

**RESOLUTION**

**WHEREAS**, the Commissioner for the Tennessee Department of Health has approved special needs funding pursuant to TCA § 68-2-901 for Rutherford County from the State’s tobacco settlement; and

**WHEREAS**, this special needs funding will provide funds in the amount of One Hundred Three Thousand Six Hundred Sixty Eight Dollars (\$103,668.00) for a smoking cessation program for pregnant women; and

**WHEREAS**, this special needs funding is acknowledged by a Letter of Agreement with the Tennessee Department of Health as to how these funds can be utilized and how the funds have to be accounted for.

**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 Letter of Agreement, 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 accept the special needs funding and additionally, that the GENERAL FUND be amended as follows to record the special needs funding:

Health Department

Increase Revenue:	101-46390	– Other Health &Welf. Gr.	\$103,668
Increase Expend.:	101-55170-310	– Cont. w/Other Pub Ag.	\$ 33,902
	101-55170-355	– Travel	\$ 4,000
	101-55170-499	– Other Supp. & Mat.	\$ 41,900
	101-55170-599	– Other Charges	\$ 23,866

**RESOLVED** this 13<sup>th</sup> day of February, 2014.

RUTHERFORD COUNTY, TN

BY: \_\_\_\_\_  
ERNEST G. BURGESS, Chairman

**ATTEST:**

\_\_\_\_\_  
LISA CROWELL, County Clerk



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
ANDREW JOHNSON TOWER  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

## LETTER OF AGREEMENT: SPECIAL NEEDS FUNDING

**Date:** January 7, 2014

**To:** Ernest G. Burgess, County Mayor  
Rutherford County  
Rutherford County Courthouse  
Room 101  
Murfreesboro, TN 37130

**From:** Bruce Behringer, Deputy Commissioner <sup>BB</sup>  
Continuous Improvement and Training, TDH

**Subject:** Special Needs Funding (Tobacco Settlement) – Letter of Agreement

The Commissioner for the Tennessee Department of Health has approved your request for special needs funds. This is the first of three annual payments for this project, the total sum of which will be determined by the future availability of funds and your county's progress towards the goals established in your county plan. The Commissioner is authorized to approve special needs funding pursuant to TCA § 68-2-901.

If you choose to accept the award of these funds to your county, please indicate acceptance by signing this agreement (see spaces designated below for signature, etc.). Your signature on this agreement acknowledges your acceptance of the terms and conditions noted below:

### Terms and Conditions

- 1) The detailed plan (projects/activities) and budget must be approved by the Tennessee Department of Health.
- 2) The funding can only be used for the purposes outlined in your plan (projects/activities) submitted to the Department. If these funds are not used for this purpose, they must be returned to the state by the county. If the funds are

used for this purpose, continue the execution of the program described in the plan (projects/activities) submitted until all funds are expended.

- 3) You and any subcontractor used by your county to expend funds towards this plan (projects/activities) shall maintain documentation for all charges under this Letter of Agreement. The books, records, and documents (and those books, records and documents of a subcontractor), insofar as they relate to work performed or money received under this Letter of Agreement, shall be maintained for a period of three (3) full years from the date of the final payment and shall be subject to audit at any reasonable time and upon reasonable notice by the state agency, the Comptroller of the Treasury, or duly appointed representatives. The records for local governments shall be maintained in accordance with the *Internal Control and Compliance Manual for Tennessee Municipalities*, published by the Tennessee Comptroller of the Treasury and found at <http://www.comptroller1.state.tn.us/ma/citymanual.asp> and in accordance with GFOA's publication, *Governmental Accounting, Auditing and Financial Reporting*.
- 4) The plan (project/activities) conducted and records maintained pursuant to this Letter of Agreement shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.
- 5) The County shall submit brief, periodic progress reports to the State as requested.
- 6) If you fail to fulfill your obligations under this agreement, the State shall have the right to seek restitution, pursuant to the laws of the State of Tennessee, from your county for payments made to Rutherford County under this agreement.

We appreciate our partnership with you in providing quality public health services in Rutherford County and look forward to working with you on this important project. Attached to this Letter of Agreement will be a copy of the county activities associated with your projects for which these Special Needs Funds – (Tobacco Settlement funds) will be expended and a second attachment with your budget for these Tobacco Settlement funds.

Please return this agreement to:

**Bruce Behringer, Deputy Commissioner  
Continuous Improvement & Training  
Tennessee Department of Health  
Andrew Johnson Tower, 5<sup>th</sup> Floor  
710 James Robertson Parkway  
Nashville, TN 37243**

Please retain a copy of this Letter of Agreement for your records.

On behalf of Rutherford County, I hereby agree to the aforementioned terms and conditions as part of the conditions in accepting the check or automated clearing house payment (bank draft) in the amount of \$103,668.

---

Official Signature

---

Date

---

Official's Name (please print)

---

Official's Title or Position

---

Daytime Contact Phone Number

---

Notary and Date

## Rutherford Activities in Conducting Tobacco Settlement Projects Tennessee Tobacco Settlement Initiative 2014

### SMART Moms

1. Identify health department WIC/Nutrition staff targeted to participate in program by February 2014.
2. Update existing SMART Moms training materials by February 2014.
3. Conduct training for the WIC staff to effectively counsel and educate each pregnant woman who smokes on becoming tobacco-free, developing a positive support system, and becoming aware of issues related to second-hand smoke, between February- May 2014
4. Provide training to prepare local WIC staff to complete assessment forms on the stages of change for quitting smoking, and developing individualized strategies with patients for increasing social support and addressing second-hand smoke issues, between February- May 2014
5. Train representatives to be "train the trainers" to provide sustainability of project by May 2014.
6. Smokers who show an interest quitting smoking will be provided a copy of Need Help Putting Out that Cigarette? And with information on the Tennessee Tobacco Quitline with each WIC visit.
7. Participate in statewide data collection plan on Smart Moms through pre-and post-testing of participants from January-December 2014
8. Submit semi-annual project outputs report to TDH using Survey Gizmo
9. Participate in statewide training opportunities for all counties implementing Smart Moms project.
10. Create a plan to provide training to other Rutherford County Health care providers by December 2014
11. Identify potential future participants of Smart Moms program by December 2014




Tennessee Tobacco Settlement 2014

County: Rutherford  
Responsible Person: Dana Garrett, RN  
Date: 20-Dec-13

Budget Estimate by Project

Budget amount \$ 103,668

Pregnancy Smoking

\$ 83,802 Project title: SMART Moms  
\$ 11,000 Project title: Media and Advertising Campaign  
\$ 8,866 Project title: Sublimation roll over cost

Second hand smoke

\$ Project title: \_\_\_\_\_  
\$ Project title: \_\_\_\_\_  
\$ Project title: \_\_\_\_\_

School Age children

\$ Project title: \_\_\_\_\_  
\$ Project title: \_\_\_\_\_  
\$ Project title: \_\_\_\_\_

\$ 103,668 Total Year 1 Costs

Budget Estimate by Line Item for all Projects

Budget amount

\$ - Salaries and benefits  
\$ 41,900 Supplies  
\$ 1,000 Travel  
\$ 33,902 Professional Services or subcontract fees  
\$ 3,000 Conferences and meetings  
\$ 15,000 Specific assistance to individuals and organizations (incentives)  
\$ 8,866 other: sublimation roll over cost

\$ 103,668 Total Year 1 Costs