CONTRACT SUMMARY SHEET

021908

RFS #	Contract #
343.60-316-09	GG-09-25635-01
State Agency	**State Agency Division**
Department of Health	Health Services Administration
Contractor Name	**Contractor ID # (FEIN or SSN)**
Shelby County Government, On Behalf of the Memphis and Shelby County Health Department	[X] C- or [ ] V- 62-60000841-47

Service Description

Emergency Preparedness Services

Contract BEGIN Date	Contract END Date	Subrecipient or Vendor?	CFDA #
8/1/2008	7/31/2009	Subrecipient	93.283

Mark Each TRUE Statement

[X] Contractor is on STARS [ ] Contractor's Form W-9 is on file in Accounts

Allotment Code	Cost Center	Object Code	Fund	Funding Grant Code	Funding Subgrant Code
343.60	see attached	131	11		

FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2009		$ 1,338,100.00			$ 1,338,100.00
2010		$ 121,600.00			$ 121,600.00
					$ -
					$ -
TOTAL:	$ -	$ 1,459,700.00	$ -	$ -	**$ 1,459,700.00**

— COMPLETE FOR AMENDMENTS ONLY —

FY	Base Contract & Prior Amendments	THIS Amendment ONLY
2009	$ 1,091,800.00	$ 246,300.00
2010	$ 99,200.00	$ 22,400.00
TOTAL:	$ 1,191,000.00	$ 268,700.00
End Date	7/31/2009	7/31/2009

State Agency Fiscal Contact & Telephone #

Crystal Allen 741-9419

State Agency Budget Officer Approval

Funding Certification (certification, required by T.C.A., § 9-4-5113, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)

Contractor Ownership (complete for ALL base contracts— N/A to amendments or delegated authorities)

[ ] African American [ ] Person w/ Disability [ ] Hispanic [ ] Small Business [ ] Government
[ ] Asian [ ] Female [ ] Native American [ ] NOT Minority/Disadvantaged [ ] Other

Contractor Selection Method (complete for ALL base contracts— N/A to amendments or delegated authorities)

[ ] RFP [ ] Competitive Negotiation* [ ] Alternative Competitive Method*
[ ] Non-Competitive Negotiation* [ ] Negotiation w/ Government (ID,GG,GU) [ ] Other *

*** Procurement Process Summary** (complete for Non-Competitive Negotiation, Competitive Negotiation, OR Alternative Method)

CONTRACT SUMMARY SHEET SUPPLEMENT

Contract Number	GG-09-25635-01
Fiscal Year	2009

Allotment Code	Cost Center	Object Code	Fund	Grant Code	Subgrant Code	CFDA #	Amount
343.60	790Y0	131	11			93.283	$923,100
343.60	790YP	131	11			93.283	$73,600
343.60	790YC	131	11			93.283	$341,400
TOTAL							$1,338,100

CONTRACT SUMMARY SHEET SUPPLEMENT

Contract Number	GG-09-25635-01
Fiscal Year	2010

Allotment Code	Cost Center	Object Code	Fund	Grant Code	Subgrant Code	CFDA #	Amount
343.60	790Y0	131	11			93.283	$83,900
343.60	790YP	131	11			93.283	$6,700
343.60	790YC	131	11			93.283	$31,000
TOTAL							$121,600

AMENDMENT ONE
TO GG-09-25635-00

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 Shelby County Government on behalf of the Memphis and Shelby County Health Department, 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. The following is added as Grant Contract Section A.2.ac.:

   A.2.ac. **Strategic National Stockpile (SNS) Technical Assistance Review (TAR) Tool** The CDC has developed a SNS assessment tool for both state and local plans to be measured against. The Grantee shall complete a TAR annually for each planning jurisdiction.

2. Delete A.4. **Real Time Disease Detection (RTDD).**

3. 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 One Million Four Hundred Fifty Nine Thousand Seven Hundred Dollars ($1,459,700). The Grant Budget, attached and incorporated herein as a part of this Grant Contract as Revised Attachment 1, shall constitute the maximum amount due the Grantee for the service and all of the Grantee's 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.

4. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new Attachment 1 attached hereto.

The revisions set forth herein shall be effective February 1, 2009. All other terms and conditions not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

SHELBY COUNTY GOVERNMENT ON BEHALF OF THE MEMPHS AND SHELBY COUNTY HEALTH DEPARTMENT:

_____

GRANTEE SIGNATURE **DATE**

_____

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

SHELBY COUNTY GOVERNMENT:

_____

GRANTEE SIGNATURE **DATE**

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

APPROVED AS TO FORM:

GRANTEE SIGNATURE DATE

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF HEALTH:

SUSAN R. COOPER, MSN, RN, COMMISSIONER DATE

APPROVED:

COMMISSIONER OF FINANCE & ADMINISTRATION DATE

COMPTROLLER OF THE TREASURY DATE

ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 1)

Shelby County Government on behalf of the Memphis and Shelby County Health Department-PHEP Roll Up

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning August 1, 2008, and ending July 31, 2009.

