

**RESOLUTION**

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

**WHEREAS**, the State of Tennessee wishes to amend the contract by increasing the travel line item by Two Thousand Dollars (\$2,000.00) and decreasing the supplies line item by Two Thousand Dollars (\$2,000.00).

**THEREFORE BE IT RESOLVED** by the Rutherford County Board of Commissioners that the amendment to the contract for the period of July 1, 2013 through June 30, 2014, a copy of the same being attached hereto as "Exhibit 1" and incorporated herein by reference as if set forth herein at length verbatim, increasing the travel line item by Two Thousand Dollars (\$2,000.00) and decreasing the supplies line item by Two Thousand Dollars (\$2,000.00) is acknowledged.

**RESOLVED** this 27<sup>th</sup> day of June, 2014.

RUTHERFORD COUNTY, TN

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

**ATTEST:**

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



**STATE OF TENNESSEE**  
**DEPARTMENT OF HEALTH**  
**Bureau of Health Services**  
4<sup>th</sup> Floor Cordell Hull Building  
425 5<sup>th</sup> Avenue, North  
Nashville, Tennessee 37243

June 24, 2014

Leroy Hines, Regional Accountant  
Mid-Cumberland Regional Office  
710 Hart Lane  
Nashville, TN 37247-0801

**SUBJECT: Approved Budget Revision # 1**

Dear Mr. Hines:

Attached you will find an approved Budget Revision to Contract # GG-14-39001, RFS # 343.60-147-13 between the Tennessee Department of Health and the Rutherford County Health Department in the Mid-Cumberland Region.

Expenditures may be incurred in accordance with the approved budget revision. Please make the necessary corrections on invoices and quarterly expenditure reports before submitting to administrative services for processing.

Sincerely,

Janice Moore  
Accounting Manager

Attachment

cc: Glenda Case, DCR

## Budget Revision Justification

<b>Agency Name:</b>	RUTHERFORD COUNTY GOVERNMENT	
<b>Budget Revision #:</b>	1	
<i>Line-Item Category</i>	<i>Amount</i>	<i>Explanation</i>
Salaries		
Benefits & Taxes		
Professional Fee/Grant & Award		
Supplies	-\$2,000.00	REDUCED SUPPLIES BY THIS AMOUNT
Telephone		
Postage & Shipping		
Occupancy		
Equipment Rental & Maintenance		
Printing & Publications		
Travel/Conferences & Meetings	\$2,000.00	INCREASE TRAVEL BY THIS AMOUNT
Interest		
Insurance		
Specific Assistance To Individuals		
Depreciation		
Other Non-Personnel		
Capital Purchase		
Indirect Cost		
In-Kind Expense		
<b>Other Comments:</b>		
THE TRAVEL LINE WAS INCREASE TO COVER UNEXPECTED TRAVEL COST		

<b>Agency Contact:</b> LEROY HINES	<b>Agency Tracking #:</b> 34360-14714
<b>Contact Email Address:</b> LEROY.HINES@TN.GOV	<b>Contract #:</b> GG1439001
<b>Date:</b> JUNE 19,2014	<b>Edison ID #:</b> 39001

<b>Agency Name and Address</b>	<b>TDOH Program Approval Signature</b>
RUTHERFORD COUNTY GOVERNMENT RUTHERFORD COUNTY COURTHOUSE ROOM 101 MURFREESBORO TN. 37130-3657	<b>Name:</b> <b>Date:</b>

APPROVED

JEM 6/24/14

GRANT BUDGET - REVISION

GRANTEE: RUTHERFORD COUNTY GOVERNMENT  
 PROGRAM AREA: LOCAL HEALTH

Contract # GG1439001  
 Amendment # 1  
 Revision # 1  
 RFS # 34360-14714

THE FOLLOWING IS APPLICABLE TO EXPENSE INCURRED IN THE PERIOD: 07-01-13 TO 06-30-14

POLICY 03 Object Line- Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY (detail schedule(s) attached as applicable)	ORIGINAL			DIFFERENCE			REVISED		
		GRANT CONTRACT	GRANTEE MATCH (participation)	TOTAL PROJECT	GRANT CONTRACT	GRANTEE MATCH (participation)	TOTAL PROJECT	GRANT CONTRACT	GRANTEE MATCH (participation)	TOTAL PROJECT
1	Salaries	\$1,418,600.00		\$1,418,600.00	\$0.00		\$0.00	\$1,418,600.00	\$0.00	\$1,418,600.00
2	Benefits & Taxes	\$678,200.00		\$678,200.00	\$0.00		\$0.00	\$678,200.00	\$0.00	\$678,200.00
4, 15	Professional Fees / Grant Awards	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
5	Supplies	\$13,100.00		\$13,100.00	-\$2,000.00		-\$2,000.00	\$11,100.00	\$0.00	\$11,100.00
6	Telephone	\$500.00		\$500.00	\$0.00		\$0.00	\$500.00	\$0.00	\$500.00
7	Postage & Shipping	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
11, 12	Travel / Conferences & Meetings	\$17,000.00		\$17,000.00	\$2,000.00		\$2,000.00	\$19,000.00	\$0.00	\$19,000.00
13	Interest	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
14	Insurance	\$3,900.00		\$3,900.00	\$0.00		\$0.00	\$3,900.00	\$0.00	\$3,900.00
16	Specific Assistance to Individuals	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
17	Depreciation	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
20	Capital Purchase	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
22	Indirect / Administrative Cost	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$2,131,300.00</b>		<b>\$2,131,300.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,131,300.00</b>	<b>\$0.00</b>	<b>\$2,131,300.00</b>

**APPROVED**  
 JEM 6/24/14

## 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 <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$11,100.00	\$0.00	\$11,100.00
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 <sup>2</sup>	\$19,000.00	\$0.00	\$19,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$3,900.00	\$0.00	\$3,900.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$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	<b>GRAND TOTAL</b>	<b>\$2,131,300.00</b>	<b>\$0.00</b>	<b>\$2,131,300.00</b>

<sup>1</sup> 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.in.us/finance/act/documents/policy3.pdf>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

APPROVED

JEM 6/24/14



TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	19,000.00
TOTAL	19,000.00

APPROVED

Jim Gray/M