



GRANT AMENDMENT

Agency Tracking # 34349-01616	Edison ID 48719	Contract # GG1648719-01	Amendment # 1		
Contractor Legal Entity Name Shelby County Government, on behalf of Shelby County Health Department			Edison Vendor ID 44		
Amendment Purpose & Effect(s) To add Viral Hepatitis services					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: December 31, 2016			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$39,600		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2016	\$58,150	\$1,017,280			\$1,075,430
2017	\$97,750	\$989,720			\$1,087,470
TOTAL:	\$155,900	\$2,007,000			\$2,162,900
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>		
			<i>GG 16 48719-01</i>		
Speed Chart (optional) HL00008014		Account Code (optional) 71301000			

**AMENDMENT 1
OF GRANT CONTRACT GG1648719**

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 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 sections A.2. and C.1. are deleted in their entirety and replaced with the following:
 - A.2. Service Definitions.
 - a. "CAPUS" means Care and Prevention in the United States, a demonstration project for health departments in the United States to support implementation of the National HIV/AIDS Strategy (NHAS). The purpose of this funding is to reduce HIV-related morbidity, mortality, and related health disparities among racial and ethnic minorities in the United States through three components: Linkage to Care, Corrections Navigators and Social Networking Strategy.
 - b. "CDC" means the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services.
 - c. "Community based organizations (CBOs)" means a public or private nonprofit (including a church or religious entity) that serves a significant segment of a community, and is engaged in meeting health and community needs.
 - d. "Disease intervention services" means activities designed to prevent the spread of disease and the development of complications.
 - e. "Electronic HIV/AIDS Reporting System (eHARS)" means an application designed for the management, surveillance, and reporting of HIV/AIDS.
 - f. "ELISA Test" means the enzyme-linked immunosorbent assay test which tests for antibodies to HIV.
 - g. "Expanded testing" means the provision of HIV testing in healthcare and non-healthcare settings serving individuals at risk of HIV infection.
 - h. "Expedited partner therapy (EPT)" means the clinical practice of treating the sex partners of patients diagnosed with chlamydia by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner, according to the State of Tennessee's Rules and Regulations, 0880-02-.14.
 - i. "False positives" mean tests that give HIV positive test results that are then proven false by the Western Blot Test.
 - j. "Hepatitis B" means an infection of the liver that is caused by a DNA virus which is transmitted by contaminated blood or blood derivatives in transfusions, by sexual contact with an infected person, or by the use of contaminated needles and instruments.

- k. "Hepatitis B series" means 3 intramuscular injections the second and third doses administered 1 and 6 months, respectively, after the first dose, as prevention against the hepatitis B infection.
 - l. "HIV testing" means test devices or kits cleared by the U.S. Food and Drug Administration (FDA) that are determined to meet the criteria for waiver under Clinical Laboratory Improvement Amendments (CLIA) of 1988, 42 U.S.C. 263a PL100-578 (1988). They are simple, single-use, disposable devices, using minimal reagents, that can provide results in less than 60 minutes and are designed for use with unprocessed specimens (whole blood or oral fluid specimens).
 - m. "OraQuick Advanced Test Device" means the single-use, qualitative immunoassay to detect antibodies to Human Immunodeficiency Virus Type 1 (HIV-1) and Type 2 (HIV-2) in oral fluid, fingerstick whole blood, venipuncture whole blood and plasma specimens.
 - n. "Patient Reporting Investigating Surveillance Manager (PRISM)" means an application designed for the management, surveillance, and reporting of sexually transmitted diseases.
 - o. "Patient Tracking Billing Management Information System (PTBMIS)" means a statewide database combined for all services provided by the Tennessee Department of Health. The PTBMIS has modules for patient registration, collection of financial information, tracking of services, and maintaining medical records.
 - p. "Rapid testing" means an easy-to-perform, point-of-care investigation for detecting antibody to HIV, the result of which is provided at the same setting of the consultation. The test result is normally available within 20 minutes.
 - q. "Western Blot Test" means the test used to confirm the positive enzyme-linked immunosorbent assay (ELISA) test results for HIV.
 - r. "NBS" means National Electronic Disease Surveillance System (NEDSS) Based System (NBS), a database designed for the management surveillance, and reporting of communicable diseases, including viral hepatitis.
 - s. Hepatitis B (HBV) means a double-stranded deoxyribonucleic acid (DNA) virus that is vaccine-preventable and is transmitted by contact with infectious blood, semen and other body fluids.
 - t. Hepatitis C (HCV) means a single-stranded ribonucleic acid (RNA) virus that is not vaccine-preventable and is transmitted by contact with blood of an infected person.
- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Two Million One Hundred Sixty Two Thousand Nine Hundred Dollars (\$2,162,900) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 2 is 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. The following is added as Grant Contract section A.5.f.

