



# Tennessee Long-Term Care Staffing Assistance Program

Informational Webinar #2

# Agenda

- Introduction
- Eligible and Ineligible Expenses
- Registering and Requesting Reimbursement
- Required Documentation: Existing Staff
- Required Documentation: Contracted Staff



# About the Tennessee Long-Term Care Staffing Assistance Program

# Webinar Purpose

- \$50 Million have been allocated to provide relief to Nursing Facilities and Assisted Care Living Facilities across the State that expanded their staffing resources to treat patients/residents with COVID-19
- This webinar will prepare you to register for the program and to create your requests for reimbursement
- The webinar will show you the basic steps of applying for this program and highlight the required documentation to do so

# Eligible/Ineligible Expenses

## Eligible Expenses

- Hazard pay for staff;
- Overtime pay for critical staff;
- Pay differentials for staff willing to work shifts beyond their normal schedule;
- Payments to a supplemental staffing agency; and/or
- Housing and travel costs for staff to the extent such is not already covered by the staffing contract

Eligible Expenses must have been incurred between the dates of **March 4, 2021 and December 31, 2021**

## Ineligible Expenses

- Expenses incurred outside of the period of performance (March 4, 2021-December 31, 2021)
- Materials Costs
- Lobbying expenses

## Ineligible Uses of Funds

- Duplicated funding (Funding for expenses already paid via other federal funding)



# Registering and Requesting Reimbursement

# SAM.GOV Registration

- To Register for Sam.gov, visit the Sam.gov registration portal
- To determine you have all the required information and documentation, download the Entity Registration Checklist
- Visit <https://secure.login.gov/> to create an account for Sam.gov. Once you've created an account, you may return to Sam.gov to login to register and receive a Unique Entity ID
- **\*Note first-time registrations may take multiple weeks; please register ASAP\***
- Please facilitate your facility's Sam.gov registration will remain active the duration of the program

# Edison Registration

- Access the grantee **portal** to sign up for the State of Tennessee's Accounting System, Edison
- Registering for Edison is required for your facility to receive funds from the State.
- To register in Edison, you will need:
  - Contact information
  - Facility name and license number
  - Tax Identification Number
  - W-9



# Login

- You will receive the following email notifying you of your eligibility for this program
  - To register for the program, click the link in the second paragraph



Dear Test1 Tester

We are reaching out to you with good news. The account you requested for accessing the Tennessee Long-Term Care Staffing Assistance Program is ready for you to use. You may now access your Tennessee Long-Term Care Staffing Assistance Program account using the following credentials:

[Tennessee Long-Term Care Staffing Assistance Program Portal](#)

User ID: Test1.Tester

Password: XXXXXXXX

To register your facility, please complete the following steps:

1. Click the **Start Expense Submission** button under the **Get Started** section
2. On the Application Dashboard, click the **Add a New Facility** link
3. Answer all the application questions
4. Electronically sign the Grant Acknowledgments/Attestations
5. Click the **Review the Subrecipient Agreement** button and review the agreement
6. Click on either the **Accept Subrecipient Agreement** button or **Decline Submit Subrecipient Agreement** button
7. Click the **Submit** button

Repeat the steps listed above if you are registering more than one facility. Upon successful submission of the request, a confirmation email will be sent to the provided email address.

For any questions about program/documentary requirements or any other questions or concerns, please refer to [Program Overview](#).

Please do NOT respond to this e-mail as this mailbox is not monitored.

