


<div><div>GRANT AMENDMENT</div></div>					
Agency Tracking # 31865-00030		Edison ID 70992		Contract #	
Amendment # 5					
Contractor Legal Entity Name THE UNIVERSITY OF TENNESSEE				Edison Vendor ID 0000002802	
Amendment Purpose & Effect(s) Exercise Renewal Option, Add Funding for FY26					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				End Date: June 30, 2026	
TOTAL Contract Amount INCREASE or DECREASE <u>per this Amendment</u> (zero if N/A): \$2,243,600.00					
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2022	\$821,800.00	\$921,800.00	\$100,000.00	\$0.00	\$1,843,600.00
2023	\$821,800.00	\$921,800.00	\$100,000.00	\$0.00	\$1,843,600.00
2024	\$1,021,800.00	\$1,121,800.00	\$100,000.00	\$0.00	\$2,243,600.00
2025	\$1,021,800.00	\$1,121,800.00	\$100,000.00	\$0.00	\$2,243,600.00
2025	\$1,021,800.00	\$1,121,800.00	\$100,000.00	\$0.00	\$2,243,600.00
TOTAL:	\$4,709,000.00	\$5,209,000.00	\$500,000.00	\$0.00	\$10,418,000.00
<div><div><div>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.</div><div><div>Crystal Allen</div><div>Digitally signed by: Crystal Allen DN: CN = Crystal Allen email = crystal.g.allen@tn.gov C = US O = TennCare OU = Fiscal Date: 2025.02.13 09:48:05 -06'00'</div></div></div><div>CPO USE</div></div>					
Speed Chart (optional) TN0000000161		Account Code (optional) 71301000			

**AMENDMENT #5
OF GRANT CONTRACT 70992
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE
AND
THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of TennCare, hereinafter referred to as the "State" and The University of Tennessee on Behalf of its Health Science Center, 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 B is deleted in its entirety and replaced with the following:
 - B.1. This Grant Contract shall be effective for the period beginning on July 1, 2021 ("Effective Date") and ending on June 30, 2026, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
 - B.2. **Renewal Options.** This Grant Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to zero (0) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.
2. 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 Ten Million Four Hundred Eighteen Thousand Dollars (\$10,418,000.00) ("Maximum Liability"). The Grant Budget, attached and incorporated hereto as Attachment B, Attachment B.1, Attachment B.2, Attachment B.3, and Attachment B.4 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.
3. Grant Contract Attachment B.4 is attached hereto is added as a new attachment.
4. Grant Contract Attachment E is deleted in its entirety and replaced with new Attachment E 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 once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER:

DocuSigned by:
Brenda K. Murrell

2/28/2025 | 05:03:44 PST

86652A1A732C491...
GRANTEE SIGNATURE

DATE

Brenda K. Murrell, Associate Vice Chancellor for Research

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

**DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE:**

Jim Bryson / JB
JIM BRYSON, COMMISSIONER

3/3/2025

DATE

ATTACHMENT B.4

GRANT BUDGET				
THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2025 END: June 30, 2026				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries	\$1,607,552	\$0.00	\$1,607,552
2	Benefits & Taxes	\$591,077	0.00	\$591,077
4, 15	Professional Fee, Grant & Award ²	\$500	\$0.00	\$500
5	Supplies	\$5,363	0.00	\$5,363
6	Telephone	\$250	0.00	\$250
7	Postage & Shipping	\$2,300	0.00	\$2,300
8	Occupancy	0.00	0.00	0.00
9	Equipment Rental & Maintenance	0.00	0.00	0.00
10	Printing & Publications	\$6,000	0.00	\$6,000
11, 12	Travel, Conferences & Meetings	\$10,000	0.00	\$10,000
13	Interest ²	0.00	0.00	0.00
14	Insurance	0.00	0.00	0.00
16	Specific Assistance To Individuals	0.00	0.00	0.00
17	Depreciation ²	0.00	0.00	0.00
18	Other Non-Personnel ²	\$10,558	0.00	\$10,558
20	Capital Purchase ²	\$10,000	0.00	\$10,000
22	Indirect Cost	0.00	0.00	0.00
24	In-Kind Expense	0.00	0.00	0.00
25	GRAND TOTAL	\$2,243,600	\$0.00	\$2,243,600

- ¹ Each expense object line-item is defined by the U.S. OMB's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles* (posted on the Internet at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E>) and CPO Policy 2013-007 (posted online at <https://www.tn.gov/general-services/procurement/central-procurement-office-cpo-library.html>).

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

GRANT BUDGET LINE-ITEM DETAIL:

Salaries					Amount
Name	Title	Monthly Salary	# of MONTHS	% of TIME	
Atkeison, Jennifer P.	Elec. Medical Records Specialist	4,770.13	12.00	30%	17,172.47
Brazell, Alberta L	Elec. Medical Records Specialist	3,934.88	12.00	100%	47,218.56
Camp, L. Gail	Nurse Manager	8,084.35	12.00	49%	47,535.98
Chism, Leeanna	Nurse Educator	6,719.20	12.00	100%	80,630.40
Cohen, Shalonda Lasha	Specialist for Follow-up Clinic	3,598.05	12.00	100%	43,176.60
DeBaer, Linda R.	Manager/Social Work	7,123.03	12.00	100%	85,476.36
Faulkner, Demetrial L.	Medical Administrative Specialist	3,388.57	12.00	100%	40,662.84
George, Rachel	Nurse Coordinator	7,430.04	12.00	70%	62,412.34
Krishnan, Ramesh	Professor/Follow-up	3,488.76	12.00	57%	23,863.12
Miller, Ebone'	Administrative Aide	3,653.39	12.00	100%	43,840.68
Monix, Doretha H.	Social Worker	5,125.47	12.00	100%	61,505.64
Murphy, Laura	Psychologist Follow-up	8,840.00	12.00	13%	13,790.40
Parks, Delphia M.	Supervisor/Elec. Medical Records	4,855.90	12.00	41%	23,891.03
Pollard, Leann	Clinic Manager	5,366.72	12.00	100%	64,400.64
Purvis, John	Associate Professor/Follow-up	1,939.52	12.00	71%	16,524.71
Rana, Divya	Associate Professor/Follow-up	2,695.54	12.00	49%	15,524.71
Rodriguez Analco, Melissa	Social Worker	4,492.91	12.00	100%	53,914.92
Rutherford, Treva	Social Worker	5,419.08	12.00	100%	65,028.96
Stratton, Ashley	Nurse Coordinator	7,419.54	12.00	62%	55,201.38
Talati, Ajay	Professor/Director Neonatology	15,531.41	12.00	15%	27,956.54
Vaughan, Astra D.	Sr. Administrative Service Assistant	4,685.92	12.00	100%	56,231.04
Willis, Brenda L.	Administrative Services Assistant	4,072.40	12.00	100%	48,868.80
To be Named	Administrative Aide	4,195.53	12.00	100%	50,346.36
EIAbiad, Mohamad Tamam	Professor/Educator	6,103.31	12.00	1%	0.00
Chilakala, Sandeep Kumar	Associate Professor/Educator	2,244.02	12.00	1%	0.00
Brackney, Kerri L.	Assistant Professor / Program Director	5,365.02	12.00	10%	6,438.02
Camp, Lauren B.	Program Administrator	6,655.63	12.00	100%	79,867.56
Cashion, Maray C.	Clinical Nurse Specialist	7,035.98	12.00	100%	84,431.76
Ellington, Eula	Sr. Administrative Services Asst	4,026.55	12.00	100%	48,318.60
Goedecke, Patricia J.	Statistician	6,454.87	12.00	40%	30,983.38
Hickerson, Annette	Nurse Coordinator	7,657.51	12.00	95%	87,295.61
Meyer, Norman	Professor / Program Director	18,376.57	12.00	24%	52,924.52
Phinehas, Ramona	Associate Professor / Educator	15,262.76	12.00	1%	1,831.53
Wan, Jim	Professor / Statistician	14,613.46	12.00	20%	35,072.30
To Be Named	Nurse Educator	6,866.57	12.00	100%	82,400.04
To be Named	Sr. Administrative Services Asst.	4,374.07	12.00	100%	52,488.84
ROUNDED TOTAL					\$1,607,552