A.5.f. Viral Hepatitis Surveillance Services

- (1) The Grantee agrees to provide viral hepatitis surveillance services listed below in accordance with the State Viral Hepatitis Program and as outlined in the Tennessee Department of Health’s Viral Hepatitis NBS User Guide (located at: <https://hssi.tn.gov/auth/login>):
 - I. Case investigation of acute HBV and acute HCV;
 - II. Contact investigation of acute HBV and HCV;
 - III. Care coordination of acute HBV, acute HCV, and chronic HCV; and
 - IV. Viral hepatitis NBS data entry and management.

3. Grant Contract Attachment 2 is deleted in its entirety and replaced with the new attachment 2 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

ATTACHMENT 2
GRANT BUDGET
(BUDGET PAGE 1)

SHELBY COUNTY GOVERNMENT, ON BEHALF OF SHELBY COUNTY HEALTH DEPARTMENT - ROLL-UP				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning JANUARY 1, 2016, and ending DECEMBER 31, 2016.				
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	\$1,408,400.00	\$0.00	\$1,408,400.00
2	Benefits & Taxes	\$639,600.00	\$0.00	\$639,600.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$63,900.00	\$0.00	\$63,900.00
6	Telephone	\$16,300.00	\$0.00	\$16,300.00
7	Postage & Shipping	\$2,000.00	\$0.00	\$2,000.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$2,500.00	\$0.00	\$2,500.00
11, 12	Travel/ Conferences & Meetings ²	\$30,200.00	\$0.00	\$30,200.00
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	\$2,162,900.00	\$0.00	\$2,162,900.00

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

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

ATTACHMENT 2 (continued)

GRANT BUDGET

(BUDGET PAGE 2)

SHELBY COUNTY GOVERNMENT, ON BEHALF OF SHELBY COUNTY HEALTH DEPARTMENT - STATE STD				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning JANUARY 1, 2016, and ending DECEMBER 31, 2016.				
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	\$70,400.00	\$0.00	\$70,400.00
2	Benefits & Taxes	\$25,200.00	\$0.00	\$25,200.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$13,200.00	\$0.00	\$13,200.00
6	Telephone	\$5,000.00	\$0.00	\$5,000.00
7	Postage & Shipping	\$1,000.00	\$0.00	\$1,000.00
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	\$1,500.00	\$0.00	\$1,500.00
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	\$116,300.00	\$0.00	\$116,300.00

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 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 3)

SALARIES	AMOUNT
Wanda Stinson, Public Health Nurse \$ 3,825.00 x 12 x 50%	\$22,950.00
Carmen Moore, Public Health Nures \$ 3,952.00 x 12 x 100%	\$47,424.00
TOTAL ROUNDED	\$70,400.00

TRAVEL CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$1,500.00
TOTAL ROUNDED	\$1,500.00

ATTACHMENT 2 (continued)

GRANT BUDGET

(BUDGET PAGE 4)

SHELBY COUNTY GOVERNMENT, ON BEHALF OF SHELBY COUNTY HEALTH DEPARTMENT - CSPS				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning JANUARY 1, 2016, and ending DECEMBER 31, 2016.				
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	\$512,800.00	\$0.00	\$512,800.00
2	Benefits & Taxes	\$221,800.00	\$0.00	\$221,800.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$12,500.00	\$0.00	\$12,500.00
6	Telephone	\$1,400.00	\$0.00	\$1,400.00
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	\$1,500.00	\$0.00	\$1,500.00
11, 12	Travel/ Conferences & Meetings ²	\$8,000.00	\$0.00	\$8,000.00
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	\$758,000.00	\$0.00	\$758,000.00

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

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

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 5)

