

RESOLUTION

WHEREAS, Rutherford County previously entered into a contract with the Tennessee Department of Health in September 2013, 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 Twelve Thousand Three Hundred Dollars (\$2,112,300.00); and

WHEREAS, the State of Tennessee wishes to amend the original contract by Nineteen Thousand Dollars (\$19,000.00) to add a licensed practical nurse position, increasing the maximum liability to the State of Tennessee to Two Million One Hundred Thirty One Thousand Three Hundred Dollars (\$2,131,300.00); and

WHEREAS, the County has previously approved a budget for this function, #55190-Other Local Health Services, in the amount of Two Million Twenty Three Thousand Two Hundred Sixty One Dollars (\$2,023,261.00) 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 a licensed practical nurse position, and additionally, that the GENERAL FUND be amended as follows to record the total amended amount of the contract:

Health Department

Increase Revenue:	101-46310	– Health Dept. Prog.	\$108,039
Increase Expend.:	101-55190-131	– Medical Personnel	\$ 62,719
	101-55190-201	– Social Security	\$ 3,890
	101-55190-204	– State Retirement	\$ 7,960
	101-55190-205	– Emp. & Dep. Ins.	\$ 32,440
	101-55190-209	– Disability Ins.	\$ 120
	101-55190-212	– Employer Medicare	\$ 910

RESOLVED this 13th day of February, 2014.

RUTHERFORD COUNTY, TN

BY: _____
 ERNEST G. BURGESS, Chairman

ATTEST:

 LISA CROWELL, County Clerk



GRANT AMENDMENT

Agency Tracking # 34360-14714	Edison ID 39001	Contract # GG1439001	Amendment # 1		
Contractor Legal Entity Name RUTHERFORD COUNTY GOVERNMENT			Edison Vendor ID 2868		
Amendment Purpose & Effect(s) LPN position moved from Henderson to Rutherford County					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: JUNE 30, 2014			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 19,000		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2014	\$660,700	\$767,300	\$447,600	\$255,700	\$2,131,300
TOTAL:	\$660,700	\$767,300	\$447,600	\$255,700	\$2,131,300
American Recovery and Reinvestment Act (ARRA) Funding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.				<i>OCR USE</i>	
Speed Chart (optional) HL00000161		Account Code (optional) 71301000			

**AMENDMENT ONE
OF GRANT CONTRACT GG1439001**

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 Thirty One Thousand Three Hundred Dollars (\$2,131,300). 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 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, 2014. 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

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, 2013, and ending June 30, 2014.				
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	\$1,418,600.00	\$0.00	\$1,418,600.00
2	Benefits & Taxes	\$678,200.00	\$0.00	\$678,200.00
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	\$17,000.00	\$0.00	\$17,000.00
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	\$2,131,300.00	\$0.00	\$2,131,300.00

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.tn.gov/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	\$2,771.56	x	12	x	100%	\$33,258.72
Howard, Sonia M-PHOA	\$2,329.09	x	12	x	100%	\$27,949.08
Hackney, Tammy-Nurse Assist 2	\$2,631.65	x	12	x	100%	\$31,579.80
McCullough, Veronica-PHOA	\$2,287.46	x	12	x	100%	\$27,449.52
Hughes, Brenda-PHOA	\$2,542.38	x	12	x	100%	\$30,508.56
Strege, Maria-PHOA	\$2,206.78	x	12	x	100%	\$26,481.36
Bhakta, Vaishali-Dentist	\$9,166.67	x	12	x	100%	\$110,000.04
McConnell, Cristina- Nutr Ed	\$2,921.77	x	12	x	100%	\$35,061.24
Murray, Teresia-Phoa	\$2,413.63	x	12	x	100%	\$28,963.56
(Vacant)-PHOA	\$2,287.46	x	12	x	100%	\$27,449.52
Macarena-Padilla, Patricia-PHOA	\$2,287.46	x	12	x	100%	\$27,449.52
Sadler, Sandra-Soc Counselor	\$3,598.13	x	12	x	100%	\$43,177.56
Stem, Brenda-PHOA	\$2,587.02	x	12	x	100%	\$31,044.24
Weyler, Judy-PHOA	\$2,968.55	x	12	x	100%	\$35,622.60
Smith, Belva-PHOA	\$2,413.63	x	12	x	100%	\$28,963.56
Hysmith, Cheri-RN 2	\$3,731.18	x	12	x	100%	\$44,774.16
Curtis, Sue-PHOA	\$2,169.01	x	12	x	100%	\$26,028.12
Saliba, Juliet-Bilingual Clerk 3	\$2,413.63	x	12	x	100%	\$28,963.56
Bentley, Crystal RN 3	\$3,600.71	x	12	x	100%	\$43,208.52
Williams, Melissa-RN 3	\$4,001.55	x	12	x	100%	\$48,018.60
Jackson, Barbara-RN 3	\$3,798.98	x	12	x	100%	\$45,587.76
(Vacant) PH ED 2	\$2,490.00	x	12	x	100%	\$29,880.00
Tassey, Melinda-Nutr ED	\$3,417.03	x	12	x	100%	\$41,004.36
(Vacant)-RN 3	\$3,798.98	x	12	x	100%	\$45,587.76
Gamez, Lesley-Counseling Asst	\$2,329.09	x	12	x	100%	\$27,949.08
Ward, Laura-Counseling Asst	\$2,499.47	x	12	x	100%	\$29,993.64
Gomez, Simona-Clerk 3	\$2,456.55	x	12	x	100%	\$29,478.60
Stewart, Julia-Clerk 3	\$2,413.63	x	12	x	100%	\$28,963.56
Cook, Gracey-Clerk 3	\$2,370.72	x	12	x	100%	\$28,448.64
Howard, Katie-Dental Asst 2	\$2,631.65	x	12	x	100%	\$31,579.80
Scriver, Angela-RN 3	\$3,798.98	x	12	x	100%	\$45,587.76
Smith, Jennifer-Nutr 2	\$3,600.71	x	12	x	100%	\$43,208.52
McConnell, Joanna- Nutr ED	\$3,028.20	x	12	x	100%	\$36,338.40
Bass, Josephine-Counseling Asst	\$2,175.88	x	12	x	60%	\$15,666.34
McDougal, Jamie-Counserling Asst	\$2,175.88	x	12	x	80%	\$20,888.45
Sparschut, Marissa-Counseling Asst	\$2,175.88	x	12	x	60%	\$15,666.34
Wolf, Cheryl-Soc Worker 1	\$3,723.98	x	12	x	100%	\$44,687.76
(Vacant)- Clerk 3	\$2,695.94	x	12	x	80%	\$25,881.02
Aronna, Paula Clerk 3	\$2,695.94	x	12	x	80%	\$25,881.02
(Vacant) Clerk 3	\$2,695.94	x	12	x	30%	\$9,705.38
Farris, Joanna Breastfeeding Coordinator	\$2,465.55	x	12	x	100%	\$29,586.60
Walters, Natasha Breastfeeding Coordinator	\$2,175.88	x	12	x	40%	\$10,444.22
(Vacant) LPN 2	\$2,443.00	x	12	x	50%	\$14,658.00
Longevity						\$6,025.00
TOTAL ROUNDED						\$1,418,600.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$17,000.00
TOTAL	\$17,000.00