BENEFITS		Amount
NAME	TITLE	
Atkeison, Jennifer P.	Elec. Medical Records Specialist	6,314.10
Brazell, Alberta Lynn	Elec. Medical Records Specialist	17,361.68
Camp, L. Gail	Nuse Manager	17,478.39
Chism, Leeanna	Nurse Educator	29,646.80
Cohen, Shalonda Lasha	Specialist for Follow-up Clinic	15,875.50
DeBaer, Linda R.	Manager/Social Work	31,428.60
Faulkner, Demetrial L.	Medical Administrative Specialist	14,951.22
George, Rachel	Nurse Coordinator	22,948.25
Krishnan, Ramesh	Professor/Follow-up	8,774.17
Miller, Ebone'	Administrative Aide	16,119.68
Monix, Doretha H.	Social Worker	22,614.86
Murphy, Laura	Psychologist Follow-up	5,070.56
Parks, Delphia M.	Supervisor/Elec. Medical Records	8,784.44
Pollard, Leann	Clinic Manager	23,679.32
Purvis, John	Associate Professor/Follow-up	6,075.93
Rana, Divya	Associate Professor/Follow-up	5,827.77
Rodriguez Analco, Melissa	Social Worker	19,823.85
Rutherford, Treva	Social Worker	23,910.34
Stratton, Ashley	Nurse Coordinator	20,296.87
Talati, Ajay	Professor/Director Neonatology	10,279.27
Vaughan, Astra D.	Sr. Administrative Service Assistant	20,675.46
Willis, Brenda L.	Administrative Services Assistant	17,968.45
To Be Named	Administrative Aide	18,511.73
Chilakala, Sandeep Kumar	Associate Professor / Educator	0.00
EIAbiad, Mohamad T.	Professor / Educator	0.00
Brackney, Kerri L.	Assistant Professor / Program Director	2,367.18
Camp, Lauren B.	Program Administrator	29,366.31
Cashion, Mary C.	Clinical Nurse Specialist	31,044.51
Ellington, Eula	Sr. Administrative Services Assistant	17,766.15
Goedecke, Patricia J.	Statistician	11,392.21
Hickerson, Annette	Nurse Coordinator	32097.52
Meyer, Norman	Professor/MFM Director	19,459.69
Phinehas, Ramona	Associate Professor	673.43
Wan, Jim	Professor/Statistician	12,895.65
To be Named	Nurse Educator	30,297.48
To be Named	Sr. Administrative Services Assistant	19,299.50
	Total Rounded	591,077

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Shredding Services	\$500
ROUNDED TOTAL	\$500

Supplies	AMOUNT
Operating supplies such as clinic forms, computer peripherals, and new computers. All the computers are over three years old. Increased supplies to compensate for possible replacements and will need new computers for vacant positions. This includes materials needed for the educators to provide outreach education to the hospital.	\$5,363
ROUNDED TOTAL	\$5,363

Telephone	AMOUNT
Long Distance Charges	\$250
ROUNDED TOTAL	\$250

Postage & Shipping	AMOUNT
Postage for mailings and shipping charges on supply and equipment orders	\$2,300
ROUNDED TOTAL	\$2,300

Printing & Publications	AMOUNT
Bailey Exam forms, exam forms, educational material, & chart forms	\$6,000
ROUNDED TOTAL	\$6,000


TRAVEL/CONFERENCES & MEETINGS	AMOUNT
Outreach Education as requested by the participating hospitals. As per education requirements the participating hospital request for education. (The program may require the program directors and educators to attend Meetings in Nashville or another Perinatal site. This includes mileage and per diem. Will request permission if out of state travel is needed.	\$10,000
ROUNDED TOTAL	\$10,000

OTHER NON-PERSONNEL	AMOUNT
UCH Service contract for Medical Patient records (Access to hospital electronic patient Charts for follow-up clinic) and Certification Renewals	\$10,558
ROUNDED TOTAL	\$10,558

CAPITAL PURCHASE	AMOUNT
Simulation and Tele-Education Equipment (This could include new or replacement equipment)	\$5,000
Portable Ultrasound	\$5,000
ROUNDED TOTAL	\$10,000

ATTACHMENT E**Federal Award Identification Worksheet**

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	University of Tennessee
Subrecipient's Unique Entity Identifier (SAM)	NDZ1VCNNXMQ3
Federal Award Identification Number (FAIN)	05-1505TN5MAP
Federal award date	TennCare is a continuing entitlement program that receives quarterly allotments from the federal government, therefore there is no date of award.
Subaward Period of Performance Start and End Date	July 1, 2021 June 30, 2026
Subaward Budget Period Start and End Date	July 1, 2021 June 30, 2026
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.778 Department of Health and Human Services, Title XIX
Grant contract's begin date	July 1, 2021
Grant contract's end date	June 30, 2026
Amount of federal funds obligated by this grant contract	\$5,209,000.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	9.0 billion budgeted annually. TennCare is a continuing entitlement program that receives quarterly allotments from the federal government, therefore there is no upper award limit.
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	Medicaid
Name of federal awarding agency	Department of Health and Human Services Center for Medicare and Medicaid Services (CMS) Regional Office
Name and contact information for the federal awarding official	Josh Portz Center for Medicare and Medicaid Services (CMS) joshua.portz@cms.hhs.gov
Name of pass-through entity	TennCare
Name and contact information for the pass-through entity awarding official	Zane Seals, Chief Financial Officer 310 Great Circle Rd, Nashville, TN 37243 (615) 507-6345 zane.seals@tn.gov
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	N/A

<div><div>GRANT AMENDMENT</div></div>					
Agency Tracking # 31865-00030		Edison ID 70992		Contract #	
Contractor Legal Entity Name THE UNIVERSITY OF TENNESSEE				Amendment # 4	
Edison Vendor ID 0000002802					
Amendment Purpose & Effect(s) Exercise Renewal Option and Add Funding for FY25					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				End Date: June 30,2025	
TOTAL Contract Amount INCREASE or DECREASE <u>per this Amendment</u> (zero if N/A): \$2,243,600.00					
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2022	\$821,800.00	\$921,800.00	\$100,000.00	\$0.00	\$1,843,600.00
2023	\$821,800.00	\$921,800.00	\$100,000.00	\$0.00	\$1,843,600.00
2024	\$1,021,800.00	\$1,121,800.00	\$100,000.00	\$0.00	\$2,243,600.00
2025	\$1,021,800.00	\$1,121,800.00	\$100,000.00	\$0.00	\$2,243,600.00
TOTAL:	\$3,687,200.00	\$4,087,200.00	\$400,000.00	\$0.00	\$8,174,400.00
<div><div><div>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.</div><div><div>Crystal G. Allen</div><div>Digitally signed by: Crystal G. Allen DN: CN = Crystal G. Allen email = Crystal.G.Allen@tn.gov C = US O = TennCare OU = TennCare/ Budget Date: 2024.03.25 08:43:57 -05'00'</div></div></div><div>CPO USE</div></div>					
Speed Chart (optional) TN0000000161		Account Code (optional) 71301000			

**AMENDMENT #4
OF GRANT CONTRACT 70992
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE
AND
THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of TennCare, hereinafter referred to as the "State" and The University of Tennessee on Behalf of its Health Science Center, 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 B is deleted in its entirety and replaced with the following:
 - B.1. This Grant Contract shall be effective for the period beginning on July 1, 2021 ("Effective Date") and ending on June 30, 2025, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
 - B.2. Renewal Options. This Grant Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to one (1) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.
2. 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 Eight Million One Hundred Seventy-Four Thousand Four Hundred Dollars (\$8,174,400.00) ("Maximum Liability"). The Grant Budget, attached and incorporated hereto as Attachment B, Attachment B.1, Attachment B.2 and Attachment B.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.
3. Grant Contract Attachment B.3 is attached hereto is added as a new attachment.
4. Grant Contract Attachment E is deleted in its entirety and replaced with new Attachment E 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 once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER:

DocuSigned by:

Brenda Murrell

3/5/2024 | 12:08:39 PST

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GRANTEE SIGNATURE

DATE

Brenda Murrell, Associate Vice Chancellor for Research

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE:

Jim Bryson / JB

3/26/2024

JIM BRYSON, COMMISSIONER

DATE

ATTACHMENT B.3

GRANT BUDGET				
THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2024 END: June 30, 2025				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries	\$1,568,086	\$0.00	\$1,568,086
2	Benefits & Taxes	\$563,592	0.00	\$563,592
4, 15	Professional Fee, Grant & Award ²	\$500	\$0.00	\$500
5	Supplies	\$33,814	0.00	\$33,814
6	Telephone	\$250	0.00	\$250
7	Postage & Shipping	\$5,800	0.00	\$5,800
8	Occupancy	0.00	0.00	0.00
9	Equipment Rental & Maintenance	0.00	0.00	0.00
10	Printing & Publications	\$9,000	0.00	\$9,000
11, 12	Travel, Conferences & Meetings	\$12,000	0.00	\$12,000
13	Interest ²	0.00	0.00	0.00
14	Insurance	0.00	0.00	0.00
16	Specific Assistance To Individuals	0.00	0.00	0.00
17	Depreciation ²	0.00	0.00	0.00
18	Other Non-Personnel ²	\$10,558	0.00	\$10,558
20	Capital Purchase ²	\$40,000	0.00	\$40,000
22	Indirect Cost	0.00	0.00	0.00
24	In-Kind Expense	0.00	0.00	0.00
25	GRAND TOTAL	\$2,243,600.00	\$0.00	\$2,243,600.00

- ¹ Each expense object line-item is defined by the *U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles* (posted on the Internet at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E>) and CPO Policy 2013-007 (posted online at <https://www.tn.gov/general-services/procurement/central-procurement-office-cpo-library.html>).