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]	$658,400.00	$0.00	$658,400.00
2	Benefits & Taxes	$189,000.00	$0.00	$189,000.00
4, 15	Professional Fee/ Grant & Award [2]	$11,300.00	$0.00	$11,300.00
5	Supplies	$260,100.00	$0.00	$260,100.00
6	Telephone	$52,700.00	$0.00	$52,700.00
7	Postage & Shipping	$2,500.00	$0.00	$2,500.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$7,500.00	$0.00	$7,500.00
10	Printing & Publications	$10,000.00	$0.00	$10,000.00
11, 12	Travel/ Conferences & Meetings[2]	$33,300.00	$0.00	$33,300.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
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]	$10,500.00	$0.00	$10,500.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost	$224,400.00	$0.00	$224,400.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$1,459,700.00	$0.00	$1,459,700.00

[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

[2] Applicable detail attached if line-item is funded.

ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 2)

Shelby County Government on behalf of the Memphis and Shelby County Health Department-PHEP

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning August 1, 2008, and ending January 31, 2009.

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]	$299,200.00	$0.00	$299,200.00
2	Benefits & Taxes	$86,500.00	$0.00	$86,500.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$700.00	$0.00	$700.00
6	Telephone	$3,700.00	$0.00	$3,700.00
7	Postage & Shipping	$300.00	$0.00	$300.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$500.00	$0.00	$500.00
11, 12	Travel/ Conferences & Meetings[2]	$4,000.00	$0.00	$4,000.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
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	$102,100.00	$0.00	$102,100.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$497,000.00	$0.00	$497,000.00

[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

[2] Applicable detail attached if line-item is funded.

ATTACHMENT 1 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 3)

SALARIES	AMOUNT
BARRY MOORE, EMERGENCY RESPONSE COORDINATOR, $4,684.50 X 6 X 100%	$ 28,107.00
JOAN CARR, EMERGENCY RESPONSE ASSISTANT, $3,705 X 6 X 100%	$ 22,230.00
BEVERLY WATKINS, NURSE EDUCATOR, $4,766.16 X 6 X 100%	$ 28,596.96
JENNIFER PRICE, VOLUNTEER COORDINATOR, $3,703.75 X 6 X 100%	$ 22,222.50
JOANN HARRIS, CLERICAL SPECIALIST, $2,173.83 X 6 X 100%	$ 13,042.98
VACANT, REGIONAL HOSPITAL COORDINATOR, $4,444.50 X 6 X 100%	$ 26,667.00
JENNIFER KMET, ENVIRONMENTAL EPIDEMIOLOGIST, $5,451.16 X 6 X 100%	$ 32,706.96
CASSANDRA DOVE, REGIONAL EPIDEMIOLOGIST, $5,015.33 X 6 X 100%	$ 30,091.98
DEBORAH HARRIS, NETWORK TECHNICAL SPECIALIIST, $3,718.75 X 6 X 100%	$ 22,312.50
CYNTHIA KING, PHYSICIAN, $12,197.58 X 6 X 100%	$ 73,185.48
TOTAL ROUNDED	$ 299,200.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
ROUTINE TRAVEL	$4,000.00
TOTAL	$4,000.00

ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 4)

Shelby County Government on behalf of the Memphis and Shelby County Health Department-Pan Flu

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning August 1, 2008, and ending January 31, 2009.

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]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$1,100.00	$0.00	$1,100.00
6	Telephone	$3,000.00	$0.00	$3,000.00
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]	$2,000.00	$0.00	$2,000.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
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	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$6,100.00	$0.00	$6,100.00

[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

[2] Applicable detail attached if line-item is funded.

ATTACHMENT 1 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 5)

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
ROUTINE TRAVEL/PLANNED MEETINGS AND ASSOCIATED TRAINING	$2,000.00
TOTAL	$2,000.00

ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 6)

Shelby County Government on behalf of the Memphis and Shelby County Health Department-CRI

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning August 1, 2008, and ending January 31, 2009.

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]	$30,000.00	$0.00	$30,000.00
2	Benefits & Taxes	$8,000.00	$0.00	$8,000.00
4, 15	Professional Fee/ Grant & Award [2]	$11,300.00	$0.00	$11,300.00
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$12,300.00	$0.00	$12,300.00
7	Postage & Shipping	$500.00	$0.00	$500.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$2,500.00	$0.00	$2,500.00
10	Printing & Publications	$3,000.00	$0.00	$3,000.00
11, 12	Travel/ Conferences & Meetings[2]	$6,300.00	$0.00	$6,300.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
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]	$3,500.00	$0.00	$3,500.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost	$10,100.00	$0.00	$10,100.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$87,500.00	$0.00	$87,500.00

[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

[2] Applicable detail attached if line-item is funded.