SALARIES					AMOUNT
Sulaiman Aizezi, Non-Medical Epidemiologist	\$ 5,429.00	x	12	x 25%	\$16,287.00
Kathleen Poole, Health Investigator-Lead	\$ 3,184.00	x	12	x 100%	\$38,208.00
Marshe' L. Taylor, Health Investigator	\$ 2,946.00	x	12	x 100%	\$35,352.00
Sonya Peterson, Health Investigator	\$ 2,872.00	x	12	x 100%	\$34,464.00
Tressie Benson-Smith, Health Investigator	\$ 2,970.00	x	12	x 100%	\$35,640.00
Johnny Toy, Health Investigator	\$ 2,772.00	x	12	x 100%	\$33,264.00
LaQuetta Rouser, Health Investigator	\$ 2,884.00	x	12	x 100%	\$34,608.00
Kathy Robinson, Health Investigator	\$ 2,642.00	x	12	x 100%	\$31,704.00
Rose Sumrell, Clerical Specialist A	\$ 2,114.00	x	12	x 100%	\$25,368.00
Vacant, Supervisor A	\$ 4,447.00	x	12	x 83%	\$44,292.12
Yadira Eaton, Statistical Technician	\$ 2,800.00	x	12	x 35%	\$11,760.00
Linda Kuykendoll, Clerical Specialist A	\$ 2,412.00	x	12	x 100%	\$28,944.00
Lela Gregory, Health Investigator	\$ 2,566.00	x	12	x 100%	\$30,792.00
Vacant, Medical Technologist	\$ 3,492.00	x	2.5	x 100%	\$8,730.00
Jacqueline Taylor, Medical Technologist	\$ 3,492.00	x	9.5	x 100%	\$33,174.00
Darwin Jewell, Health Investigator	\$ 2,669.00	x	12	x 100%	\$32,028.00
Tamara Crutcher-Haley, Clerical Specialist A	\$ 2,224.00	x	12	x 100%	\$26,688.00
Wanda Stinson, Public Health Nurse	\$ 3,825.00	x	12	x 25%	\$11,475.00
TOTAL ROUNDED					\$512,800.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$6,200.00
Annual State STD meeting, Nashville, TN - 3 staff	\$1,800.00
TOTAL	\$8,000.00

ATTACHMENT 2 (continued)

GRANT BUDGET

(BUDGET PAGE 6)

SHELBY COUNTY GOVERNMENT, ON BEHALF OF SHELBY COUNTY HEALTH DEPARTMENT - HIV PREVENTION				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning JANUARY 1, 2016, and ending DECEMBER 31, 2016.				
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	\$643,600.00	\$0.00	\$643,600.00
2	Benefits & Taxes	\$313,200.00	\$0.00	\$313,200.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$30,000.00	\$0.00	\$30,000.00
6	Telephone	\$7,800.00	\$0.00	\$7,800.00
7	Postage & Shipping	\$900.00	\$0.00	\$900.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$1,000.00	\$0.00	\$1,000.00
11, 12	Travel/ Conferences & Meetings ²	\$15,000.00	\$0.00	\$15,000.00
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	\$1,011,500.00	\$0.00	\$1,011,500.00

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

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

ATTACHMENT 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 7)

SALARIES	AMOUNT	
Misty Hayes, Health Investigator Lead	\$ 3,119.00 x 12 x 100%	\$37,428.00
Torey Pulliam, Health Investigator	\$ 2,670.00 x 12 x 100%	\$32,040.00
Reginald Mosby, Health Investigator	\$ 2,642.00 x 12 x 100%	\$31,704.00
Merritt Gathen, Health Investigator	\$ 2,670.00 x 12 x 100%	\$32,040.00
Lavonda Henderson, Clerical Specialist A	\$ 2,032.00 x 12 x 100%	\$24,384.00
Stephanie Meriweather, Clerical Specialist A	\$ 1,998.00 x 12 x 100%	\$23,976.00
Heather Sullivan, Medical Assistant	\$ 1,998.00 x 12 x 100%	\$23,976.00
Detric Beale, Medical Assistant	\$ 2,167.00 x 12 x 100%	\$26,004.00
Keskessa Afework, Supervisor A	\$ 4,691.00 x 12 x 100%	\$56,292.00
Jeslyn Clemons, Medical Assistant	\$ 1,998.00 x 12 x 100%	\$23,976.00
Cedric Robinson, Manager A	\$ 5,531.00 x 12 x 100%	\$66,372.00
Vacant, Field Operations Manager	\$ 4,447.00 x 12 x 17%	\$9,071.88
Joyce Fair, Medical Assistant	\$ 2,081.00 x 12 x 100%	\$24,972.00
Bernice Baymon, Medical Assistant	\$ 2,032.00 x 12 x 100%	\$24,384.00
Lisa Caston, Medical Assistant	\$ 1,998.00 x 12 x 100%	\$23,976.00
Tammeria Griffin, Medical Assistant	\$ 2,081.00 x 12 x 100%	\$24,972.00
Vacant, Medical Lab Technician	\$ 2,439.00 x 3 x 100%	\$7,317.00
Eureka Washington, Medical Lab Technician	\$ 2,439.00 x 9 x 100%	\$21,951.00
Latisha Cole, Health Investigator	\$ 2,670.00 x 12 x 100%	\$32,040.00
Vacant, Clerical Specialist A	\$ 2,271.00 x 8 x 100%	\$18,168.00
Dorothy Hix, Clerical Specialist A	\$ 2,271.00 x 4 x 100%	\$9,084.00
Sherry Day, Clerical Specialist A	\$ 2,163.00 x 12 x 100%	\$25,956.00
Jewel Wade, Health Investigator	\$ 2,669.00 x 12 x 100%	\$32,028.00
Wanda Stinson, Public Health Nurse	\$ 3,825.00 x 12 x 25%	\$11,475.00
TOTAL ROUNDED		\$643,600.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$9,800.00
Annual State STD Meeting, Nashville, TN - 3 Staff	\$3,000.00
Out of State STD Conference - 3 Staff	\$2,200.00
TOTAL	\$15,000.00