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

ATTACHMENT B.3 (Continued)

GRANT BUDGET LINE-ITEM DETAIL:

Salaries					Amount
Name	Title	Monthly Salary	# of MONTHS	% of TIME	
Atkeison, Jennifer P.	Elec. Medical Records Specialist	4,770.13	12.00	30%	17,172.47
Barbee, Victoria	Sr. Administrative Service Assistant	3,929.47	12.00	1%	471.54
Brazell, Alberta Lynn	Elec. Medical Records Specialist	3,615.30	12.00	100%	43,383.60
Camp, L. Gail	Nurse Manager	7,914.83	12.00	89%	84,530.38
Chism, Leeanna	Nurse Educator	6,499.22	12.00	100%	77,990.64
Cohen, Shalonda Lasha	Specialist for Follow-up Clinic	3,452.83	12.00	100%	41,433.96
DeBaer, Linda R.	Manager/Social Work	6,922.84	12.00	100%	83,074.08
Dhanireddy, Ramasubbareddy	Newborn Program Director	16,320.13	4.00	40%	26,112.21
Jones, Kimberley	Administrative Aide	4,153.89	12.00	100%	49,846.68
Krishnan, Ramesh	Professor/Follow-up	3,438.37	12.00	57%	23,518.45
Miller, Ebone'	Administrative Aide	3,539.73	12.00	100%	42,476.76
Monix, Doretha H.	Social Worker	4,969.06	12.00	100%	59,628.72
Murphy, Laura	Psychologist Follow-up	9,105.20	12.00	13%	14,204.11
Parks, Delphia M.	Supervisor/Elec. Medical Records	4,746.27	12.00	41%	23,351.65
Pollard, Leann	Clinic Manager	5,217.69	12.00	100%	62,612.28
Purvis, John	Associate Professor/Follow-up	1,903.17	12.00	71%	16,215.01
Rana, Divya	Associate Professor/Follow-up	2,669.86	12.00	49%	15,698.78
Rodriguez Analco, Melissa	Social Worker	4,362.05	12.00	100%	52,344.60
Rutherford, Treva	Social Worker	5,259.23	12.00	100%	63,110.76
Stratton, Ashley	Nurse Coordinator	6,549.21	12.00	92%	72,303.28
Talati, Ajay	Professor/Director Neonatology	15,280.20	12.00	15%	27,504.36
Vaughan, Astra D.	Sr. Administrative Service Assistant	4,543.69	12.00	100%	54,524.28
Willis, Brenda L.	Administrative Services Assistant	3,961.71	12.00	100%	47,540.52
To be Named	Medical Administrative Services	3,749.20	12.00	100%	44,990.40
EIAbiad, Mohamad Tammam	Professor/Educator	5,643.37	12.00	1%	0.00
Chilakala, Sandeep Kumar	Associate Professor/Educator	2,074.91	12.00	1%	0.00
Brackney, Kerri L.	Assistant Professor / Program Director	5,238.05	12.00	10%	6,285.66
Cashion, Mary C.	Clinical Nurse Specialist	6,838.33	12.00	100%	82,059.96
Culp, Jaida Vashawn	Sr. Administrative Services Assistant	3,618.87	12.00	100%	43,426.44
Ellington, Eula	Sr. Administrative Services Assistant	3,903.96	12.00	100%	46,847.52
Goedecke, Patricia J.	Statistician	6,304.41	12.00	40%	30,261.17
Hickerson, Annette	Nurse Coordinator	7,453.89	9.00	95%	63,730.76
Meyer, Norman	Professor/MFM Director	18,033.08	12.00	24%	51,935.27
Phinehas, Ramona	Associate Professor	14,855.07	12.00	1%	1,782.61
Wan, Jim	Professor/Statistician	13,715.14	12.00	20%	32,916.34
To be Named	Nurse Educator	6,866.67	12.00	100%	82,400.04
To be Named	Program Administrator	6,866.67	12.00	100%	82,400.04
ROUNDED TOTAL					\$1,568,086

BENEFITS		Amount
NAME	TITLE	
Atkeison, Jennifer P.	Elec. Medical Records Specialist	4,010.36
Barbee, Victoria	Sr. Administrative Service Assistant	165.04
Brazell, Alberta Lynn	Elec. Medical Records Specialist	15,184.26
Camp, L. Gail	Nurse Manager	29,585.63
Chism, Leeanna	Nurse Educator	27,296.72
Cohen, Shalonda Lasha	Specialist for Follow-up Clinic	14,501.89
DeBaer, Linda R.	Manager/Social Work	29,075.93
Dhanireddy, Ramasubbareddy	Newborn Program Director	9,139.27
Jones, Kimberley	Administrative Aide	17,446.34
Krishnan, Ramesh	Professor/Follow-up	8,231.46
Miller, Ebone'	Administrative Aide	14,866.87
Monix, Doretha H.	Social Worker	20,870.05
Murphy, Laura	Psychologist Follow-up	3,964.60
Parks, Delphia M.	Supervisor/Elec. Medical Records	8,173.08
Pollard, Leann	Clinic Manager	21,914.30
Purvis, John	Associate Professor/Follow-up	5,675.25
Rana, Divya	Associate Professor/Follow-up	5,494.57
Rodriguez Analco, Melissa	Social Worker	18,320.61
Rutherford, Treva	Social Worker	22,088.77
Stratton, Ashley	Nurse Coordinator	25,306.15
Talati, Ajay	Professor/Director Neonatology	9,626.53
Vaughan, Astra D.	Sr. Administrative Service Assistant	19,083.50
Willis, Brenda L.	Administrative Services Assistant	16,639.18
To be Named	Medical Administrative Services	15,746.64
ElAbiad, Mohamad Tammam	Professor/Educator	0.00
Chilakala, Sandeep Kumar	Associate Professor/Educator	0.00
Brackney, Kerri L.	Assistant Professor / Program Director	2,419.98
Cashion, Mary C.	Clinical Nurse Specialist	31,593.08
Culp, Jaida Vashawn	Sr. Administrative Services Assistant	16,719.18
Ellington, Eula	Sr. Administrative Services Assistant	18,036.30
Goedecke, Patricia J.	Statistician	11,650.55
Hickerson, Annette	Nurse Coordinator	24,536.34
Meyer, Norman	Professor/MFM Director	19,995.08
Phinehas, Ramona	Associate Professor	686.30
Wan, Jim	Professor/Statistician	12,672.79
To be Named	Nurse Educator	31,437.70
To be Named	Program Administrator	31,437.70
ROUNDED TOTAL		\$ 563,592

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Shredding Services	\$500
ROUNDED TOTAL	\$500

Supplies	AMOUNT
Operating supplies such as clinic forms, computer peripherals, and new computers. All the computers are over three years old. Increased supplies to compensate for possible replacements and will need new computers for vacant positions. This includes materials needed for the educators to provide outreach education to the hospital.	\$33,814
ROUNDED TOTAL	\$33,814

Telephone	AMOUNT
Long Distance Charges	\$250
ROUNDED TOTAL	\$250

Postage & Shipping	AMOUNT
Postage for mailings and shipping charges on supply and equipment orders	\$5,800
ROUNDED TOTAL	\$5,800

Printing & Publications	AMOUNT
Bailey Exam forms, exam forms, educational material, & chart forms	\$9,000
ROUNDED TOTAL	\$9,000

TRAVEL/CONFERENCES & MEETINGS	AMOUNT
Outreach Education as requested by the participating hospitals. As per education requirements the participating hospital request for education. (The program may require the program directors and educators to attend Meetings in Nashville or another Perinatal site. This includes mileage and per diem. Will request permission if out of state travel is needed.	\$12,000
ROUNDED TOTAL	\$12,000

OTHER NON-PERSONNEL	AMOUNT
UCH Service contract for Medical Patient records (Access to hospital electronic patient Charts for follow-up clinic) and Certification Renewals	\$10,558
ROUNDED TOTAL	\$10,558

CAPITAL PURCHASE	AMOUNT
Simulation and Tele-Education Equipment (This could include new or replacement equipment)	\$30,000
Portable Ultrasound	\$10,000
ROUNDED TOTAL	\$40,000

ATTACHMENT E**Federal Award Identification Worksheet**

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	University of Tennessee
Subrecipient's Unique Entity Identifier (SAM)	NDZ1VCNNXMQ3
Federal Award Identification Number (FAIN)	05-1505TN5MAP
Federal award date	TennCare is a continuing entitlement program that receives quarterly allotments from the federal government, therefore there is no date of award.
Subaward Period of Performance Start and End Date	July 1, 2021 June 30, 2025
Subaward Budget Period Start and End Date	July 1, 2021 June 30, 2025
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.778 Department of Health and Human Services, Title XIX
Grant contract's begin date	July 1, 2021
Grant contract's end date	June 30, 2025
Amount of federal funds obligated by this grant contract	\$4,087,200.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	9.0 billion budgeted annually. TennCare is a continuing entitlement program that receives quarterly allotments from the federal government, therefore there is no upper award limit.
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	Medicaid
Name of federal awarding agency	Department of Health and Human Services Center for Medicare and Medicaid Services (CMS) Regional Office
Name and contact information for the federal awarding official	Josh Portz Center for Medicare and Medicaid Services (CMS) joshua.portz@cms.hhs.gov
Name of pass-through entity	TennCare
Name and contact information for the pass-through entity awarding official	Zane Seals, Chief Financial Officer 310 Great Circle Rd, Nashville, TN 37243 (615) 507-6345 zane.seals@tn.gov
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	N/A



