ADAP: Eligibility Recertification	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	5400/6000, 90%	6120/6800, 90%	
HAB ADAP Measures:ADAP: Application Determination	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	6000/7400, 81%	6800/7400, 92%	

TDH or United Way Feedback:	

ATTACHMENT 1

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds	
				Allocation	Expenditure
Service Category Name: Medical Case Management - Housing				$ -	$ -

Service Category Goal: Provide Medical Case Management Services in order to facilitate and support PLWHA's access to permanent housing to enable an individual or family to gain or maintain their ability to effectively manage their HIV disease.

Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be provided*		*Provide the approximate amount of funds to be used to provide this service.*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide Medical Case Management housing assessment, service planning, monitoring, follow-up activities and advocacy services to help maintain client in permanent housing.	15 Minute Increments					$ -	$ -
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
HHS Measure: Housing Status	N/a	500/750, 67%	
TDH or United Way Feedback:			

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds	
				Allocation	Expenditure
Service Category Name: Medical Nutrition				$ -	$ -

Service Category Goal: Ensure access and linkage to quality medical nutrition services for all eligible HIV/AIDS diagnosed residents of Tennessee.

Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be*		*Provide the approximate amount of funds to be used to provide*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: 100% of clients receiving medical nutrition services have been linked (receive at least one medical visit with a provider with prescribing privileges) to medical care.	15 Minute Increments					$ -	$ -
b: 80% of clients receiving medical nutrition services have been retained (receive at least two medical visits with a provider with prescribing privileges) in medical care.	15 Minute Increments					$ -	$ -
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
HHS Measure: Retention in HIV Medical Care	50/52, 96%	52/52, 100%	
TDH or United Way Feedback:			

ATTACHMENT 1

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds	
				Allocation	Expenditure
Service Category Name: Medical Transportation				$ -	$ -

Service Category Goal: Provide transportation services to PLWHA s in order to access HIV medical care and other services.

Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be provided*		*Provide the approximate amount of funds to be used to provide this service.*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide Bus Tokens / Pass for 90% of clients referred and/or individual requests.	$20 = 1 Unit					$ -	$ -
b: Provide Mileage Reimbursement (i.e. gas card / voucher) for 90% of clients referred and/or individual requests.	$20 = 1 Unit					$ -	$ -
c: Provide Taxi Rides (Emergency Only) for 90% of clients referred and/or individual requests.	$20 = 1 Unit					$ -	$ -
d: Provide Agency Based Transportation for 90% of clients referred and/or individual requests.	$20 = 1 Unit					$ -	$ -
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

HHS Measure: Retention in HIV Medical Care	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	N/a	550/750, 73%	
HHS Measure: Retention in HIV Medical Care	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	N/a	300/500, 60%	
HHS Measure: Retention in HIV Medical Care	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	N/a	25/25, 100%	
HHS Measure: Retention in HIV Medical Care	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	N/a	225/225, 100%	

TDH or United Way Feedback:

ATTACHMENT 1

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds: Allocation	Expenditure
Service Category Name: Mental Health				$ -	$ -

Service Category Goal: Provide Outpatient Mental Health Treatment Services based on national best practice models in order to enhance maintenance and adherence to HIV medical care and services.

Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be provided*		*Provide the approximate amount of funds to be used to provide this service.*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide 90% of PLWHA comprehensive "Individual" outpatient Mental Health Services.	15 Minute Increments					$ -	$ -
b: Provide 90% of PLWHA comprehensive "Group" outpatient Mental Health Services.	15 Minute Increments					$ -	$ -
c: Provide 90% of PLWHA comprehensive diagnostic evaluation and treatment from a "Psychiatrist" or "Psychiatric Nurse."	15 Minute Increments					$ -	$ -
d: Referrals for psychiatric assessment/treatment or inpatient mental health treatment.	1 Referral					$ -	$ -
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
HHS Measure: Retention in HIV Medical Care	345/450, 76%	500/550, 90%	
HHS Measure: Retention in HIV Medical Care	120/150, 80%	135/50, 90%	
HHS Measure: Retention in HIV Medical Care	N/a	50/75, 67%	

TDH or United Way Feedback:

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds: Allocation	Expenditure
Service Category Name: Oral Health Services				$ -	$ -

Service Category Goal: Provide Oral Health Services in order to maintain or improve oral health and the overall health status of PLWHAs.

Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be provided*		*Provide the approximate amount of funds to be used to provide this service.*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide diagnostic, preventative, restorative and prosthetic dental care services for 75% of clients.	1 Oral Health Care Visit = 1 Unit					$ -	$ -
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
HAB Oral Care Measures: Oral Health Services: Dental Treatment Plan			

TDH or United Way Feedback:

ATTACHMENT 1

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds: Allocation	Expenditure
Service Category Name: Outpatient Ambulatory Medical Care				$ -	$ -

Service Category Goal: Improve health outcomes by providing HIV medical care to people living with HIV that is consistent with the most recent DHHS Guidelines.

Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be*		*Provide the approximate amount of funds to be used to provide*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a. 90% of clients have attend at least two medical visits with a provider with prescribing privileges.	1 unit = 1 Visit					$	$
b. 75% of clients have been virally suppressed.	1 unit = 1 Visit					$	$
c. clients have been prescribed ART.	1 unit = 1 Visit					$	$
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

HAB Core Measures: HIV Medical Visit Frequency	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	4950/5000, 99%	4680/5200, 90%	
HHS Measure: Viral Load Suppression Among Persons in HIV Medical Care	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	3500/5000, 70%	3750/5000, 75%	
HAB Core Measures: Prescription of HIV Antiretroviral Therapy	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	4750/5000, 95%	4680/5200, 90%	

TDH or United Way Feedback:

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds: Allocation	Expenditure
Service Category Name: Psychosocial Support Services				$ -	$ -

Service Category Goal: Improve or maintain the emotional well-being of PLWHAs in order to enhance the activities of daily living and access to HIV medical care and services.

Stage of the HIV Care Continuum related to this service category: Retained in Care; Virally Suppressed

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be provided*		*Provide the approximate amount of funds to be used to provide this service.*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide 90% of clients with individual "PEER" support to PLWHA.	15 Minute Increments					$	$
b: Provide 90% of clients with group "PEER" support to PLWHA.	15 Minute Increments					$	$
5. Unduplicated: Provide the number of unduplicated clients served.							

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

HHS Measure: Retention in HIV Medical Care	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	178/200, 89%	200/220, 90%	
HHS Measure: Retention in HIV Medical Care	**Baseline:** Numerator/Denominator, %	**Target:** Numerator/Denominator, %	**Actual:** Numerator/Denominator, %
	N/a	68/75, 90%	

TDH or United Way Feedback:

ATTACHMENT 1

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds: Allocation	Total Service Category Funds: Expenditure
Service Category Name: Referral for Health Care / Support Services				$ -	$ -

Service Category Goal: Provide telephone referral services to engage and maintain clients in HIV medical care and services.

Stage of the HIV Care Continuum related to this service category: Linked to Care

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be provided*		*Provide the approximate amount of funds to be used to provide this service.*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide a client with referral resources through telephone communication.	15 Minute Increments					$ -	$ -

5. Unduplicated: Provide the number of unduplicated clients served.

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
HAB Systems-Level Measures: Linkage to HIV Medical Care	1400/1500, 93%	1400/1500, 93%	

TDH or United Way Feedback:

Ryan White Part B Implementation Plan: Service Category Table

Provider Name	0	Prepared By	0	Total Service Category Funds: Allocation	Total Service Category Funds: Expenditure
Service Category Name: Substance Abuse				$ -	$ -

Service Category Goal: Provide outpatient substance abuse treatment services based on national best practice models to PLWHA who are abusing Alcohol or Other Drugs (AOD) in order to enhance maintenance in and adherence to HIV medical care and treatment.

Stage of the HIV Care Continuum related to this service category: Retained in Care; Prescribed Antiretroviral Therapy; Virally Suppressed

1. Objectives:	2. Service Unit Definition:	3. Quantity:				4. Funds:	
List SMART objectives that support the service goal listed above.	*Define the service unit to be provided*	*Number of people to be served*		*Total Number of service units to be provided*		*Provide the approximate amount of funds to be used to provide this service.*	
		Target	Actual	Target	Actual	Allocation	Expenditure
a: Provide 90% of clients PLWA with "individual" Substance Abuse Treatment.	15 Minute Increments					$ -	$ -
b: Provide 90% of clients PLWHA with "group" outpatient substance use / abuse treatment.	15 Minute Increments					$ -	$ -
c: Make referrals for linkage to inpatient Alcohol + Drug treatment services as clinically indicated.	15 Minute Increments					$ -	$ -