ATTACHMENT 1 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 7)

SALARIES	AMOUNT
KASIA ALEXANDER, CRI PROGRAM COORDINATOR, $5,000 X 6 X 100%	$30,000.00
TOTAL	$30,000.00

PROFESSIONAL FEE / GRANT & AWARD	AMOUNT
HOSPITAL BASED POD EXERCISE	$10,000.00
PROFESSIONAL CLEANING OF BELLEVUE WAREHOUSE	$1,300.0
TOTAL	$11,300.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
ROUTINE TRAVEL	$2,500.00
STATE AND NATIONAL TRAININGS AND MEETINGS	$3,800.00
TOTAL	$6,300.00

OTHER NON-PERSONNEL	AMOUNT
DSL CABLE LINES (HOME ACCESS MONLTHLY COSTS)	$3,500.00
TOTAL	$3,500.00

ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 8)

Shelby County Government on behalf of the Memphis and Shelby County Health Department-PHEP

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning February 1, 2009, and ending July 31, 2009.

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]	$299,200.00	$0.00	$299,200.00
2	Benefits & Taxes	$86,500.00	$0.00	$86,500.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$13,800.00	$0.00	$13,800.00
6	Telephone	$3,700.00	$0.00	$3,700.00
7	Postage & Shipping	$200.00	$0.00	$200.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$500.00	$0.00	$500.00
11, 12	Travel/ Conferences & Meetings[2]	$4,000.00	$0.00	$4,000.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
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	$102,100.00	$0.00	$102,100.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$510,000.00	$0.00	$510,000.00

[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

[2] Applicable detail attached if line-item is funded.

ATTACHMENT 1 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 9)

SALARIES	AMOUNT
BARRY MOORE, EMERGENCY RESPONSE COORDINATOR, $4,684.50 X 6 X 100%	$ 28,107.00
JOAN CARR, EMERGENCY RESPONSE ASSISTANT, $3,705 X 6 X 100%	$ 22,230.00
BEVERLY WATKINS, NURSE EDUCATOR, $4,766.16 X 6 X 100%	$ 28,596.96
JENNIFER PRICE, VOLUNTEER COORDINATOR, $3,703.75 X 6 X 100%	$ 22,222.50
JOANN HARRIS, CLERICAL SPECIALIST, $2,173.83 X 6 X 100%	$ 13,042.98
VACANT, REGIONAL HOSPITAL COORDINATOR, $4,444.50 X 6 X 100%	$ 26,667.00
JENNIFER KMET, ENVIRONMENTAL EPIDEMIOLOGIST, $5,451.16 X 6 X 100%	$ 32,706.96
CASSANDRA DOVE, REGIONAL EPIDEMIOLOGIST, $5,015.33 X 6 X 100%	$ 30,091.98
DEBORAH HARRIS, NETWORK TECHNICAL SPECIALIIST, $3,718.75 X 6 X 100%	$ 22,312.50
CYNTHIA KING, PHYSICIAN, $12,197.58 X 6 X 100%	$ 73,185.48
TOTAL ROUNDED	$ 299,200.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
ROUTINE TRAVEL	$4,000.00
TOTAL	$4,000.00

ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 10)

Shelby County Government on behalf of the Memphis and Shelby County Health Department-Pan Flu

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning February 1, 2009, and ending July 31, 2009.

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]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$54,200.00	$0.00	$54,200.00
6	Telephone	$10,000.00	$0.00	$10,000.00
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]	$10,000.00	$0.00	$10,000.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
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	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$74,200.00	$0.00	$74,200.00

[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

[2] Applicable detail attached if line-item is funded.

ATTACHMENT 1 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 11)

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
ROUTINE TRAVEL/PLANNED MEETINGS AND ASSOCIATED TRAINING	$10,000.00
TOTAL	$10,000.00

ATTACHMENT 1

GRANT BUDGET

(BUDGET PAGE 12)

Shelby County Government on behalf of the Memphis and Shelby County Health Department-CRI

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning February 1, 2009, and ending July 31, 2009.

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]	$30,000.00	$0.00	$30,000.00
2	Benefits & Taxes	$8,000.00	$0.00	$8,000.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$190,300.00	$0.00	$190,300.00
6	Telephone	$20,000.00	$0.00	$20,000.00
7	Postage & Shipping	$1,500.00	$0.00	$1,500.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$5,000.00	$0.00	$5,000.00
10	Printing & Publications	$6,000.00	$0.00	$6,000.00
11, 12	Travel/ Conferences & Meetings[2]	$7,000.00	$0.00	$7,000.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
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]	$7,000.00	$0.00	$7,000.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost	$10,100.00	$0.00	$10,100.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$284,900.00	$0.00	$284,900.00

[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

[2] Applicable detail attached if line-item is funded.

ATTACHMENT 1 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 13)

SALARIES	AMOUNT
KASIA ALEXANDER, CRI PROGRAM COORDINATOR, $5,000 X 6 X 100%	$30,000.00
TOTAL	$30,000.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
ROUTINE TRAVEL	$3,500.00
STATE AND NATIONAL TRAININGS AND MEETINGS	$3,500.00
TOTAL	$7,000.00

OTHER NON-PERSONNEL	AMOUNT
DSL CABLE LINES (HOME ACCESS MONLTHLY COSTS)	$7,000.00
TOTAL	$7,000.00