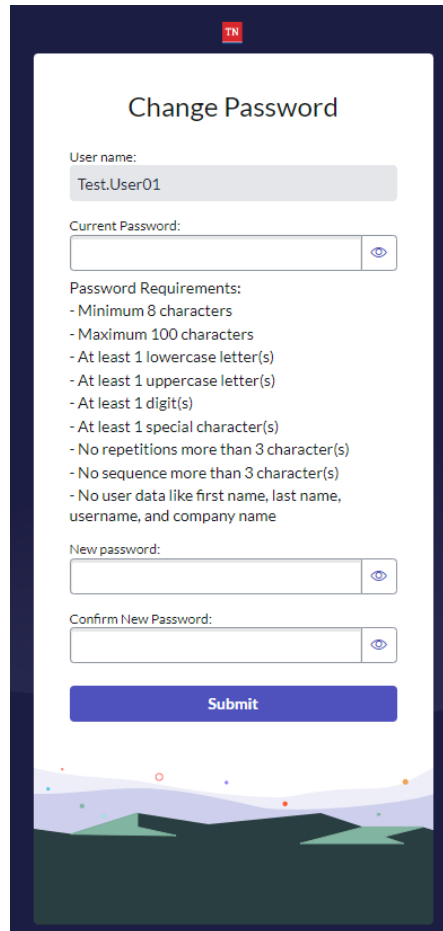
Best Regards,

Tennessee Long-Term Care Staffing Assistance Program Team



# Login

- After following the link, you will find yourself at the below page:
  - Create a password that you will use to login with in the future



**Change Password**

User name:

Current Password:

Password Requirements:

- Minimum 8 characters
- Maximum 100 characters
- At least 1 lowercase letter(s)
- At least 1 uppercase letter(s)
- At least 1 digit(s)
- At least 1 special character(s)
- No repetitions more than 3 character(s)
- No sequence more than 3 character(s)
- No user data like first name, last name, username, and company name

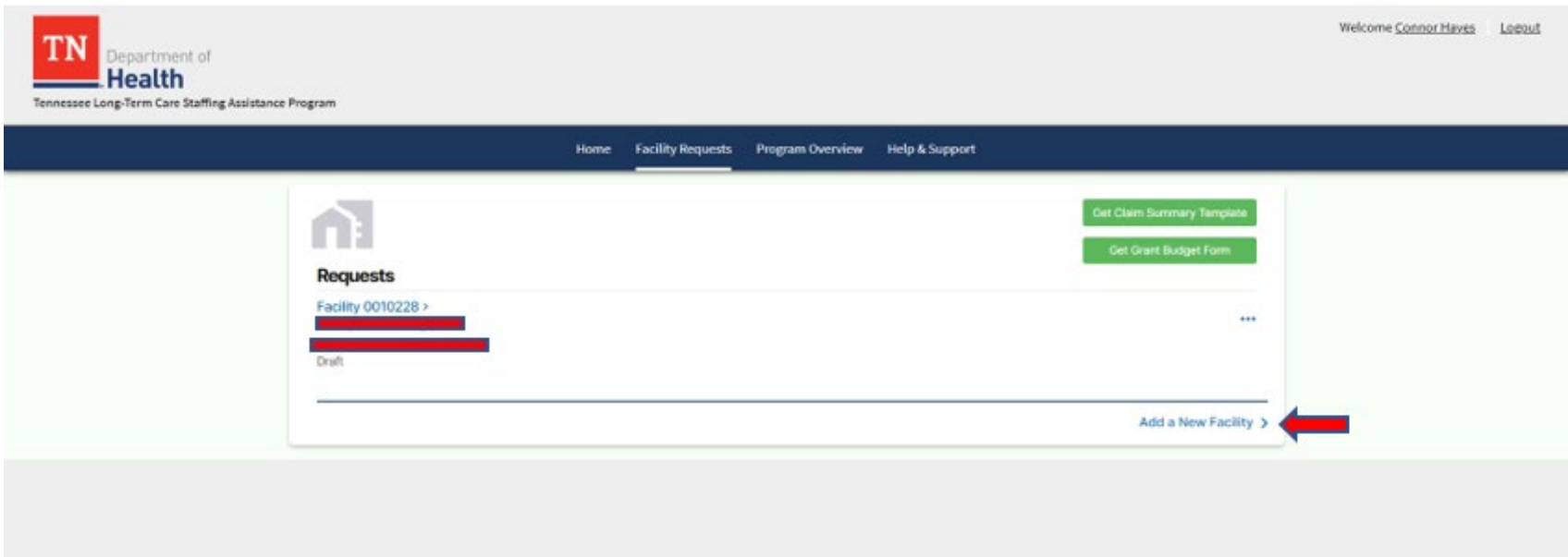
New password:

Confirm New Password:

**Submit**

# Registering Your Facility

- On the Facility Requests tab, click the “Add New Facility” button to begin the process of registering your facility
  - Once you’ve completed your registration, you may use the following link to continue logging into the platform