5. Unduplicated: Provide the number of unduplicated clients served.

Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)

	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %
HHS Measure: Retention in HIV Medical Care	N/a	180/200,	
HHS Measure: Retention in HIV Medical Care	N/a	50/75, 93%	
HAB Systems -Level Measures: Linkage to HIV Medical Care	N/a	25/50, 50%	

TDH or United Way Feedback:

ATTACHMENT 2

Federal Award Identification Worksheet

Subrecipient's name (must match registered name in DUNS)	Metropolitan Government of Nashville & Davidson County
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	Pending
Federal award date	Pending
CFDA number and name	93.917
Grant contract's begin date	April 1, 2018
Grant contract's end date	March 31, 2019
Amount of federal funds obligated by this grant contract	$54,700
Total amount of federal funds obligated to the subrecipient	N/A
Total amount of the federal award to the pass-through entity (Grantor State Agency)	Pending
Name of federal awarding agency	Health Resources and Services Administration
Name and contact information for the federal awarding official	Pending
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)	10% of Award

ATTACHMENT 3

GRANT BUDGET

(BUDGET PAGE 1)

Metropolitan Government of Nashville and Davidson County RW CMS-EIS

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2018, and ending March 31, 2019.

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries [2]	$41,700.00	$0.00	$41,700.00
2	Benefits & Taxes	$8,000.00	$0.00	$8,000.00
4, 15	Professional Fee/ Grant & Award [2]	$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 [2]	$0.00	$0.00	$0.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (10% salaries/benefits)	$5,000.00	$0.00	$5,000.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$54,700.00	$0.00	$54,700.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

ATTACHMENT 3 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						**AMOUNT**
SALARIES						**AMOUNT**
Vacant, Communicable Disease Invesigator	$3,378.55	x	3	x	15%	$1,520.35
Vacant, Communicable Disease Invesigator	$3,491.17	x	9	x	15%	$4,713.08
Rashanda Ridley, Communicable Disease Investigator	$3,829.02	x	3	x	15%	$1,723.06
Rashanda Ridley, Communicable Disease Investigator	$3,941.63	x	9	x	15%	$5,321.20
Crystal Witt, Communicable Disease Investigator	$3,829.02	x	3	x	15%	$1,723.06
Crystal Witt, Communicable Disease Investigator	$3,941.63	x	9	x	15%	$5,321.20
Melody Quarles, Communicable Disease Invesigator	$4,392.09	x	12	x	15%	$7,905.76
Charncey Springe, Communicable Disease Investigator	$3,941.63	x	3	x	15%	$1,773.73
Charncey Springe, Communicable Disease Investigator	$4,054.25	x	9	x	15%	$5,473.24
Kenisha Johnson, Communicable Disease Investigator	$3,378.55	x	3	x	15%	$1,520.35
Kenisha Johnson, Communicable Disease Investigator	$3,491.17	x	9	x	15%	$4,713.08
ROUNDED TOTAL						**$41,700.00**

STATE OF TENNESSEE
INVOICE FOR REIMBURSEMENT

For ACCOUNTS MANAGEMENT OFFICE USE ONLY	
PO# LINE# RECEIPT #	TDOH AGENCY INVOICE #
EDISON CONTRACT #	
EDISON VENDOR # EDISON ADDRESS LINE #	VOUCHER #

NAME AND REMITTANCE ADDRESS OF CONTRACTOR/GRANTEE	INVOICE NUMBER
	INVOICE DATE
	INVOICE PERIOD FROM TO
Edison Vendor #	CONTRACT PERIOD FROM TO
CONTRACTING STATE AGENCY Tennessee Department of Health	
PROGRAM AREA	CONTACT PERSON/TELEPHONE NO.
OCR CONTRACT NUMBER	

BUDGET LINE ITEMS	(A) TOTAL CONTRACT BUDGET	(B) AMOUNT BILLED YTD (MO./DAY/YR.)	(C) MONTHLY EXPENDITURES DUE	FOR CENTRAL OFFICE USE ONLY
				SPEEDCHART NUMBER:
				USERCODE:
				PROJECT ID:
				AMOUNT:
Salaries				
Benefits				SPEEDCHART NUMBER:
Professional Fee/Grant & Award				USERCODE:
Supplies				PROJECT ID:
Telephone				AMOUNT:
Postage & Shipping				
Occupancy				SPEEDCHART NUMBER:
Equipment Rental & Maintenance				USERCODE:
Printing & Publications				PROJECT ID:
Travel/Conferences & Meetings				AMOUNT:
Interest				
Insurance				SPEEDCHART NUMBER:
Specific Assistance to Individuals				USERCODE:
Depreciation				PROJECT ID:
Other Non Personnel				AMOUNT:
Capital Purchase				
Indirect Cost				
TOTAL				

I certify to the best of my knowledge and belief that the data above are correct, that all expenditures were made in accordance with the contract conditions, and that payment is due and has not been previously requested.

