

**RUTHERFORD COUNTY, TENNESSEE
BUDGET AMENDMENT REQUEST
GENERAL FUND**

Requesting Department: Rutherford County Health Department
 Signature of Department Head: _____
 Date Requested: 19-Jan-14
 Approved By: _____
 Date Approved: _____

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
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101-46310 Health Department Programs	\$ 2,023,261	\$ 2,023,261	\$ 700,880	\$ 108,039		\$ 2,131,300

OTHER LOCAL HEALTH SERVICES

101-55190-131 Medical Personnel	\$ 1,349,856	\$ 1,349,856	\$ 677,208	\$ 62,719		\$ 1,412,575
101-55190-201 Social Security	84,070	84,070	40,794	3,890		87,960
101-55190-204 State Retirement	172,070	172,070	70,999	7,960		180,030
101-55190-205 Employee & Dependent Insurance	354,570	354,570	162,860	32,440		387,010
101-55190-209 Disability Insurance	2,500	2,500	1,203	120		2,620
101-55190-212 Employer Medicare	19,670	19,670	9,540	910		20,580
						-
				108,039	-	2,090,775

EXPLANATION FOR ABOVE AMENDMENT REQUEST

The purpose of this amendment is to adjust the existing appropriation budget and estimated revenue to reflect the contract amount awarded by the state of Tennessee . The original contract with the State was \$2,112,300 and has been amended by \$19,000 for a LPN position. After acceptance of the States amendment , the contract will total \$2,131,300. The County's original budget for the function #55190 Other Local Health Services totaled \$2,023,261. The amendment reflected above will adjust the county's budget for function #55190 to agree with the State's contract.

Finance Department Use Only

Date Posted: _____

Posted By: _____

AGREEMENT

BETWEEN

TENNESSEE DEPARTMENT OF HEALTH

AND

RUTHERFORD COUNTY

This agreement entered into this 1st day of July 2013 between the Tennessee Department of Health, hereinafter referred to as the STATE and RUTHERFORD County.

WHEREAS, it is the conviction of the Tennessee Department of Health that every individual in Tennessee have good health care readily available, and

WHEREAS, it is the purpose of the Tennessee Department of Health to protect and improve the physical health of the State's citizens through the prevention of conditions that may be a threat to good health, individually and collectively, and through the treatment of conditions that have already affected the health of any Tennessean, and

WHEREAS, TCA 68-2-901 provides a means for a State and County effort to accomplish these mutual goals through the delivery of health services through the local health departments.

NOW, THEREFORE, in consideration of the mutual promises herein contained, the parties have agreed and do hereby enter into this agreement according to the provisions set out herein:

A. RUTHERFORD COUNTY AGREES:

1. To appropriate a total of \$603,222 for the support of the Rutherford County Health Department in accordance with the attached budget and made a part hereof as EXHIBIT A. This amount consists of:

(a) \$474,847 Direct Local funds for which Rutherford County shall not be billed);

(b)\$32,094 of Prior Year Savings which are currently on deposit with the Tennessee Department of Health (for which the Rutherford County shall not be billed); and,

(c)\$96,281 of appropriations for which Rutherford County shall be billed in accordance with item 3 below.

2. To use revenues generated from the provision of health services toward the support of the County Health Department.

3. To pay the State each quarter, one-fourth of the total funds appropriated for the purposes of this contract as identified in Item 1 (c) above. Payments shall be made upon receipt of billing from the STATE. Payments are to be received by the STATE no later than the last day of the first month of each quarter (i.e., July 31, October 31, January 31, and April 30 respectively).

4. To report all local deposits and local expenditures to the STATE quarterly on forms prescribed by the Division of Fiscal Services of the Tennessee Department of Health.

5. If applicable to submit to the STATE a duly signed and executed city agreement and financial plan (i.e., Work Program).

B. THE STATE AGREES:

1. To provide a total of \$3,050,500.00 in support of the Rutherford County Health Department.

2. To amend the financial plan (work program) and agreement as required during FY 13/14 to assure accurate and current expenditure and revenue data.

3. Upon written request, to provide a reporting of all expenditures and revenues relative to the budget to the Fiscal Officer, Rutherford County.