The screenshot shows the Tennessee Department of Health website interface. At the top left is the TN Department of Health logo and the text "Tennessee Long-Term Care Staffing Assistance Program". At the top right, it says "Welcome Connor Hayes" and "Logout". A dark blue navigation bar contains "Home", "Facility Requests", "Program Overview", and "Help & Support". The main content area has a light green background. On the left, there's a "Requests" section with a house icon. Below it, a table lists a facility with ID "0010228" and status "Draft". To the right of the table are two green buttons: "Get Claim Summary Template" and "Get Grant Budget Form". At the bottom right of the table, there is a link "Add a New Facility >" with a red arrow pointing to it.

# Entity Type and Facility TIN

- Please provide your entity type.
  - Examples include Sole Proprietorship, Partnership, C-Corporation, S-Corporation, Non-Profit Entity, and Limited Liability Company (LLC)
- Please also provide your facility's Tax Identification Number

1 Facility Details      2 Grant Acknowledgments/Attestations      3 Grant Agreement      4 Subgrant Award Letter

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Facility Details

*If for any reason you need to stop or log out, please scroll down and click on the Save Draft button at the bottom right of your screen, and all the information entered will be saved for the next time you log back into your application.*

\*Denotes required field


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Is the facility a Nursing Home or an Assisted Care Living Facility? \*

Nursing Home     Assisted Care Living Facility


*i* If your facility is both a Nursing Home and an Assisted Care Living Facility, and you have received a separate grant for both, you will need to enter a separate application entry for each facility category.

What is the entity type? \*

Partnership 

What is the facility's TIN (Taxpayer Identification Number)? \*

123-45-6789



# License Number

- Please enter your entity's license number
- Once you enter your license number, click "Get Facility Data". This will auto populate your Facility Name and Facility Address

**License Number:** \*



Get Facility Data

**Facility name** \*

Will populate after Facility Search

**Facility Address** \*

Will populate after Facility Search

# Additional Contact Info

- Please provide additional contact information for primary and secondary contacts including:
  - Name
  - Phone number
  - Email
  - Title

What is your title? \*

What is your phone number? \*

Your facility must be registered with the State accounting system, Edison to receive payment. If you need to register your facility you can do so here: [FormStack](#)

Your facility must have an "Active" registration within SAM.gov to receive payment.

Is the facility registered and active with SAM.gov? \*

Yes  No

Please provide secondary contact information for another individual to be included in grant notifications:

What is the secondary contact's first name? \*

What is the secondary contact's last name? \*

What is the secondary contact's title? \*

What is the secondary contact's phone number? \*

What is the secondary contact's email address? \*



Save Draft

Next: Grant Acknowledgments/Attestations
















# Attestations and Agreements

- You will be required to attest to and acknowledge statements relating to use of the funds and reporting
- You will be asked to sign a Grant Agreement
- These documents are required for all grantees and grants may not be funded prior to the completion of these documents

# Attestations and Agreements

## TENNESSEE LONG-TERM CARE STAFFING ASSISTANCE PROGRAM ELIGIBILITY CERTIFICATION AND ACCEPTANCE OF AWARD CONDITIONS

I, CONNOR HAYES, AM THE MR OF THE WATERS OF CLINTON ("GRANTEE"), AND I CERTIFY THAT:

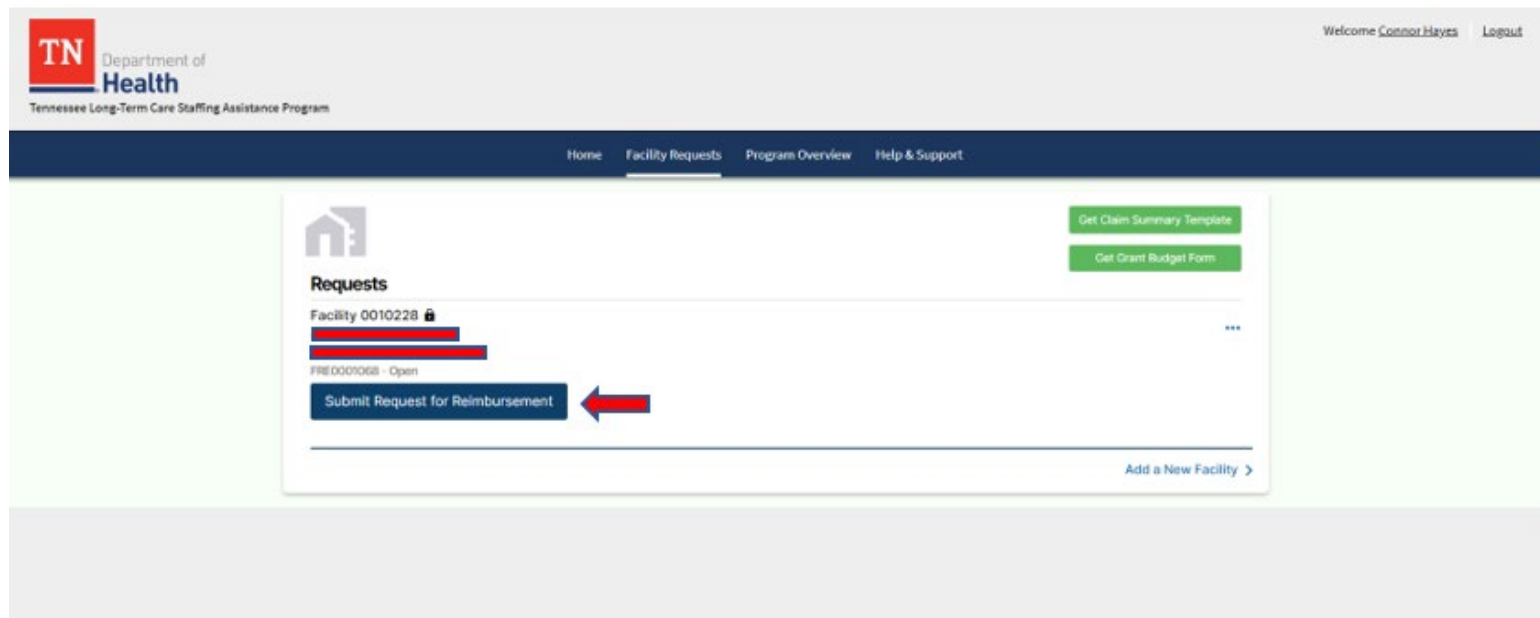
-   I have the authority on behalf of this organization to request grant payments from the State of Tennessee ("State") for federal funds appropriated pursuant to section 603 of the Social Security Act, as amended by section 9901 of the American Rescue Plan Act of 2021, Pub. L. No. 117-2, div. A, Title IX (Mar. 11, 2021).\*
-   I understand that the State will rely on this certification as a material representation in making grant payments to the organization.\*
-   I acknowledge that I have received the conditions under which American Rescue Plan Act (ARPA) funding was awarded and acknowledge those responses will become part of the documentation that governs my award.\*
-   I acknowledge that the organization shall keep records sufficient to demonstrate that the expenditure of funds it has received is in accordance with section 603 of the Social Security Act.\*
-   I acknowledge that all records and expenditures are subject to audit by the United States Department of Treasury's Inspector General, the Tennessee Department of Health, and the Tennessee Comptroller of the Treasury, or its designee.\*
-   I acknowledge that the organization has an affirmative obligation to identify and report any duplication of benefits. I understand that the State has an obligation and the authority to deobligate or offset any duplicated benefits.\*
-   I acknowledge and agree that the organization shall be liable for any costs disallowed pursuant to financial or compliance audits of funds received.\*
-   I acknowledge that the organization's proposed uses of the funds provided as grant payments from the State by federal appropriation under section 603 of the Social Security Act will be used only to cover those costs that: (a) are necessary expenditures incurred due to the public health emergency and governor's disaster declaration on April 2, 2020 with respect to the Coronavirus Disease 2019 (COVID19); and (b) were incurred during the period that begins on March 4, 2021 and ends on December 31, 2021.\*
-   I acknowledge that an invoice under this program shall include only reimbursement requests for actual, reasonable, and necessary expenditures required in the delivery of service described by the Grant Agreement and shall be subject to the Grant Budget and any other provision of the Grant Agreement relating to allowable reimbursements.\*
-   I acknowledge that an invoice under this program shall not include any reimbursement request for future expenditures.\*
-   I acknowledge that information pertaining to this grant award, my organization's participation in the program, and ongoing performance will be made available to the public via a web-based portal.\*
-   I will comply with all applicable requirements of all other federal laws, executive orders, regulations, program and administrative requirements, policies, and any other requirements governing this grant award.\*
-   I understand that failure to comply with any of the above assurances may result in suspension, termination, or reduction of funds in this grant award.\*