GRANT AMENDMENT

Agency Tracking # 31865-00030	Edison ID 70992	Contract #	Amendment # 3		
Contractor Legal Entity Name THE UNIVERSITY OF TENNESSEE			Edison Vendor ID 0000002802		
Amendment Purpose & Effect(s) Funding Addition and Budget Revision for FY24					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: June 30,2024			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): \$400,000.00					
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2022	\$821,800.00	\$921,800.00	\$100,000.00	\$0.00	\$1,843,600.00
2023	\$821,800.00	\$921,800.00	\$100,000.00	\$0.00	\$1,843,600.00
2024	\$1,021,800.00	\$1,121,800.00	\$100,000.00	\$0.00	\$2,243,600.00
TOTAL:	\$2,665,400.00	\$2,965,400.00	\$300,000.00	\$0.00	\$5,930,800.00
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.					
Crystal G. Allen Digitally signed by: Crystal G. Allen DN: CN = Crystal G. Allen email = Crystal.G.Allen@tn.gov C = US O = TennCare OU = Budget Date: 2023.10.18 12:05:06 -06'00'			CPO USE		
Speed Chart (optional) TN0000000161		Account Code (optional) 71301000			

**AMENDMENT #3
OF GRANT CONTRACT 70992
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE
AND
THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER**


This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of TennCare, hereinafter referred to as the "State" and The University of Tennessee on Behalf of its Health Science Center, 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 Five Million Nine Hundred Thirty Thousand Eight Hundred Dollars (\$5,930,800.00) ("Maximum Liability"). The Grant Budget, attached and incorporated hereto as Attachment B, Attachment B.1, and Attachment B.2, 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 B.2 is deleted in its entirety and replaced with new Attachment B.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 once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

**IN WITNESS WHEREOF,
THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER:**

<p>DocuSigned by:  <small>A189DC9E84C1453...</small></p>	<p>10/16/2023 10:27:54 PDT</p>
<p>GRANTEE SIGNATURE</p>	<p>DATE</p>
<p>Wesley G. Byerly, PharmD, Interim Vice Chancellor for Research</p>	
<p>PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)</p>	

**DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE:**

<p></p>	<p>10/18/2023</p>
<p>JIM BRYSON, COMMISSIONER</p>	<p>DATE</p>

ATTACHMENT B.2

GRANT BUDGET				
THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2023 END: June 30, 2024				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1. 2	Salaries, Benefits & Taxes	\$2,002,434.00	\$0.00	\$2,002,434.00
4, 15	Professional Fee, Grant & Award ²	\$400.00	\$0.00	\$400.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	\$121,208.00	0.00	\$121,208.00
11. 12	Travel, Conferences & Meetings	\$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	0.00	0.00	0.00
17	Depreciation ²	0.00	0.00	0.00
18	Other Non-Personnel ²	\$14,558.00	0.00	\$14,558.00
20	Capital Purchase ²	\$90,000.00	0.00	\$90,000.00
22	Indirect Cost	0.00	0.00	0.00
24	In-Kind Expense	0.00	0.00	0.00
25	GRAND TOTAL	\$2,243,600.00	\$0.00	\$2,243,600.00

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: <https://www.tn.gov/finance/looking-for/policies.html>).

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

ATTACHMENT B.2 (Continued)**GRANT BUDGET LINE-ITEM DETAIL:**

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Shredding Services	\$400.00
TOTAL	\$400.00

OTHER NON-PERSONNEL	AMOUNT
Memberships and Subscriptions to Journals for Newborn and MFM Library used in Education	\$5,000.00
Services Contract with UCH for Electronic Patient Records	\$9,558.00
TOTAL	\$14,558.00

CAPITAL PURCHASE	AMOUNT
Portable Ultrasound simulator and/or other simulation equipment	\$90,000.00
TOTAL	\$90,000.00



GRANT AMENDMENT

Agency Tracking # 31865-00030	Edison ID 70992	Contract #	Amendment # 2		
Contractor Legal Entity Name THE UNIVERSITY OF TENNESSEE			Edison Vendor ID 0000002802		
Amendment Purpose & Effect(s) Extends Term, Adds Funding for FY24, and budget Revision for FY23					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: June 30,2024			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): \$1,843,600.00					
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2022	\$821,800.00	\$921,800.00	\$100,000.00	\$0.00	\$1,843,600.00
2023	\$821,800.00	\$921,800.00	\$100,000.00	\$0.00	\$1,843,600.00
2024	\$821,800.00	\$921,800.00	\$100,000.00	\$0.00	\$1,843,600.00
TOTAL:	\$2,465,400.00	\$2,765,400.00	\$300,000.00	\$0.00	\$5,530,800.00
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.					
Crystal G. Allen Digitally signed by: Crystal G. Allen DN: CN = Crystal G. Allen email = Crystal.G.Allen@tn.gov C = US O = TennCare OU = Budget Date: 2023.04.24 10:46:13 -06'00'			CPO USE		
Speed Chart (optional) TN0000000161		Account Code (optional) 71301000			

**AMENDMENT #2
OF GRANT CONTRACT 70992
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE
AND
THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of TennCare, hereinafter referred to as the "State" and The University of Tennessee on Behalf of its Health Science Center, 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 B is deleted in its entirety and replaced with the following:
 - B.1. This Grant Contract shall be effective for the period beginning on July 1, 2021 ("Effective Date") and ending on June 30, 2024, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
 - B.2. Renewal Options. This Grant Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to two (2) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.
2. 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 Five Million Six Hundred Eighty-Seven Thousand Two Hundred Dollars (\$5,530,800.00) ("Maximum Liability"). The Grant Budget, attached and incorporated hereto as Attachment B, Attachment B.1, and Attachment B.2, 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.
3. Grant Contract Attachment B.1 is deleted in its entirety and replaced with new Attachment B.1 attached hereto.
4. Grant Contract Attachment B.2 attached hereto is added as a new attachment.
5. Grant Contract Attachment E is deleted in its entirety and replaced with new Attachment E 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 once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER:

DocuSigned by:

Wesley G. Byerly, Pharm. D.

A189DC9E84C1453...
GRANTEE SIGNATURE

5/5/2023 | 06:17:10 PDT

DATE

Wesley G. Byerly, PharmD

Interim Vice Chancellor for Research

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

**DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE:**

Handwritten signature of Jim Bryson in blue ink, followed by a vertical line and the number 38.

JIM BRYSON, COMMISSIONER

5/8/2023

DATE

ATTACHMENT B.1

GRANT BUDGET				
THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2022 END: June 30, 2023				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1. 2	Salaries, Benefits & Taxes	\$1,748,908.00	\$0.00	\$1,748,908.00
4. 15	Professional Fee, Grant & Award ²	\$66.00	\$0.00	\$66.00
5. 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	\$17,211.00	0.00	\$17,211.00
11. 12	Travel, Conferences & Meetings	\$3,380.00	0.00	\$3,380.00
13	Interest ²	0.00	0.00	0.00
14	Insurance	0.00	0.00	0.00
16	Specific Assistance To Individuals	0.00	0.00	0.00
17	Depreciation ²	0.00	0.00	0.00
18	Other Non-Personnel ²	\$9,279.00	0.00	\$9,279.00
20	Capital Purchase ²	\$64,756.00	0.00	\$64,756.00
22	Indirect Cost	0.00	0.00	0.00
24	In-Kind Expense	0.00	0.00	0.00
25	GRAND TOTAL	\$1,843,600.00	\$0.00	\$1,843,600.00

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: <https://www.tn.gov/finance/looking-for/policies.html>).

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

ATTACHMENT B.1 (Continued)**GRANT BUDGET LINE-ITEM DETAIL:**

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Shredding Services	\$66.00
TOTAL	\$66.00

OTHER NON-PERSONNEL	AMOUNT
Memberships and Subscriptions to Journals for Newborn and MFM Library used in Education, Q-Genda Scheduling Software Services Contract with UCH for Electronic Patient Records	\$9,279.00
TOTAL	\$9,279.00

CAPITAL PURCHASE	AMOUNT
Simulation Neonate Model BabyWors Package	\$64,756.00
TOTAL	\$64,756.00

ATTACHMENT B.2

GRANT BUDGET				
THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2023 END: June 30, 2024				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1. 2	Salaries, Benefits & Taxes	\$1,785,526.00	\$0.00	\$1,785,526.00
4. 15	Professional Fee, Grant & Award ²	\$200.00	\$0.00	\$200.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	\$21,400.00	0.00	\$21,400.00
11. 12	Travel, Conferences & Meetings	\$9,000.00	0.00	\$9,000.00
13	Interest ²	0.00	0.00	0.00
14	Insurance	0.00	0.00	0.00
16	Specific Assistance To Individuals	0.00	0.00	0.00
17	Depreciation ²	0.00	0.00	0.00
18	Other Non-Personnel ²	\$18,974.00	0.00	\$18,974.00
20	Capital Purchase ²	\$8,500.00	0.00	\$8,500.00
22	Indirect Cost	0.00	0.00	0.00
24	In-Kind Expense	0.00	0.00	0.00
25	GRAND TOTAL	\$1,843,600.00	\$0.00	\$1,843,600.00

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: <https://www.tn.gov/finance/looking-for/policies.html>).

