RESOLUTION

WHEREAS, Rutherford County previously entered into a contract with the Tennessee Department of Health in May 2014, to fund programs administered by the County Health Department; and

WHEREAS, the maximum liability to the State of Tennessee in the original contract is Two Million One Hundred Forty Thousand Nine Hundred Dollars ($2,140,900.00); and

WHEREAS, the State of Tennessee wishes to amend the original contract by Forty Three Thousand Eight Hundred Dollars ($43,800.00) to add three (3) positions, increasing the maximum liability to the State of Tennessee to Two Million One Hundred Eighty Four Thousand Seven Hundred Dollars ($2,184,700.00); and

WHEREAS, the County has previously approved a budget for this function, #55190-Other Local Health Services, in the amount of Two Million One Hundred Forty One Thousand Three Hundred Seventy One Dollars ($2,141,371.00) and wishes to amend its budget to reflect the amount of the amended contract.

THEREFORE BE IT RESOLVED by the Rutherford County Board of Commissioners that the County Mayor and all other appropriate officials of Rutherford County, Tennessee be, and are hereby authorized, to execute for and on behalf of Rutherford County the amendment to the contract, a copy of the same being attached hereto as "Exhibit 1" and incorporated herein by reference as if set forth herein at length verbatim, to add three (3) positions, and additionally, that the GENERAL FUND be amended as follows to reflect the total amended amount of the contract:

Health Department

Increase Revenue:	101-46310	Health Dept. Prog	$43,800
Increase Expend.:	101-55190-131	Overtime Pay	$29,084
	101-55190-186	Longevity Pay	$125
	101-55190-201	Social Security	$1,810
	101-55190-204	State Retirement	$3,500
	101-55190-205	Emp. & Dep. Ins.	$8,330
	101-55190-209	Disability Insurance	$60
	101-55190-212	Employer Medicare	$420
Increase:	101-39000	Unassign. Fund Bal.	$471

RESOLVED this 16th day of April, 2015.

RUTHERFORD COUNTY, TN

BY:_____
ERNEST G. BURGESS, Chairman

ATTEST:

_____
LISA CROWELL, County Clerk

GRANT AMENDMENT

Agency Tracking #	Edison ID	Contract #	Amendment #
34360-14715	42421	GG-15-42421-00	1

Contractor Legal Entity Name	Edison Vendor ID
Rutherford County Government	2868

Amendment Purpose & Effect(s)

Additional Positions

Amendment Changes Contract End Date: ☐ YES ☒ NO **End Date: June 30, 2015**

TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A)**:** **$43,800**

Funding —

FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2015	$677,039	$794,138	$488,717	$224,806	$2,184,700
TOTAL:	**$677,039**	**$734,138**	**$488,717**	**$224,806**	**$2,184,700**

American Recovery and Reinvestment Act (ARRA) Funding: ☐ YES ☒ NO

Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.

Speed Chart (optional)	Account Code (optional)
HL00000161	71301000

OCR USE

GG-15-42421-01

AMENDMENT ONE
OF GRANT CONTRACT GG-15-42421-00

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 Rutherford County Government, 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 Million One Hundred Eighty Four Thousand Seven Hundred Dollars ($2,184,700.00). The Grant Budget, attached and incorporated hereto as Attachment 1, shall constitute the maximum amount due the Grantee for all service and Grantee obligations hereunder. 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 C.6. is deleted in its entirety and replaced with the following:

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.

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 January 15, 2015. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

RUTHERFORD COUNTY GOVERNMENT:

GRANTEE SIGNATURE **DATE**

Ernest G. Burgess, County Mayor

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF HEALTH:

JOHN J. DREYZEHNER, MD, MPH, FACOEM, COMMISSIONER **DATE**

ATTACHMENT 1

GRANT BUDGET

(Budget page 1)

RUTHERFORD COUNTY GOVERNMENT - LOCAL HEALTH SERVICES

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2014 and ending June 30, 2015.

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]	$1,450,800.00	$0.00	$1,450,800.00
2	Benefits & Taxes	$696,400.00	$0.00	$696,400.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$13,100.00	$0.00	$13,100.00
6	Telephone	$500.00	$0.00	$500.00
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]	$20,000.00	$0.00	$20,000.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$3,900.00	$0.00	$3,900.00
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 (% and method)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$2,184,700.00	$0.00	$2,184,700.00

[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: http://www.state.tn.us/finance/act/documents/policy3.pdf).