CONTRACTOR'S/GRANTEE'S AUTHORIZED SIGNATURE

Title:

Date:

Please check one of the following boxes
These services are for ☐ medical services
☐ non-medical services

PROGRAM APPROVAL AUTHORIZED SIGNATURE

Title:

Date:

RECOMMENDED FOR PAYMENT

CONTRACTING STATE AGENCY'S AUTHORIZED CERTIFICATION FOR FISCAL USE ONLY

Title:

Date:

ATTACHMENT: 4

Instructions & Hints

Do not send a worksheet that is linked to another file

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

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

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

ALLOCATION OF ADMINISTRATIVE COSTS
Requires completion of all attached sheets

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

e-mail completed files to: Milton.K.Threet@tn.gov and Janice.E.Moore@tn.gov
e-mail filing replaces mailing forms
Mailing Address:

Milton K. Threet
Tennessee Department of Health
Fiscal Services
6th Floor - Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243

Telephone 615-532-7133
FAX 615-741-9533

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

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

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

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

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

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

Line 3 Total Personnel Expenses
Add lines 1 and 2.

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

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

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

Line 7 Postage And Shipping
Enter the organization's expenses for postage, messenger services, overnight delivery, outside mailing service fees, freight and trucking, and maintenance of delivery and shipping vehicles. Include vehicle insurance here or on line 14.

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

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

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

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

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

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

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

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

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

Line 17 Depreciation
Enter the expenses the organization records for depreciation of equipment, buildings, leasehold improvements, and other depreciable fixed assets.

Line 18 Other Non-personnel Expenses

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

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

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

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

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

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

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

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

PROGRAM REVENUE REPORT (PRR)
SCHEDULE B
SOURCES OF REVENUE

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

Reimbursable Program Funds

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

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

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

Matching Revenue Funds

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

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

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

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

Line 38 In-Kind Contributions (Equals Schedule A, Line 24)
Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from direct and administrative in-kind contributions. The state funding agency may require an attached detail listing and reconciliation schedule. Approval and guidelines for valuation and reporting of in-kind contributions will be specified by those grantor agencies who allow their use toward earning grant funds.

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

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

Line 41 Total Matching Revenue Funds
Add lines 34 through 40

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

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

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

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

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

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

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

Line 54 MATCHING EXPENSES (Equals Schedule B, Line 41)
Since the goal is to arrive at a reimbursable amount, the expenses paid out of other sources of funding, local support and program user fees for example, will have to be deducted. The amount left should be only that which is to be paid for by the contracting state agency.

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

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

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

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

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

POLICY 3 REPORTING REQUIREMENTS - SUMMARY

Policy 3 requires reporting the entire operation of the Grantee agency. This could include numerous programs and contracts. Policy 3 requirements are outlined in each contract and are available on line at: http://www.state.tn.us/finance/act/policyb.html

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

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

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

Policy 3 reporting requires one report from each contracting agency consisting of Schedules A, B, and C and a Funding Information Summary. Schedules A and B detail each program added to a contract total. Schedules A and B are designed to show 2 programs per page and there would be only one Schedule C per grantee. On Schedules A and B, programs that are not state funded can be rolled into a single program category. The lines on Schedule A for year-to-date information add across all programs/contracts to the corresponding line on the Schedule C - Grant contracts in the first column and non-grant operations in the second column.

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

The fourth column of the Schedule C shows the total operation of the reporting grantee for the year-to-date. The Policy 3 report should, in total, match the total operation of the Grantee.

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

Tennessee Department of Health
Funding Information Summary

AGENCY NAME _____
ADDRESS _____
CITY, STATE, ZIP _____

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

AGENCY FISCAL YEAR END (MM/DD) _____

COST ALLOCATION: DOES YOUR ORGANIZATION HAVE AN APPROVED COST ALLOCATION PLAN?
YES ____ NO _____

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

IF COST ALLOCATION IS APPLIED, INDICATE THE METHOD OF ALLOCATION:
Ratio of direct program salaries to total direct salaries applied to administrative cost. _____
Ratio of direct program expenditure to total direct expenditures applied to administrative cost. _____
Cost step down. _____
Other (describe) _____

Is your organization: _____ A private not-for-profit organization?
_____ A state college or university, or part of a city government?