Electronically Sign



# Creating new Request for Reimbursement

- Once logged in, you may create a request for reimbursement
- To create a request for reimbursement, navigate to the Facility Requests and click “Submit Request for Reimbursement” Button



# Total Costs Incurred

- Please enter the total requested amount in the “Total Amount Requested” Field

1 Expense Details

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Expense Details

*If for any reason you need to stop or log out, please scroll down and click on the Save Draft button at the bottom right of your screen, and all the information entered will be saved for the next time you log back into your application.*

\*Denotes required field

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Total Amount Requested \*



# Documentation Upload

- Once you've indicated the total amount you'd like to request for reimbursement, please upload all required documentation for each expense type ( Existing Staff or Contracting Costs)
  - Note: Existing staff and contracting expenses have **distinct requirements** for documentation; please determine you have all required documentation for your respective expense type. Required documentation is on the following slides



# Required Documentation: Existing Staff

# Required Documentation: Existing Staff

- Claim Summary Template
- Grant Budget Form
- Relevant Payroll Policy (hazard pay policy, overtime pay policy, pay differential policy)
- Approved/Verified time for each claimed employee for each day claimed
- Payroll documentation detailing the claimed employee's wages and benefits (pay stubs, payroll registers showing names but no social security numbers)
- Proof of payment for each claimed employee for each claimed pay period
  - Bank statement(s) showing funds being disbursed from the Grantee's bank account to the employee via ACH with corresponding employee listing showing disbursement of funds;
  - Cancelled Checks;
  - Front and back of check with back of check showing third party verification of processing; OR
  - Front of check with corresponding bank statement showing payment from Grantee's bank account to employee, typically through a payroll register



# Grant Budget Form

The Grant Budget Form will be downloadable from the upper-right portion of the Facility Requests page, as well as under the “Documentation Requirements” portion of the Program Overview Page

State of Tennessee Department of Health ARP Nursing Home Assistance Program				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning <u>March 4, 2021</u> , and ending December 31, 2021.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$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	<b>GRAND TOTAL</b>	\$0.00	\$0.00	\$0.00

SALARIES	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00
PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00
TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00
INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00
SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00
DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00
OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00
CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

# Timesheets

3/9/2020 SimpleCity Time & Attendance

**Employee Information**

Name:  40 hours Employee #  Timesheets

Department:  Supervisors

**Employee Time Card**

Pay Period: 2/23/2020 - 3/7/2020 Timecard Verified Regular Hours 474.5

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Totals
	23	24	25	26	27	28	29	
In		08:00 AM				08:00 AM		
Out		08:30 AM				09:00 AM		
Clocked Hours		24.5				25		49.5
Regular Hours		24.5				15.5		40
Weekly OT						9.5		9.5
Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Totals
	1	2	3	4	5	6	7	
In	07:45 AM			08:00 AM				
Out	09:30 AM			09:00 AM				
Clocked Hours	25.75			25				50.75
Regular Hours	25.75			14.25				40
Weekly OT				10.75				10.75
Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Time Card Totals
Clocked Hours	100.25
Regular Hours	80
Weekly OT	20.25
Total Hours	100.25

2 - 911 @ #40 ea.  
+ 1 - CB @ #219.