ATTACHMENT 2 (continued)

GRANT BUDGET

(BUDGET PAGE 8)

SHELBY COUNTY GOVERNMENT, ON BEHALF OF SHELBY COUNTY HEALTH DEPARTMENT - SURVEILLANCE-CORE				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning JANUARY 1, 2016, and ending DECEMBER 31, 2016.				
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	\$105,500.00	\$0.00	\$105,500.00
2	Benefits & Taxes	\$42,700.00	\$0.00	\$42,700.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$3,600.00	\$0.00	\$3,600.00
6	Telephone	\$1,000.00	\$0.00	\$1,000.00
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	\$154,800.00	\$0.00	\$154,800.00

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 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 9)

SALARIES	AMOUNT
Martha McKinney, Health Investigator \$ 2,970.00 x 12 x 100%	\$35,640.00
Karla Watkins, Health Investigator Lead \$ 3,257.00 x 12 x 100%	\$39,084.00
Tiffany Blair, Health Investigator \$ 2,566.00 x 12 x 100%	\$30,792.00
TOTAL ROUNDED	\$105,500.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$1,000.00
Annual State STD Meeting, Nashville, TN - 1 Staff	\$1,000.00
TOTAL	\$2,000.00

ATTACHMENT 2 (continued)

GRANT BUDGET

(BUDGET PAGE 10)

SHELBY COUNTY GOVERNMENT, ON BEHALF OF SHELBY COUNTY HEALTH DEPARTMENT - CAPUS				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning JANUARY 1, 2016, and ending SEPTEMBER 29,2016.				
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	\$50,300.00	\$0.00	\$50,300.00
2	Benefits & Taxes	\$26,000.00	\$0.00	\$26,000.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$2,600.00	\$0.00	\$2,600.00
6	Telephone	\$800.00	\$0.00	\$800.00
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	\$3,000.00	\$0.00	\$3,000.00
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	\$82,700.00	\$0.00	\$82,700.00

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

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

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 11)

SALARIES	AMOUNT
Shaunda Bonner, Health Investigator \$ 2,942.00 x 9 x 100%	\$26,478.00
Debbie Isby, Health Investigator \$ 2,642.00 x 9 x 100%	\$23,778.00
TOTAL ROUNDED	\$50,300.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$1,500.00
ISTDI Training	\$1,500.00
TOTAL	\$3,000.00

ATTACHMENT 2 (continued)

GRANT BUDGET

(BUDGET PAGE 12)

SHELBY COUNTY GOVERNMENT, ON BEHALF OF SHELBY COUNTY HEALTH DEPARTMENT - Viral Hepatitis				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning JANUARY 1, 2016, and ending DECEMBER 31, 2016.				
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	\$25,800.00	\$0.00	\$25,800.00
2	Benefits & Taxes	\$10,700.00	\$0.00	\$10,700.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$2,000.00	\$0.00	\$2,000.00
6	Telephone	\$300.00	\$0.00	\$300.00
7	Postage & Shipping	\$100.00	\$0.00	\$100.00
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	\$700.00	\$0.00	\$700.00
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	\$39,600.00	\$0.00	\$39,600.00

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 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 13)

SALARIES	AMOUNT
Vacant, Public Health Nurse, Hep (B/C) \$ 4,297.50 x 6 x 100%	\$25,785.00
TOTAL ROUNDED	\$25,800.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Routine Travel	\$700.00
TOTAL ROUNDED	\$700.00