DIRECTOR _____ PHONE # _____

PREPARER OF REPORT _____ PHONE # _____

DATE COMPLETED _____

Attachment 5

Schedule A, Part 1 STATE OF TENNESSEE PROGRAM EXPENSE REPORT Page ___ of ___

CONTRACTOR/GRANTEE _____ FEDERAL ID # _____

CONTRACTING STATE AGENCY _____ REPORT PERIOD _____

Program # _____
Contract Number _____
Grant Period _____
Program Name _____
Service Name _____

Schedule A

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

Attachment 5

Schedule B, Part 1 STATE OF TENNESSEE PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE FEDERAL ID #

CONTRACTING STATE AGENCY REPORT PERIOD

Program #		
Contract Number		
Grant Period		
Program Name		
Service Name		

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

Schedule C - Final Page

STATE OF TENNESSEE

PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE

FEDERAL ID #

CONTRACTING STATE AGENCY

REPORT PERIOD

Schedule A Year-To-Date Information

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

Attachment 6

Annual (Final) Report*

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

Submit one copy to:

Tonya King, MPH, Ryan White Part B Public Health Program Director, TN Department of Health;

John D. Dreyzehner, MD, MPH, FCOEM, Commissioner, TN Department of Health; and

fa.audit@tn.gov, **TN Department of Finance and Administration**

ATTACHMENT 7

Notice of Audit Report

Check one of the two boxes below and complete the remainder of this document as instructed. Send completed documents as a PDF file to cpo.auditnotice@tn.gov. ***The Grantee should submit only one, completed "Notice of Audit Report" document to the State ninety (90) days prior to the Grantee's fiscal year.***

☐ Grantee Legal Entity Name is subject to an audit for fiscal year #.

☐ Grantee Legal Entity Name is not subject to an audit for fiscal year #.

Grantee's Edison Vendor ID Number:

Grantee's fiscal year end:

Any Grantee that is subject to an audit must complete the information below.

Type of funds expended	Estimated amount of funds expended by end of Grantee's fiscal year
Federal pass-through funds a. Funds passed through the State of Tennessee b. Funds passed through any other entity	a. b.
Funds received directly from the federal government	
Non-federal funds received directly from the State of Tennessee	

TENNESSEE DEPARTMENT OF HEALTH
VENDOR AUTHORIZATION FORM

AUTHORIZATION PERIOD

Begin:	End:
April 1, 2017	March 31, 2018

STATE INFORMATION

Program:	HIV/STD/Viral Hepatitis Section	
Program Contact:	Chris Drumright, Ryan White Medical Services Coordinator	
Edison Record #		Edison PO #
Delegation #	Account Code:	Speed Code:
CFDA #		

VENDOR INFORMATION

Vendor:	Metropolitan Government of Nashville & Davidson County		
Address:	2500 Charlotte Avenue, Nashville, TN 37209		
Phone:	615-340-5616		
Edison Vendor ID:	4	FEIN/SSN (optional):	

AUTHORIZATION/REIMBURSEMENT DETAIL

Service Authorized	Units Authorized	Unit Cost	Amount Authorized
Ryan White Medical Services	N/A	N/A	Per Fee Schedule
		TOTAL AMOUNT AUTHORIZED :	N/A

Additional pricing terms attached: YES ____ NO_____

NOTICE: VENDOR AUTHORIZATION TERMS AND CONDITIONS ARE ATTACHED

AUTHORIZATION & ACCEPTANCE

State Authorization: (signature with printed name & title)	Vendor Acceptance: (signature with printed name & title)
	Shoana Anderson, Bureau Director

Terms and Conditions

A. Standard Terms and Conditions

1. Total Authorized Amount. In no event shall the liability of the State under this Authorization exceed the "Total Amount Authorized" as indicated on this Vendor Authorization Form.

2. Inspection and Acceptance. The State shall have the right to inspect all goods or services provided by Vendor under this Authorization. If upon inspection, the State determines that the goods or services are defective, the State shall notify Vendor, and Vendor shall re-deliver the goods or provide the services at no additional cost to the State. If after a period of thirty (30) days following delivery of goods or performance of services the State does not provide a notice of any defects, the goods or services shall be deemed to have been accepted by the State.