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

ATTACHMENT 1 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES									**AMOUNT**
Cantrell, Cheryl-PHOA Supervisor	$2,981.29	x	12	x	100%				$35,775.48
Howard, Sonia M-PHOA	$2,399.38	x	12	x	100%				$28,792.56
Hackney, Tammy-Nurse Assist 2	$1,983.56	x	12	x	100%				$23,802.72
McCullough, Veronica-PHOA	$2,356.71	x	12	x	100%				$28,280.52
Hughes, Brenda-PHOA	$2,616.13	x	12	x	100%				$31,393.56
Strege, Maria-PHOA	$2,274.01	x	12	x	100%				$27,288.12
Bhakta, Vaishali-Dentist	$9,044.68	x	12	x	100%				$108,536.16
McConnell, Cristina- Nutr Ed	$3,010.36	x	12	x	100%				$36,124.32
Aronna Paula, -PHOA	$2,233.89	x	12	x	100%				$26,806.68
Ramos, Patricia (Patty Padillia)-PHOA	$2,356.71	x	12	x	100%				$28,280.52
Sadler, Sandra-Soc Counselor	$3,702.01	x	12	x	100%				$44,424.12
Stem, Brenda-PHOA	$2,661.78	x	12	x	100%				$31,941.36
Weyler, Judy-PHOA	$2,951.03	x	12	x	100%				$35,412.36
Smith, Belva-PHOA	$2,484.72	x	12	x	100%				$29,816.64
Hysmith, Cheri-RN 2	$3,686.88	x	12	x	100%				$44,242.56
Woodard, Sue-PHOA	$2,233.80	x	12	x	100%				$26,805.60
Saliba, Juliet-Bilingual Clerk 3	$2,356.71	x	12	x	100%				$28,280.52
Lott, Jessie-RN 3	$3,560.14	x	12	x	100%				$42,721.68
Williams, Melissa-RN 3	$4,240.57	x	12	x	100%				$50,886.84
Goetz, Barbara-RN 3	$4,028.32	x	12	x	100%				$48,339.84
Jones, Aubrenie PH ED 2	$2,443.24	x	12	x	100%				$29,318.88
Tassey, Melinda-Nutr ED	$3,515.43	x	12	x	100%				$42,185.16
Bentley, Crystal-RN 3	$3,622.19	x	12	x	100%				$43,466.28
Smith, Precious-Counseling Asst	$2,471.38	x	12	x	100%				$29,656.56
Ward, Laura-Counseling Asst	$2,648.83	x	12	x	100%				$31,785.96
Gomez, Simona-Clerk 3	$2,571.76	x	12	x	100%				$30,861.12
Stewart, Julia-Clerk 3	$2,484.72	x	12	x	100%				$29,816.64
Lewis, Mary Jo-Clerk 3	$2,442.14	x	12	x	100%				$29,305.68
Howard, Katie-Dental Asst 2	$2,869.94	x	12	x	100%				$34,439.28
Scrives, Angela-RN 3	$4,028.32	x	12	x	100%				$48,339.84
Smith, Jennifer-Nutr 2	$3,674.72	x	12	x	100%				$44,096.64
McConnell, Joanna-.Nutr ED	$3,117.46	x	12	x	100%				$37,409.52
Bass, Josephine-Counseling Asst	$2,250.00	x	12	x	60%				$16,200.00
Estes, Brenda-Counserling Asst	$2,175.88	x	12	x	80%				$20,888.45
Calvert, Artchalee-Counseling Asst	$2,250.00	x	12	x	60%				$16,200.00
Wolf, Cheryl-Soc Worker 1	$3,702.01	x	12	x	100%				$44,424.12
Ransom, Raquel- Clerk 3	$2,265.25	x	12	x	100%				$27,183.00
Robinette, Giselle- Clerk 3	$2,638.19	x	12	x	80%				$25,326.62
Farris, Joanna Breastfeeding Peer Counselor	$2,142.50	x	12	x	100%				$25,710.00
(Vacant) Breastfeeding Peer Counselor	$2,142.50	x	6	x	40%				$5,142.00
(Vacant) Breastfeeding Peer Counselor	$2,142.50	x	6	x	100%				$12,855.00
(Vacant) Breastfeeding Peer Counselor	$2,142.50	x	6	x	100%				$12,855.00
(Vacant) Breastfeeding Peer Counselor	$2,142.50	x	6	x	100%				$12,855.00
(Vacant) LPN 2	$2,980.19	x	12	x	100%				$35,762.28
Longevity									$6,800.00
TOTAL ROUNDED									**$1,450,800.00**

TRAVEL / CONFERENCES & MEETINGS						**AMOUNT**
Routine Travel						**20,000.00**
TOTAL						**20,000.00**