



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
Bureau of Health Services
4th Floor Cordell Hull Building
425 5th 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,

A handwritten signature in cursive script that reads "Janice Moore".

Janice Moore
Accounting Manager

Attachment

cc: Glenda Case, DCR

Budget Revision Justification

Agency Name:	RUTHERFORD COUNTY GOVERNMENT	
Budget Revision #:	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		
Other Comments:		
THE TRAVEL LINE WAS INCREASE TO COVER UNEXPECTED TRAVEL COST		

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

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

JEM 6/24/14

GRANT BUDGET - REVISION

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

GRANTEE: RUTHERFORD COUNTY GOVERNMENT
 PROGRAM AREA: LOCAL HEALTH

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	GRAND TOTAL	\$2,131,300.00		\$2,131,300.00	\$0.00	\$0.00	\$0.00	\$2,131,300.00	\$0.00	\$2,131,300.00

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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	\$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 ²	\$19,000.00	\$0.00	\$19,000.00
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.state.in.us/finance/act/documents/policy3.pdf>).

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

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