3. Modification, Amendment or Change Order. This Authorization may be modified only by a written amendment or change order signed by the State and the Vendor.

4. Limitation of Liability. The State shall have no liability except as specifically provided in this Authorization. In no event shall the State be liable to the Vendor or any other party for any lost revenues, lost profits, loss of business, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise. The State's total liability under this Authorization or otherwise shall under no circumstances exceed the Total Authorization Amount.

5. Limitation of Vendor's Liability. The Vendor's liability for all claims arising under this Authorization shall be limited to an amount equal to two (2) times the Total Authorization Amount. In no event shall this Section limit the Vendor's liability for intentional torts, criminal acts, fraudulent conduct, or omissions that result in personal injuries or death.

6. Termination for Convenience. The State shall have the right to immediately terminate this Authorization, without cause and for any reason, upon written notice to the Vendor, delivered by mail or electronic means. The State's notice of termination is effective upon the State's issuance.

7. Subject to Funds Availability. The State's payment of the Purchase Order generated from this Authorization is subject to the appropriation and availability of State or federal funds. In the event that funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate this Authorization, effective immediately, upon written notice to the Vendor. If the State terminates this Authorization due to lack of funds availability, the Vendor shall be entitled to compensation for all conforming goods requested and accepted by the State and for all satisfactory and authorized services completed as of the termination date.

8. Payment of Purchase Order. A payment by the State shall not prejudice the State's right to object to or question any payment, invoice, or other matter. A payment by the State shall not be construed as acceptance of goods delivered, any part of the services provided, or as approval of any amount invoiced.

9. Deductions. The State reserves the right to deduct from amounts, which are or shall become due and payable to the Vendor, under any contract between the Vendor and the State.

10. State and Federal Compliance. The Vendor shall comply with all applicable state and federal laws and regulations in the provision of goods or services under this Authorization.

11. Governing Law. This Authorization shall be governed by and construed in accordance with the laws of the State of Tennessee. The Tennessee Claims Commission or the state or federal courts in Tennessee shall be the venue for all claims, disputes, or disagreements arising under this Authorization. The Vendor acknowledges and agrees that any rights, claims, or remedies against the State of Tennessee or its employees arising under this Authorization shall be subject to and limited to those rights and remedies available under Tenn. Code Ann. §§ 9-8-101 through 9-8-407.

12. Entire Agreement. This Authorization contains the entire understanding between the State and the Vendor relating to its subject matter, including all terms and conditions of the parties' agreement. This Authorization supersedes any and all prior understandings, representations, negotiations, and agreements between the State and the Vendor, whether written or oral.

B. Special Terms and Conditions

1. Conflicting Terms and Conditions. Should any of these Special Terms and Conditions in Section B conflict with the Standard Terms and Conditions in Section A, the Standard Terms and Conditions shall control.

2. Activities and records pursuant to this Authorization shall be subject to monitoring and evaluation by the State or duly appointed representatives.

3. The Vendor will submit an invoice in form and substance acceptable to the State to effect payment. All invoices for services rendered shall be submitted to the State within sixty (60) days of service delivery. Notwithstanding, the State shall not reimburse any invoices submitted later than sixty (60) days after the end date of this Authorization to Vendor (the "Settlement Period"). Vendor expressly agrees to waive any fees for services rendered that have not been invoiced to the State prior to the end of the Settlement Period.

4. The Vendor acknowledges that the State of Tennessee is the "Payer of Last Resort" for only HIV-related services when the patient is covered by a Third Party Insurance, private or public. If the patient has no insurance, or if certain HIV-related services are not covered by the Third Party Insurance, or access to the patient's insurance has been denied, the claims may be paid by the State as outlined below.

5. Payment by the State shall be considered "Payment in Full." Under no circumstance, including but not limited to non-payment by the State for non-approved services, shall the Vendor bill, charge, or seek compensation, remuneration or reimbursement from or have any recourse against any patient.

6. In the event that the State is the primary payer (i.e., Payer of Last Resort), payment for HIV-related professional and outpatient hospital services shall be based on the Medical Services Fee Schedule.

7. For the purposes of payment by the State, the determination of HIV-relatedness of any service shall be made by the Medical Director of the HIV, STD, & Viral Hepatitis Section of the State or by his/her designee.