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

ATTACHMENT B.2 (Continued)**GRANT BUDGET LINE-ITEM DETAIL:**

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Shredding Services	\$200.00
TOTAL	\$200.00

OTHER NON-PERSONNEL	AMOUNT
Memberships and Subscriptions to Journals for Newborn and MFM Library used in Education	\$1,974.00
Q-Genda Scheduling Software	\$8,000.00
Services Contract with UCH for Electronic Patient Records	\$9,000.00
TOTAL	\$18,974.00

CAPITAL PURCHASE	AMOUNT
Simulation Neonate Model	\$8,500.00
TOTAL	\$8,500.00

Federal Award Identification Worksheet

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	University of Tennessee
Subrecipient's Unique Entity Identifier (SAM)	NDZ1VCNNXMQ3
Federal Award Identification Number (FAIN)	05-1505TN5MAP
Federal award date	TennCare is a continuing entitlement program that receives quarterly allotments from the federal government, therefore there is no date of award.
Subaward Period of Performance Start and End Date	July 1, 2021 June 30, 2024
Subaward Budget Period Start and End Date	July 1, 2021 June 30, 2024
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.778 Department of Health and Human Services, Title XIX
Grant contract's begin date	July 1, 2021
Grant contract's end date	June 30, 2024
Amount of federal funds obligated by this grant contract	\$2,765,400.00
Total amount of federal funds obligated to the subrecipient	\$2,765,400.00
Total amount of the federal award to the pass-through entity (Grantor State Agency)	8.5 billion budgeted annually. TennCare is a continuing entitlement program that receives quarterly allotments from the federal government, therefore there is no upper award limit.
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	Medicaid
Name of federal awarding agency	Department of Health and Human Services Center for Medicare and Medicaid Services (CMS) Regional Office
Name and contact information for the federal awarding official	Josh Portz Center for Medicare and Medicaid Services (CMS) joshua.portz@cms.hhs.gov
Name of pass-through entity	TennCare
Name and contact information for the pass-through entity awarding official	Zane Seals, Chief Financial Officer 310 Great Circle Rd, Nashville, TN 37243 (615) 507-6345 zane.seals@tn.gov
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	N/A



GRANT AMENDMENT

Agency Tracking # 31865-00030	Edison ID 70992	Contract #	Amendment # 1		
Contractor Legal Entity Name THE UNIVERSITY OF TENNESSEE			Edison Vendor ID 0000002802		
Amendment Purpose & Effect(s) Revises Budget for FY22 and Extends Term and Adds Funding for FY23					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: June 30,2023			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): \$1,843,600.00					
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2022	\$821,800.00	\$921,800.00	\$100,000.00	\$0.00	\$1,843,600.00
2023	\$821,800.00	\$921,800.00	\$100,000.00	\$0.00	\$1,843,600.00
TOTAL:	\$1,643,600.00	\$1,843,600.00	\$200,000.00	\$0.00	\$3,687,200.00
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. Crystal G. Allen Digitally signed by: Crystal G. Allen DN: CN = Crystal G. Allen email = Crystal.G.Allen@tn.gov C = US O = TennCare OU = TennCare/ Budget Date: 2022.03.17 14:04:39 -06'00'			CPO USE		
Speed Chart (optional) TN0000000161		Account Code (optional) 71301000			

**AMENDMENT #1
OF GRANT CONTRACT 70992
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE
AND
THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Division of TennCare, hereinafter referred to as the "State" and The University of Tennessee on Behalf of its Health Science Center, 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 B is deleted in its entirety and replaced with the following:
 - B.1. This Grant Contract shall be effective for the period beginning on July 1, 2021 ("Effective Date") and ending on June 30, 2023, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
 - B.2. Renewal Options. This Grant Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to three (3) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.
2. 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 Million Six Hundred Eighty-Seven Thousand Two Hundred Dollars (\$3,687,200.00) ("Maximum Liability"). The Grant Budget, attached and incorporated hereto as Attachment B and Attachment B.1, 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.
3. Grant Contract Section D.4 is deleted in its entirety and replaced with the following:
 - D.4. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Agreement shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective party as set out below:

The Grantor State Agency:

Deputy Commissioner
Department of Finance and Administration
Division of TennCare
310 Great Circle Road
Nashville, TN 37243
Telephone# (615) 507-6443

The Grantee:

Steven R. Goodman
Vice Chancellor for Research
The University of Tennessee Health Science Center
62 South Dunlap, Suite 300
Memphis, TN 38163
egrants@uthsc.edu
Telephone: 901-448-2359
FAX: 901-448-7775

Mail Contract to:
Brenda K. Murrell
Interim Associate Vice Chancellor for Research
Office of Sponsored Programs
910 Madison Avenue, Suite 823

Memphis, TN 38163
ospcontracts@uthsc.edu
Telephone# 901-448-4889
FAX# 901-448-7775

A change to the above contact information requires written notice to the person designated by the other party to receive notice.

All instructions, notices, consents, demands, or other communications shall be considered effectively given upon receipt or recipient confirmation as may be required.

4. Grant Contract Attachment B is deleted in its entirety and replaced with new Attachment B attached hereto.
5. Grant Contract Attachment B.1 attached hereto is added as a new attachment.
6. Grant Contract Attachment E is deleted in its entirety and replaced with new Attachment E 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 once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER:

DocuSigned by:

Steven R. Goodman

5/27/2022 | 09:42:43 PDT

706244B4951441E...

GRANTEE SIGNATURE

DATE

Steven R. Goodman, Ph. D.

~~Vice Chancellor for Research~~

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE:

Jim Bryson

 Digitally signed by Jim Bryson
Date: 2022.06.01 08:36:24 -05'00'

JIM BRYSON, COMMISSIONER

DATE

GRANT BUDGET REVISION

R072060011- R073228146

Grantee Name: The University of Tennessee Grant Contract #:70992				
31865-00030				
FY22 - July 1, 2021 to June 30, 2022				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY 1 (detail schedule(s) attached as applicable)	Current Grant Budget	Revision (+ or -)	Revised GRANT BUDGET
1, 2	Salaries, Benefits & Taxes	\$ 1,762,026	\$ (3,100)	\$ 1,758,926
4, 15	Professional Fee/ Grant & Award 2	\$ 200	\$ -	\$ 200
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	\$ 21,400	\$ 3,100	\$ 24,500
11, 12	Travel/ Conferences & Meetings	\$ 9,000	\$ -	\$ 9,000
13	Interest 2	\$ -		\$ -
14	Insurance	\$ -		\$ -
16	Specific Assistance To Individuals	\$ -		\$ -
17	Depreciation 2	\$ -		\$ -
18	Other Non-Personnel 2	\$ 18,974	\$ -	\$ 18,974
20	Capital Purchase 2	\$ 32,000	\$ -	\$ 32,000
22	Indirect Cost	\$ -		\$ -
24	In-Kind Expense	\$ -		\$ -
25	GRAND TOTAL	\$ 1,843,600	\$ -	\$ 1,843,600

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/topic/fa-policyinfo>)

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



Agency Contact: Brenda Murrell, MBA, CICA

Contact Email Address: bmurrell@uthsc.edu

Date: 8/3/2022

ATTACHMENT B (Continued)**GRANT BUDGET LINE-ITEM DETAIL:**

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Shredding Services	\$200.00
TOTAL	\$200.00

OTHER NON-PERSONNEL	AMOUNT
Memberships and Subscriptions to Journals for Newborn and MFM Library used in Education	\$1,974.00
Q-Genda Scheduling Software	\$8,000.00
Services Contract with UCH for Electronic Patient Records	\$9,000.00
TOTAL	\$18,974.00

CAPITAL PURCHASE	AMOUNT
Simulation Neonate Model (CMAC Machine)	\$32,000.00
TOTAL	\$32,000.00

**UNIVERSITY OF TENNESSEE
HIGH RISK PERINATAL PROGRAM**

Applicable Period: BEGIN: July 1, 2022 **END: June 30, 2023**

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/looking-for/policies.html>).
 2 Applicable detail follow this page if line-item is funded.

GRANT BUDGET LINE-ITEM DETAIL

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Shredding Services	150.00
TOTAL	150.00

INTEREST	AMOUNT
TOTAL	

DEPRECIATION	AMOUNT
TOTAL	

OTHER NON-PERSONNEL	AMOUNT
Memberships and Subscriptions to Journals for Newborn and MFM Library used in Education	\$1,400
GE Software License for Electronic Fetal Monitoring	\$7,600
Service Contract with UCH for Electronic Patient Records	\$9,000
TOTAL	\$18,000

CAPITAL PURCHASE	AMOUNT
Portable Ultrasound Equipment	\$64,756
TOTAL	\$64,756

Federal Award Identification Worksheet

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	University of Tennessee
Subrecipient's Unique Entity Identifier (SAM)	X1M1PN3KG3E7
Federal Award Identification Number (FAIN)	
Federal award date	TennCare is a continuing entitlement program that receives quarterly allotments from the federal government; therefore, there is no date of award.
Subaward Period of Performance Start and End Date	
Subaward Budget Period Start and End Date	
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.778 Dept of Health & Human Services/Title XIX
Grant contract's begin date	July 1, 2021
Grant contract's end date	June 30, 2023
Amount of federal funds obligated by this grant contract	\$1,843,600.00
Total amount of federal funds obligated to the subrecipient	\$1,843,600.00
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$1,843,600.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	The regionalization system in Tennessee has been in place since the early 1970s and serves our state by providing the necessary statewide infrastructure for high-risk perinatal care. Established as a result of State statute, the regionalization system is addressing the needs of the State's pregnant women and infants. The regionalization system is a key component in the State's capacity to improve birth outcomes, especially infant mortality.
Name of federal awarding agency	Department of Health and Human Services
Name and contact information for the federal awarding official	Center for Medicare and Medicaid Services (CMS) Regional Office 615-255-9305
Name of pass-through entity	
Name and contact information for the pass-through entity awarding official	
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	If applicable, indirect cost is determined according to approved cost allocation plan.