**Status**

Employee Signoff  Done \*Approval provided\*

Primary Approval  Approved

Secondary Approval  Approved







# Payroll Register

Payroll Register - Single-Line Summary  
 Pay Period Dates: 2/20/2020 to 3/4/2020

Page: 3  
 Sep 14, 2020 04:43PM

Date	Payee	Employee Number	Reference Number	Check Number	M	Gross	Expense	*	FICA	FWT	SWT	Deduct	Net	D	Info	F/T
Grand Totals:		12804	37	37		58,331.50	.00		4,202.30-	4,160.05-	1,717.04-	8,076.51-	40,175.60-		54.76	

Grand Totals Hours/Units/Types Summary

PC	Title	Hours	Units	Net Type	Amount	D	Info Type	Amount
1-02	Hourly	1,660.00	.00	Direct Deposit Net	40,175.60-	D	Informational	.00
2-00	Overtime	81.25	.00	Net	.00		Info Tips Reported	.00
3-00	Vacation	121.75	.00				Fringe Benefit	54.76
4-01	Sick Leave	88.50	.00					
10-00	Personal Days	43.50	.00					
Grand Totals:		2,015.00	.00		40,175.60-			54.76

40,175.60-

# Personnel Policy

- Grantees must provide documentation that outlines the pay policy for all staff for whom reimbursement is requested
- This documentation should include base pay by position as well as rates for hazard pay, overtime, differential shift pay and other rates that differ from regular pay rates



# Required Documentation: Contracted Staff

# Required Documentation: Contracted Staff

- Claim Summary Template
- Grant Budget Form
- Your organization's purchasing policy for the purchase of services
- The fully executed contract with the vendor, including a rate sheet, contract amendments, and/or applicable task orders
- Procurement Documentation for contracting expenses you would like reimbursed
- Full, detailed invoices from the vendor which provide an itemization of the charged costs
- Proof of Payment

# Claim Summary

The claim summary template will be downloadable from the upper-right portion of the Facility Requests page, as well as under the “Documentation Requirements” portion of the Program Overview Page

Vendor	Contract ID (if	Description of work performed	Invoice No.	Dates Worked -	Dates Worked - End	Invoice Date	Total Invoice	Requested Amount	Proof of Payment
Medi-Staff Inc.	1234-5	Supplemental Staffing for 15 CNAs	A-1001	N/A	N/A	3/15/2021	\$100,000.00	\$100,000.00	Check No. 12345
Jane Foster - TNAA	4321-5	3-month Housing	B-1001	3/5/2021	6/10/2021	7/1/2021	\$12,000.00	\$12,000.00	Check No. 12346



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SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00
INTEREST	AMOUNT
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ROUNDED TOTAL	\$0.00
CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00



# Invoices

Invoice Details				
ITEM	MATERIAL DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
0010	HIL29950 RAGS CLOTH 10X13IN 500CS	3 CS	90.52	271.58
0020	RUBQ410BL PAD WET ROOM MF 18IN BLUE 12CS	60 EA	6.67	400.20
Subtotal				671.76
Shipping				0.00
Tax Amount				0.00
Gross Price				671.76
<p>**New order and delivery policies coming in 2020... please contact your account manager for details.</p> <p>0180202610891 26100 3/31/20</p> <p>(R) 4/1/20</p>				



# Bank Statement or Cancelled Check



PAGE: 2  
03/31/2020

-----  
PUBLIC FUNDS ACCOUNT 100013  
-----

----- OTHER DEBITS -----

	DATE	AMOUNT
	03/02	25.00
imb	03/02	280.00
FE 0	03/02	512,722.54
PAYROLL 0	03/11	40,175.60
0047733700373	03/17	12,384.83
C	03/18	372.47
W	03/18	2,781.15
W	03/18	3,994.00
F	03/19	542,174.19
F	03/24	911.00
WES DEBIT G XXXXXX/HHH	03/25	2,900.67
PAYROLL 0	03/25	42,223.47
W	03/26	2,781.15
W	03/26	3,994.00
C	03/26	12,782.18
C	03/27	372.47

----- DAILY BALANCE -----

DATE.....BALANCE      DATE.....BALANCE      DATE.....BALANCE



# Check Detail

DATE: 08/06/2021  
 TIME: 11:03:32

PAGE NUMBER: 11

VENDOR PAYMENT HISTORY

SELECTION CRITERIA: transact.yr='20' and transact.vend\_no='15966'

