



GRANT AMENDMENT

Agency Tracking # 34360-30516	Edison ID 49516	Contract # GG1649516	Amendment # 1		
Contractor Legal Entity Name Shelby County Government on behalf of the Shelby County Health Department			Edison Vendor ID 44		
Amendment Purpose & Effect(s) To expand service provision options to the community using additional federal Ryan White Part B funds.					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: March 31, 2017			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$153,200		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2016		\$79,300			\$79,300
2017		\$237,900			\$237,900
TOTAL:		\$317,200			\$317,200
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.			<i>OCR USE</i>		
Speed Chart (optional) HL00008020		Account Code (optional) 71301000			

**AMENDMENT 1
OF GRANT CONTRACT GG1659516**

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 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. 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 Three Hundred Seventeen Thousand Two Hundred Dollars (\$317,200) ("Maximum Liability"). The Grant Budget, attached and incorporated hereto as Attachment 3, shall constitute the maximum amount due the Grantee under this Grant Contract. 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 3 is deleted in its entirety and replaced with the new Attachment 3 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 five (5) days following the last signature. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

SHELBY COUNTY GOVERNMENT, ON BEHALF OF THE SHELBY COUNTY HEALTH DEPARTMENT:

GRANTEE SIGNATURE **DATE**

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

SHELBY COUNTY GOVERNMENT:

GRANTEE SIGNATURE **DATE**

Mark H. Luttrell, Jr., County Mayor

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:

**JOHN J. DREYZEHNER, MD, MPH, FACOEM,
COMMISSIONER**

DATE

SHELBY COUNTY GOVERNMENT ON BEHALF OF SHELBY COUNTY HEALTH DEPARTMENT-HIV/AIDS CORE MEDICAL SERVICES				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning April 1, 2016, and ending March 31, 2017.				
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	\$209,900.00	\$0.00	\$209,900.00
2	Benefits & Taxes	\$88,200.00	\$0.00	\$88,200.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$3,000.00	\$0.00	\$3,000.00
6	Telephone	\$8,500.00	\$0.00	\$8,500.00
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	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$7,400.00	\$0.00	\$7,400.00
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	\$317,200.00	\$0.00	\$317,200.00

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 at: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

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

ATTACHMENT 3 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 2)

SALARIES	AMOUNT
Yadira Eaton, Office Coordinator, \$2,800.00 x 12 x 65%	\$21,840.00
Lavera McCaskill, Social Worker, \$3,350.00 x 12 x 100%	\$40,200.00
Laquesha Jefferson, Social Worker, \$3,990.00 x 12 x 100%	\$47,880.00
Vacant, Retention Specialist, Health Investigator, \$3,330.00 X 12 X 100%	\$39,960.00
Vacant, Retention Specialist, Health Investigator, \$3,330.00 X 12 X 100%	\$39,960.00
Vacant, Public Health Outreach Coordinator, \$1,670.00 X 12 X 100%	\$20,040.00
TOTAL	\$209,880.00
TOTAL ROUNDED	\$209,900.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$1,200.00
Travel & Lodging for Epi Training for (2) Retention Specialist	\$3,000.00
Annual State STD meeting, Nashville, TN - 3 staff	\$3,200.00
TOTAL	\$7,400.00