INTERAGENCY GRANT AGREEMENT COVER SHEET

(cost reimbursement grant agreement between two Tennessee state agencies, University of Tennessee, or Board of Regents colleges and universities)

Begin Date July 1, 2021	End Date June 30, 2022	Agency Tracking # 31865-00030	Edison ID 70992
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Grantee Name University of Tennessee	Edison Supplier ID 0000002802
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Subrecipient or Contractor <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor	CFDA # 93.778 Dept of Health & Human Services/Title XIX
---	--

Service Caption (one line only) High Risk Perinatal Program

Funding ---					
FY	State	Federal	Interdepartmental	Other	TOTAL Agreement Amount
2022	\$821,800.00	\$921,800.00	\$100,000.00		\$1,843,600.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
TOTAL:	\$821,800.00	\$921,800.00	\$100,000.00		\$1,843,600.00

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>Zane Seals</i>	CPO USE - IG
Speed Code (optional) TN0000000161	Account Code (optional) 71301000

**GRANT AGREEMENT
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE**

AND

THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER

This Grant Agreement, by and between the State of Tennessee, Department of Finance and Administration, Division of TennCare (the "Grantor State Agency"), and The University of Tennessee on behalf of its Health Science Center, (the "Grantee"), is for the provision of High Risk Perinatal Program services, as further defined in the "SCOPE OF SERVICES AND DELIVERABLES."

A. SCOPE OF SERVICES AND DELIVERABLES:

A.1. The Grantee shall provide all services and deliverables ("Scope") as required, described, and detailed in this Grant Contract.

A.2. The perinatal regionalization program was established to provide for the diagnosis and treatment of certain life-threatening conditions of pregnant women and newborn infants. The five regional perinatal centers across the state provide 1) a statewide mechanism to health care providers for consultation and referral of high risk patients; 2) safe transport of these patients, if necessary, to optimize outcomes; 3) trained personnel skilled in high risk perinatal care and/or infant resuscitation and stabilization; 4) continuing post-graduate education for physicians, nurses, and other medical personnel to promote evidence-based care; and 5) site visitation at local hospitals to optimize infrastructure in support of maternal and infant care. These Regional Perinatal Centers, which are co-directed by the high risk perinatal sub-specialists, offer outreach education for facilities and health care providers in the region, and analysis and evaluation of regional data, including perinatal complications and outcomes for quality improvement.

The regionalization system in Tennessee has been in place since the early 1970s and serves our state by providing the necessary statewide infrastructure for high risk perinatal care. Established as a result of State statute, the regionalization system addresses the needs of the State's pregnant women and infants. The regionalization system is a key component in the State's capacity to improve birth outcomes, especially maternal and infant mortality. Refer to Attachment A for excerpt of *Services Provided* from Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing and Facilities, latest edition.

A.3. The Grantee shall conduct the High Risk Perinatal Regionalization Program as a functional part of the Bureau of TennCare and the Tennessee Department of Health, Maternal and Child Health Services, in compliance with medical and operational standards and guidelines as set out in the Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing and Facilities, latest edition; Tennessee Perinatal Care System Guidelines for Transportation, latest edition; Tennessee Perinatal Care System Educational Objectives for Nurses Levels I, II, III, Neonatal Transport Nurses, latest edition; Tennessee Perinatal Care System Educational Objective in Medicine for Perinatal Social Workers, latest edition; and Tennessee Perinatal Care System Guidelines on Equipment, Supplies and Training for Emergency Medical Services and Emergency Department Staff, latest edition.

A.4. The Grantee shall operate the Regional Perinatal Center as a standalone entity within a designated hospital or university capable of providing necessary medical, surgical and ambulatory services to high-risk infants and pregnant women who have been certified by the Tennessee Department of Health and presumptively eligible for Medicaid/TennCare, regardless of their financial status; to provide for the diagnosis and treatment of such women and/or infants by maintaining a highly specialized medical staff available for services 24 hours a day.

- A.5. All obstetric and neonatal-related activities within the Regional Perinatal Center should occur under the direction of a board-certified maternal fetal medicine specialist and a board-certified neonatologist, respectively. There should also, at minimum, be one (1) obstetric and one (1) neonatal outreach nurse educator/coordinator on-staff. The obstetric and neonatal outreach nurse educators/coordinators should be solely responsible for the provision of education and outreach services (refer to A.6. and Attachment A.) supported by this funding. It is also advisable to have an individual on staff to monitor expenditures and track contract services and deliverables.

Budgeted Center staff do not provide direct care; and therefore, should not be considered a part of a specific department within the direct services arm of the hospital/facility (refer to Budget and Personnel Detail Page). The Regional Perinatal Center Co-directors are responsible for the staff hired to carry out the scope of services and deliverables.

- A.6. The Grantee shall continue the regional network of perinatal care which includes the elements of professional education for providers (nurses, midwives, nurse practitioners, physicians, respiratory therapists, social workers, paramedics, etc.), 24-hour consultation and referral, and transportation of high-risk maternal-fetal and neonatal patients and for those Level I, II, and III hospitals in accordance with the Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing and Facilities, latest edition adopted by the Tennessee Department of Health.
- A.7. The Grantee shall maintain ongoing relationships with regional providers, prenatal facilities, and hospitals within its region.
- A.8. The Grantee shall arrange post-discharge follow-up maternal and neonatal patients.
- A.9. The Grantee shall make available a Perinatal Team which will make site visits upon request from Level I, II and III hospitals within its region.
- A.10. The Grantee's Co-directors, or their designees, shall maintain active involvement on the Perinatal Advisory Committee.
- A.11. The Grantee shall measure and monitor maternal and newborn outcomes for the region, and compile data and provide quarterly reports on maternal and neonatal services for its region according to requirements recommended by the Perinatal Advisory Committee and approved by the Department of Health and the Bureau of TennCare in compliance with HIPAA.

All Regional Perinatal Centers may support clinical teams that are responsible for implementing State or National continuous quality improvement initiatives by providing advisory assistance, sharing data from the quarterly reports, disseminating information to the region, and/or aiding with financial support.

- a. The Grantee shall receive prior approval from the Bureau of TennCare to allocate no more than \$25,000.00 towards aiding in the financial support of quality improvement initiatives. Funds may be utilized to (1) upgrade data systems, (2) partially fund time that direct clinical services staff persons spend working on quality improvement initiatives, and (3) procure training or other supplies needed for the purposes of successfully implementing said initiatives for the benefit of birth outcomes in the region.
- A.12. The Bureau of TennCare agrees to work in conjunction with the Department of Health to provide programmatic support to the High Risk Perinatal Regionalization Program, including coordination of the meetings and activities of the Perinatal Advisory Committee, and collection of the data compiled on the Program Objective Reports.
- A.13. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment E, is incorporated in this Grant Contract.

B. TERM OF AGREEMENT:

- B.1. This Grant Agreement shall be effective on July 1, 2021 ("Effective Date") and extend for a period of twelve (12) months after the Effective Date ("Term"). The Grantor State Agency shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
- B.2. Renewal Options. This Grant Agreement may be renewed upon satisfactory completion of the Term. The Grantor State Agency reserves the right to execute up to four (4) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the Grantor State Agency, at the Grantor State Agency's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.

C. PAYMENT TERMS AND CONDITIONS:

- C.1. Maximum Liability. In no event shall the Maximum Liability of the Grantor State Agency under this Grant Agreement exceed One Million Eight Hundred Forty-Three Thousand Six Hundred Dollars (\$1,843,600.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment B, is the maximum amount due the Grantee under this Grant Agreement. 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.
- C.2. Compensation Firm. The Maximum Liability of the Grantor State Agency is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Agreement and are not subject to escalation for any reason unless amended, except as provided in section C.5.
- C.3. Payment Methodology. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in section C.1. Upon progress toward the completion of the Scope, as described in section A of this Grant Agreement, the Grantee shall submit invoices prior to any reimbursement of allowable costs.
- C.4. Travel Compensation. Reimbursement to the Grantee for travel, meals, or lodging shall be subject to amounts and limitations specified in the "State Comprehensive Travel Regulations," as they are amended from time to time, and shall be contingent upon and limited by the Grant Budget funding for reimbursement.
- C.5. Budget Line-items. Expenditures, reimbursements, and payments under this Grant Agreement shall adhere to the Grant Budget. The Grantee may vary from a Grant Budget line-item amount by up to twenty percent (20%) of the line-item amount, provided that any increase is off-set by an equal reduction of other line-item amounts such that the net result of variances shall not increase the total Grant Agreement amount detailed by the Grant Budget. Any increase in the Grant Budget, grand total amounts shall require an amendment of this Grant Agreement.
- C.6. Disbursement Reconciliation and Close Out. The Grantee shall submit any final invoice and a grant disbursement reconciliation report within sixty (60) days of the Grant Agreement end date and in form and substance acceptable to the Grantor State Agency.
- a. If total disbursements by the Grantor State Agency pursuant to this Grant Agreement exceed the amounts permitted by section C, payment terms and conditions of this Grant Agreement, the Grantee shall refund the difference to the Grantor State Agency. The Grantee shall submit the refund with the final grant disbursement reconciliation report.
 - b. The Grantor State Agency shall not be responsible for the payment of any invoice submitted after the grant disbursement reconciliation report. The Grantor State Agency will not deem any Grantee costs submitted for reimbursement after the grant

disbursement reconciliation report to be allowable and reimbursable by the Grantor State Agency, and such invoices will not be paid.

