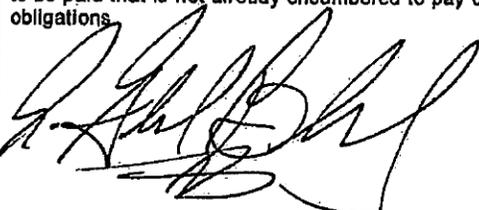




GRANT AMENDMENT

Agency Tracking # 34360-40318	Edison ID 54801	Contract # GG-18-54801	Amendment # 1		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) Increasing maximum liability					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: 6/30/2020			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 28,500.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2018	\$38,200.00	\$50,800.00			\$89,000.00
2019	\$38,200.00	\$50,800.00			\$89,000.00
2020	\$38,200.00	\$79,300.00			\$117,500.00
TOTAL:	\$114,600.00	\$180,900.00			\$295,500.00
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.			CPO USE GG-18-54801-01		
					
Speed Chart (optional) HL00006858	Account Code (optional) 71301000				

**AMENDMENT ONE
OF GRANT CONTRACT GR-18-54801**

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

1. Grant Contract section C.1. is deleted in its entirety and replaced with the following:
 - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Two Hundred Ninety-Five Thousand Five Hundred Dollars (\$295,500.00) ("Maximum Liability"). The Grant Budget, attached and incorporated hereto as Attachment 1, shall constitute the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

2. Grant Contract section D.8. is deleted in its entirety and replaced with the following:
 - 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:

Crissy Gray, Breast and Cervical Screening, Program Director
Tennessee Department of Health
Breast and Cervical Screening Services
Andrew Johnson Tower, 8th Floor
710 James Robertson Parkway
Nashville, TN 37243
Email Address: Cristine.A.Gray@tn.gov
Telephone # 615-741-5253

The Grantee:

Dianne Harden, Finance Manager
Metropolitan Government of Nashville and Davidson County
2500 Charlotte Avenue
Nashville, TN 37209-4129
Email Address: dianne.harden@nashville.gov
Telephone # 615-340-5635

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.

- 3. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new Attachment 1 attached hereto

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

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Wendy Long, MD, MPH
 Wendy Long, MD, MPH
 Director, Metro Public Health Department

3/14/19
 Date

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

3/14/19
 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Talia Lomax-O'dneal
 Talia Lomax-O'dneal
 Director, Department of Finance K

3-2019
 Date

APPROVED AS TO RISK AND INSURANCE:

Bob Cull
 Director of Risk Management Services

3/21/19
 Date

APPROVED AS TO FORM AND LEGALITY:

Metropolitan Attorney
 Metropolitan Attorney

3/21/19
 Date

 David Briley
 Metropolitan Mayor

 Date

ATTEST:

 Metropolitan Clerk

 Date

DEPARTMENT OF HEALTH:

Lisa Piercey, MD, MBA, FAAP, Commissioner

Date

RFS: 34360-40318
Form 1 of 2

Federal Award Identification Worksheet

Subrecipient's name (must match registered name in DUNS)	Metropolitan Government of Nashville and Davidson County
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	B04MC31518-01-05
Federal award date	8/9/2018
CFDA number and name	93.994 Maternal and Child Health Services
Grant contract's begin date	7/1/2017
Grant contract's end date	6/30/2020
Amount of federal funds obligated by this grant contract	\$152,400.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$11,815,242.00
Name of federal awarding agency	Department of Health and Human Services, Human Resources and Services Administration
Name and contact information for the federal awarding official	Deborah Brower 61 Forsyth Street SW Atlanta, GA 30303-8909 DBrower@hrsa.gov Phone: (404) 562-4133 Fax: (404) 562-7974
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)	0%

RFS: 34360-40318
Form 2 of 2

Federal Award Identification Worksheet

Subrecipient's name (must match registered name in DUNS)	Metropolitan Government of Nashville and Davidson County
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	NU58DP006307-02-02
Federal award date	12/3/2018
CFDA number and name	93.898 Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Grant contract's begin date	7/1/2017
Grant contract's end date	6/30/2020
Amount of federal funds obligated by this grant contract	\$28,500.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$3,261,542.00
Name of federal awarding agency	Center for Disease Control and Prevention
Name and contact information for the federal awarding official	Valerie Richmond-Reese 4770 Buford Highway Chamblee, GA 30341 Phone: 770-488-3694
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)	7.5%

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 1)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - TBCSP				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2017, and ending June 30, 2020. ROLL UP				
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	\$221,500.00	\$0.00	\$221,500.00
2	Benefits & Taxes	\$72,000.00	\$0.00	\$72,000.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$1,100.00	\$0.00	\$1,100.00
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 (0.34% of Total)	\$900.00	\$0.00	\$900.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$295,500.00	\$0.00	\$295,500.00

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 1
GRANT BUDGET
(BUDGET PAGE 2)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - TBCSP				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2017, and ending June 30, 2018. YEAR 1				
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	\$66,900.00	\$0.00	\$66,900.00
2	Benefits & Taxes	\$21,400.00	\$0.00	\$21,400.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$400.00	\$0.00	\$400.00
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 (0.34% of Total)	\$300.00	\$0.00	\$300.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$89,000.00	\$0.00	\$89,000.00

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 1 (continued)
 GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 3)

Year 1

SALARIES								AMOUNT	
Thoris Campbell, Public Health Nurse	\$ 5,507.06	x	12	x	100%	+	\$ 825.00	Longevity	\$66,909.72
ROUNDED TOTAL								\$66,900.00	

ATTACHMENT 2
GRANT BUDGET
(BUDGET PAGE 4)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - TBCSP				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2018, and ending June 30, 2019. YEAR 2				
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	\$66,700.00	\$0.00	\$66,700.00
2	Benefits & Taxes	\$21,600.00	\$0.00	\$21,600.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$400.00	\$0.00	\$400.00
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 (0.34% of Total)	\$300.00	\$0.00	\$300.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$89,000.00	\$0.00	\$89,000.00

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 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 5)

Year 2

SALARIES	AMOUNT
Thoris Campbell, Public Health Nurse \$ 5,545.00 x 12 x 99% + \$ 853.00 Longevity	\$66,727.60
ROUNDED TOTAL	\$66,700.00

ATTACHMENT 2
GRANT BUDGET
(BUDGET PAGE 6)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - TBCSP				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2019, and ending June 30, 2020. YEAR 3				
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	\$87,900.00	\$0.00	\$87,900.00
2	Benefits & Taxes	\$29,000.00	\$0.00	\$29,000.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$300.00	\$0.00	\$300.00
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 (0.34% of Total)	\$300.00	\$0.00	\$300.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$117,500.00	\$0.00	\$117,500.00

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 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 7)

Year 3

SALARIES								AMOUNT	
Thoris Campbell, Public Health Nurse	\$ 5,825.57	x	12	x	100%	+	\$ 908.00	Longevity	\$70,814.80
Vacant, Office Support Representative	\$ 2,850.18	x	12	x	50%	+	\$ -	Longevity	\$17,101.08
ROUNDED TOTAL									\$87,900.00