-----VENDOR----- INVOICE	P. O. NUMB1009	CHECK NO	ORG KEY	-----DESCRIPTION-----	SALES TAX	AMOUNT
		P/F DATE	PROJECT	CONTROL		
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0124202610891-26100	TH0317A	0.00	29.55
603789962						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0111202610891-26100	TH0317A	0.00	18.20
603789963						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0180202610891-26100	TH0317A	0.00	1309.40
603794427						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0180202610891-26100	TH0317A	0.00	916.16
603794428						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0124202610891-26100	TH0317A	0.00	662.52
603794429						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0112202610891-26100	TH0317A	0.00	346.45
603794430						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0115202610891-26100	TH0317A	0.00	543.98
603794431						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0116202610891-26100	TH0317A	0.00	1240.09
603796685						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0113202610891-26100	TH0317A	0.00	432.48
603796686						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0116202610891-26100	TH0317A	0.00	67.43
603796687						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0119202610891-26100	TH0317A	0.00	515.01
603796688						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0119202610891-26100	TH0317A	0.00	392.64
603796689						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0110202610891-26100	TH0317A	0.00	113.20
700418858						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0111202610891-26100	TH0317A	0.00	113.20
700418862						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0110202610891-26100	TH0317A	0.00	84.00
700418863						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0129202610891-26100	TH0317A	0.00	84.00
700418900						
15966 HILLYARD/DES MOINES 0	N	192381 03/20/20	0124202610891-26100	TH0317A	0.00	-7139.96
800463726						
15966 HILLYARD/DES MOINES 0	N	192554 04/03/20	0126202610891-26100	TH0401A	0.00	410.26
603802268						
15966 HILLYARD/DES MOINES 0	N	192554 04/03/20	0180202610891-26100	TH0401A	0.00	53.31
603802269						
15966 HILLYARD/DES MOINES 0	N	192554 04/03/20	0180202610891-26100	TH0401A	0.00	671.76
603802270						
15966 HILLYARD/DES MOINES 0	N	192554 04/03/20	0116202610891-26100	TH0401A	0.00	66.00
603807884						
15966 HILLYARD/DES MOINES 0	N	192554 04/03/20	0180202610891-26100	TH0401A	0.00	369.12
603810712						
15966 HILLYARD/DES MOINES 0	N	192554 04/03/20	0180202610891-26100	TH0401A	0.00	17.48
603815209						
15966 HILLYARD/DES MOINES 0	N	192554 04/03/20	0180202610891-26100	TH0401A	0.00	742.78
603815210						
15966 HILLYARD/DES MOINES 0	N	192554 04/03/20	0180202610891-26100	TH0401A	0.00	359.37
603815211						
15966 HILLYARD/DES MOINES 0	N	192554 04/03/20	0126202610891-26100	TH0401A	0.00	119.06
603815212						
15966 HILLYARD/DES MOINES 0	N	192554 04/03/20	0124202610891-26100	TH0401A	0.00	833.42
603815213						



# Purchasing Policy

- Purchasing policy should include documentation that highlights the rules and procedures that govern contract-related costs
  - Policies related to solicitation, scoring, etc

# Procurement Documentation

- Your organization should procure services based on your organization's purchasing policy
- If your organization does not have a purchasing policy, your organization is required to follow the federal procurement guidelines:
  - Services of less than \$10k: No procurement documentation required
  - Services between \$10,001-\$250,000: Minimum of 3 quotes must be provided
  - Services of greater than \$250k: Full procurement (solicitation, scoring, responses, etc.) required
- If your organization did not follow your purchasing policy and did not follow the federal procurement guidelines, please write a memo on your organization's letterhead explaining the emergency/exigency circumstances your organization faced and what steps you all took to procure the services at a fair and reasonable rate

# Fully Executed Contract

- A fully executed contract must be provided in order to request reimbursement for costs related to contracted labor. The fully executed document must include the following:
  - Start and end dates for the contract
  - Terms of payment
  - Signatures from contractor and grantee
  - Pay rates per job title

# Contact Us

- Questions? Contact the Tennessee Long-Term Care Staffing Assistance Program [nf-aclf.grant@tn.gov](mailto:nf-aclf.grant@tn.gov)
- To access the website once you've registered, please use this [link](#)