- c. The Grantee must close out its accounting records at the end of the Term in such a way that reimbursable expenditures and revenue collections are not carried forward.
- C.7. Indirect Cost. Should the Grantee request reimbursement for indirect cost, the Grantee must submit to the Grantor State Agency a copy of the indirect cost rate approved by the cognizant federal agency or the cognizant state agency, as applicable. The Grantee will be reimbursed for indirect cost in accordance with the approved indirect cost rate and amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the Term. Any changes in the approved indirect cost rate must have prior approval of the cognizant federal agency or the cognizant state agency, as applicable. If the indirect cost rate is provisional during the Term, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the Grantor State Agency, and subject to the availability of funds the Grantor State Agency agrees to remit any underpayment to the Grantee.
- C.8. Cost Allocation. If any part of the costs to be reimbursed under this Grant Agreement are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Department of Finance and Administration Policy Statement 03 or any amendments or revisions made to this policy statement during the Term.
- D. STANDARD TERMS AND CONDITIONS:**
- D.1. Required Approvals. The Grantor State Agency is not bound by this Grant Agreement until it is signed by the agency head, or his or her designee, of the state agencies that are parties to this Grant Agreement (depending upon the specifics of this Grant Agreement, these officials may include, but are not limited to, the Commissioner of Finance and Administration and the Commissioner of Human Resources).
- D.2. Modification and Amendment. This Grant Agreement may be modified only by a written amendment signed by all parties and approved by the officials who approved the original Grant Agreement and, depending upon the specifics of the Grant Agreement as amended, any additional officials required by Tennessee laws and regulations (the officials may include, but are not limited to, the Commissioner of Finance and Administration and the Commissioner of Human Resources).
- D.3. Bilateral Termination for Convenience. This Grant Agreement may be terminated by either party by giving written notice to the other, at least thirty (30) days before the effective date of termination. Should either party exercise this provision, the Grantee shall be entitled to reimbursement for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the Grantor State Agency be liable to the Grantee for any service which has not been rendered. The final decision as to the amount, for which the Grantor State Agency is liable, shall be determined by the Grantor State Agency.
- D.4. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Agreement shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective party as set out below:

The Grantor State Agency:

Deputy Commissioner

Department of Finance and Administration
Division of TennCare
310 Great Circle Road
Nashville, TN 37243
Telephone # (615) 507-6443

The Grantee:

Steven R. Goodman
Vice Chancellor for Research
The University of Tennessee Health Science Center
62 South Dunlap, Suite 300
Memphis, TN 38163
egrants@uthsc.edu
Telephone: 901-448-2359
FAX: 901-448-7775

Mail Contract to:
Sarah J. White
Associate Vice Chancellor for Research
Office of Sponsored Programs
910 Madison Avenue, Suite 823
Memphis, TN 38163
Swhite82@ushtc.edu
Telephone# 901-448-2359
FAX# 901-448-7775

A change to the above contact information requires written notice to the person designated by the other party to receive notice.

All instructions, notices, consents, demands, or other communications shall be considered effectively given upon receipt or recipient confirmation as may be required.

- D.5. Subject to Funds Availability. This Grant Agreement is subject to the appropriation and availability of State or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the Grantor State Agency reserves the right to terminate this Grant Agreement upon written notice to the Grantee. Upon receipt of the written notice, the Grantee shall cease all work associated with the Grant Agreement. In the event of a Grantor State Agency termination, the Grantee shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date.
- D.6. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the Grantor State Agency as requested.
- D.7. Procurement. If the other terms of this Grant Agreement allow reimbursement for the cost of goods, materials, supplies, equipment, motor vehicles, or contracted services, the procurement of these goods or services by the Grantee shall be competitive where practicable. For any procurement for which reimbursement is paid under this Grant Agreement, the Grantee shall document the competitive procurement method. In each instance where it is determined that use of a competitive procurement method is not practicable, supporting documentation shall include a written justification for the decision and for the use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.318—200.326 when procuring property or services under a federal award.
- D.8. Completeness. This Grant Agreement is complete and contains the entire understanding between the parties relating to the subject matter contained in this Grant Agreement, including all

the terms and conditions agreed to by the parties. This Grant Agreement supersedes any and all prior understandings, representations, negotiations, and agreements between the parties, whether written or oral.

- D.9. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Agreement.

E. SPECIAL TERMS AND CONDITIONS:

- E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Grant Agreement, the special terms and conditions shall be subordinate to the Grant Agreement's other terms and conditions.
- E.2. State and Federal Compliance. The Contractor shall comply with all State and federal laws and regulations applicable to Contractor in the Contractor's performance of this Contract.
- E.3. Monitoring. The Contractor's activities conducted and records maintained pursuant to this Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.
- E.4. Assignment and Subcontracting. The Contractor shall not assign this Contract or enter into a subcontract for any of the goods or services provided under this Contract without the prior written approval of the State. Notwithstanding any use of the approved subcontractors, the Contractor shall be the prime contractor and responsible for compliance with all terms and conditions of this Contract. The State reserves the right to request additional information or impose additional terms and conditions before approving an assignment of this Contract in whole or in part or the use of subcontractors in fulfilling the Contractor's obligations under this Contract.
- E.5. Charges to Service Recipients Prohibited. The Grantee shall not collect any amount in the form of fees or reimbursements from the recipients of any service provided pursuant to this Grant Contract.
- E.6. State Interest in Equipment or Motor Vehicles. The Grantee shall take legal title to all equipment or motor vehicles purchased totally or in part with funds provided under this Grant Contract, subject to the State's equitable interest therein, to the extent of its *pro rata* share, based upon the State's contribution to the purchase price. The term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds five thousand dollars (\$5,000.00). The term "motor vehicle" shall include any article of tangible personal property that is required to be registered under the "Tennessee Motor Vehicle Title and Registration Law", Tenn. Code Ann. Title 55, Chapters 1-6.

As authorized by the Tennessee Uniform Commercial Code, Tenn. Code Ann. Title 47, Chapter 9 and the "Tennessee Motor Vehicle Title and Registration Law," Tenn. Code Ann. Title 55, Chapters 1-6, the parties intend this Grant Contract to create a security interest in favor of the State in the equipment or motor vehicles acquired by the Grantee pursuant to the provisions of this Grant Contract. A further intent of this Grant Contract is to acknowledge and continue the security interest in favor of the State in the equipment or motor vehicles acquired by the Grantee pursuant to the provisions of this program's prior year Grant Contracts between the State and the Grantee.

The Grantee grants the State a security interest in all equipment or motor vehicles acquired in whole or in part by the Grantee under this Grant Contract. This Grant Contract is intended to be a security agreement pursuant to the Uniform Commercial Code for any of the equipment or motor vehicles herein specified which, under applicable law, may be subject to a security interest pursuant to the Uniform Commercial Code, and the Grantee hereby grants the State a security

interest in said equipment or motor vehicles. The Grantee agrees that the State may file this Grant Contract or a reproduction thereof, in any appropriate office, as a financing statement for any of the equipment or motor vehicles herein specified. Any reproduction of this or any other security agreement or financing statement shall be sufficient as a financing statement. In addition, the Grantee agrees to execute and deliver to the State, upon the State's request, any financing statements, as well as extensions, renewals, and amendments thereof, and reproduction of this Grant Contract in such form as the State may require to perfect a security interest with respect to said equipment or motor vehicles. The Grantee shall pay all costs of filing such financing statements and any extensions, renewals, amendments and releases thereof, and shall pay all reasonable costs and expenses of any record searches for financing statements the State may reasonably require. Without the prior written consent of the State, the Grantee shall not create or suffer to be created pursuant to the Uniform Commercial Code any other security interest in said equipment or motor vehicles, including replacements and additions thereto. Upon the Grantee's breach of any covenant or agreement contained in this Grant Contract, including the covenants to pay when due all sums secured by this Grant Contract, the State shall have the remedies of a secured party under the Uniform Commercial Code and, at the State's option, may also invoke the remedies herein provided.

The Grantee agrees to be responsible for the accountability, maintenance, management, and inventory of all property purchased totally or in part with funds provided under this Grant Contract. The Grantee shall maintain a perpetual inventory system for all equipment or motor vehicles purchased with funds provided under this Grant Contract and shall submit an inventory control report which must include, at a minimum, the following:

- a. Description of the equipment or motor vehicles;
- b. Vehicle identification number;
- c. Manufacturer's serial number or other identification number, when applicable;
- d. Acquisition date, cost, and check number;
- e. Fund source, State Grant number, or other applicable fund source identification;
- f. Percentage of state funds applied to the purchase;
- g. Location within the Grantee's operations where the equipment or motor vehicles is used;
- h. Condition of the property or disposition date if Grantee no longer has possession;
- i. Depreciation method, if applicable; and
- j. Monthly depreciation amount, if applicable.