C. BOTH PARTIES AGREE:

1. It is further agreed that the above funds shall be used to pay salary, longevity, fringe benefits, travel, meals and/or lodging and other necessary expenses. The salary and travel, meals and/or lodging payments shall be paid in accordance with State regulations, policies and procedures, and subject to budget availabilities.

2. Budget revisions not requiring or involving funds exceeding the approved budgeted availability may be made by the Regional Public Health Director in accordance with the policy of the Bureau of Health Services and the Bureau of Administrative Services.

3. The term of this agreement will begin July 1, 2013 and shall extend through June 30, 2014.

4. This agreement may be amended in accordance with procedures established by the Commissioner of the Tennessee Department of Health. All amendments must be reduced to writing.

Approved

Regional Public Health Director

County Health Director

Approved

Commissioner , Tennessee
Department of Health

Fiscal Officer of Local
Appropriating Authority



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 <u>per this Amendment</u> (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.				OCR USE	
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
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PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF HEALTH:

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



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 ^{BB}
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, 5th 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

Rutherford County

January 28, 2014

Dear Commissioner Dreyzehner,

I understand that a portion of the county's appropriation to the state will be used to support the Tennessee Center for Performance Excellence (TNCPE) award application process. The county health department staff has briefed me on TNCPE's Baldrige Performance Excellence Criteria award program. We are proud of our county health department's efforts to continuously seek improvements and support this effort to protect, promote and improve the health of the people in our county.

Sincerely,

Ernest Burgess
County Mayor
Rutherford County Government

RUTHERFORD COUNTY HEALTH DEPARTMENT

REPORT OF ENCOUNTERS (December 2013)

CLINICAL ENCOUNTERS

PROGRAM	MURFREESBORO				SMYRNA			
	Dec-12	Dec-13	YTD-12	YTD-13	Dec-12	Dec-13	YTD-12	YTD-13
AIDS Prevention	101	108	1429	1305	30	25	336	363
Breastfeeding	107	197	1632	2222	39	227	517	1618
Child Health	154	144	2046	2007	110	97	1146	1307
Children Special Ser.	8	11	152	186	4	0	24	15
Dental	1	63	438	274	0	0	0	0
Dysplasia	7	4	134	94	0	0	0	0
Epidemiology	1	3	15	18	0	0	0	0
EP Exams	29	35	599	604	6	7	183	186
Family Planning	113	110	1593	1216	40	43	693	618
HUG	97	83	1098	1288	0	0	0	0
Men's Health	203	114	2414	1531	55	34	470	365
Nutrition	4	4	71	55	0	0	5	1
STD	143	209	2665	2281	73	84	979	1020
Tuberculosis	202	73	930	1052	55	12	451	774
Women's Health	467	372	5994	4308	197	149	2043	1729
WIC	1019	1100	14649	14416	674	758	9530	9709
TOTALS	2656	2630	35859	32857	1283	1436	16377	17705

Immunizations (doses administered)				
Site	Dec-12	Dec-13	YTD-12	YTD-13
Murfreesboro	473	274	4085	3925
Smyrna	297	232	2645	3340
TOTALS	770	506	6730	7265

General Environmental Health Encounters Inspections for December 2013

Camps	0	Swimming Pools	30
Child Care	12	Other Services	24
Complaints	0	Tobacco Survey	0
Food Service	240	Tattoos	3
Hotels & Motels	22	Re-Inspection	38
Bed & Breakfast	3	Temporary Events	0
Schools	0		

ADMINISTRATIVE ENCOUNTERS

PROGRAM	MURFREESBORO				SMYRNA			
	Dec-12	Dec-13	YTD-12	YTD-13	Dec-12	Dec-13	YTD-12	YTD-13
Voter Reg / copies etc.	478	449	7094	6650	292	189	4116	3740
Birth Certificates	293	318	5284	5081	NA	NA	NA	NA
Death Certificates	581	663	8573	8859	NA	NA	NA	NA
TOTALS	1352	1430	20951	20590	292	189	4116	3740

Report Submitted By: Sheryl L. Weber
January 24, 2014