The Grantee shall tag equipment or motor vehicles with an identification number which is cross referenced to the equipment or motor vehicle item on the inventory control report. The Grantee shall inventory equipment or motor vehicles annually. The Grantee must compare the results of the inventory with the inventory control report and investigate any differences. The Grantee must then adjust the inventory control report to reflect the results of the physical inventory and subsequent investigation.

The Grantee shall submit its inventory control report of all equipment or motor vehicles purchased with funding through this Grant Contract within thirty (30) days of its end date and in form and substance acceptable to the State. This inventory control report shall contain, at a minimum, the requirements specified above for inventory control. The Grantee shall notify the State, in writing, of any equipment or motor vehicle loss describing the reasons for the loss. Should the equipment or motor vehicles be destroyed, lost, or stolen, the Grantee shall be responsible to the State for the *pro rata* amount of the residual value at the time of loss based upon the State's original contribution to the purchase price.

Upon termination of the Grant Contract, where a further contractual relationship is not entered into, or at another time during the term of the Grant Contract, the Grantee shall request written approval from the State for any proposed disposition of equipment or motor vehicles purchased with Grant funds. All equipment or motor vehicles shall be disposed of in such a manner as the

- parties may agree from among alternatives approved by the Tennessee Department of General Services as appropriate and in accordance with any applicable federal laws or regulations.
- E.7. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the State or acquired by the Grantee on behalf of the State that is regarded as confidential under state or federal law shall be regarded as "Confidential Information." Nothing in this Section shall permit Grantee to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required or permitted under state or federal law. Grantee shall take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law.

The obligations set forth in this Section shall survive the termination of this Grant Contract.

- E.8. HIPAA Compliance. The State and the Grantee shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Grant Contract.
- a. The Grantee warrants to the State that it is familiar with the requirements of the Privacy Rules and will comply with all applicable HIPAA requirements in the course of this Grant Contract.
 - b. The Grantee warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of this Grant Contract so that both parties will be in compliance with the Privacy Rules.
 - c. The State and the Grantee will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and the Grantee in compliance with the Privacy Rules. This provision shall not apply if information received by the State under this Grant Contract is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the State to receive such information without entering into a business associate agreement or signing another such document.
- E.9. Personally Identifiable Information. While performing its obligations under this Grant Contract, Grantee may have access to Personally Identifiable Information held by the State ("PII"). For the purposes of this Grant Contract, "PII" includes "Nonpublic Personal Information" as that term is defined in Title V of the Gramm-Leach-Bliley Act of 1999 or any successor federal statute, and the rules and regulations thereunder, all as may be amended or supplemented from time to time ("GLBA") and personally identifiable information and other data protected under any other applicable laws, rule or regulation of any jurisdiction relating to disclosure or use of personal information ("Privacy Laws"). Grantee agrees it shall not do or omit to do anything which would cause the State to be in breach of any Privacy Laws. Grantee shall, and shall cause its employees, agents and representatives to: (i) keep PII confidential and may use and disclose PII only as necessary to carry out those specific aspects of the purpose for which the PII was disclosed to Grantee and in accordance with this Grant Contract, GLBA and Privacy Laws; and (ii) implement and maintain appropriate technical and organizational measures regarding information security to: (A) ensure the security and confidentiality of PII; (B) protect against any threats or hazards to the security or integrity of PII; and (C) prevent unauthorized access to or use of PII. Grantee shall immediately notify State: (1) of any disclosure or use of any PII by Grantee or any of its employees, agents and representatives in breach of this Grant Contract; and (2) of any disclosure of any PII to Grantee or its employees, agents and representatives where the purpose of such disclosure is not known to Grantee or its employees, agents and

representatives. The State reserves the right to review Grantee's policies and procedures used to maintain the security and confidentiality of PII and Grantee shall, and cause its employees, agents and representatives to, comply with all reasonable requests or directions from the State to enable the State to verify or ensure that Grantee is in full compliance with its obligations under this Grant Contract in relation to PII. Upon termination or expiration of the Grant Contract or at the State's direction at any time in its sole discretion, whichever is earlier, Grantee shall immediately return to the State any and all PII which it has received under this Grant Contract and shall destroy all records of such PII.

The Grantee shall report to the State any instances of unauthorized access to or potential disclosure of PII in the custody or control of Grantee ("Unauthorized Disclosure") that come to the Grantee's attention. Any such report shall be made by the Grantee within twenty-four (24) hours after the Unauthorized Disclosure has come to the attention of the Grantee. Grantee shall take all necessary measures to halt any further Unauthorized Disclosures. The Grantee, at the sole discretion of the State, shall provide no cost credit monitoring services for individuals whose PII was affected by the Unauthorized Disclosure. The Grantee shall bear the cost of notification to all individuals affected by the Unauthorized Disclosure, including individual letters and public notice. The remedies set forth in this Section are not exclusive and are in addition to any claims or remedies available to this State under this Grant Contract or otherwise available at law. The obligations set forth in this Section shall survive the termination of this Grant Contract.

E.10. Federal Funding Accountability and Transparency Act (FFATA).

This Grant Contract requires the Grantee to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Grantee is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that the Grantee provides information to the State as required.

The Grantee shall comply with the following:

a. Reporting of Total Compensation of the Grantee's Executives.

- (1) The Grantee shall report the names and total compensation of each of its five most highly compensated executives for the Grantee's preceding completed fiscal year, if in the Grantee's preceding fiscal year it received:
 - i. 80 percent or more of the Grantee's annual gross revenues from Federal procurement contracts and federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and sub awards); and
 - ii. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act (and sub awards); and
 - iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or § 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

As defined in 2 C.F.R. § 170.315, "Executive" means officers, managing partners, or any other employees in management positions.

- (2) Total compensation means the cash and noncash dollar value earned by the executive during the Grantee's preceding fiscal year and includes the following (for more information see 17 CFR § 229.402(c)(2)):
 - i. Salary and bonus.

- ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - v. Above-market earnings on deferred compensation which is not tax qualified.
 - vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.
- b. The Grantee must report executive total compensation described above to the State by the end of the month during which this Grant Contract is established.
 - c. If this Grant Contract is amended to extend its term, the Grantee must submit an executive total compensation report to the State by the end of the month in which the amendment to this Grant Contract becomes effective.
 - d. The Grantee will obtain a Data Universal Numbering System (DUNS) number and maintain its DUNS number for the term of this Grant Contract. More information about obtaining a DUNS Number can be found at: <http://fedgov.dnb.com/webform/>.

The Grantee's failure to comply with the above requirements is a material breach of this Grant Contract for which the State may terminate this Grant Contract for cause. The State will not be obligated to pay any outstanding invoice received from the Grantee unless and until the Grantee is in full compliance with the above requirements.

IN WITNESS WHEREOF,

THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER:

DocuSigned by:

Steven R. Goodman

6/7/2021 | 09:50:58 PDT

GRANTEE SIGNATURE

Steven R. Goodman, Ph. D.

Vice Chancellor for Research

DATE

PRINTED NAME AND TITLE OF GRANTEE STATE AGENCY SIGNATORY (above)

**DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE**

Butch Eley Digitally signed by Butch Eley
Date: 2021.06.07 15:50:34 -05'00'

BUTCH ELEY, COMMISSIONER

DATE

ATTACHMENT A

From pages 7-8 of the Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing and Facilities, latest edition.

III. SERVICES PROVIDED

Tennessee's Regional Perinatal Centers must provide the following services:

A. Consultation and Referral

1. If no other appropriate facility is available to manage significant high-risk conditions, the Regional Perinatal Center must accept all such patients regardless of financial status.
2. Telephone consultation by obstetric and newborn sub-specialists must be available to physicians and nurses within the region 24 hours a day, 7 days a week.

B. Professional Education

1. For the Staff of the Regional Perinatal Center: A program of professional education must be maintained for the staff of the Regional Perinatal Center. These programs should satisfy the educational requirements for physicians, nurses, social workers, and others who function in the administration of Level III or Level IV care.
2. For the Staff of Other Hospitals in the Region: The Regional Perinatal Center must maintain a program of professional outreach education for hospitals within its region. These programs of instruction require a staff of qualified educators to present ongoing courses to Level I, II, and III hospitals. These courses must satisfy the educational objectives set forth in the series of publications for the education of nurses and social workers published by the Tennessee Department of Health.

C. Maternal-Fetal and Neonatal Transport

The Regional Perinatal Center is responsible for maternal-fetal and neonatal transport described for Level III or Level IV facilities elsewhere in these Guidelines. Whereas the provision of these transport services is an option for Level III or Level IV units that do not function as Regional Perinatal Centers, transport services are required of a Regional Perinatal Center. Transport for the purpose of admission to the Regional Center must be made available to all patients within the state regardless of their financial status, and to patients referred from other Regional Perinatal Centers. Protocols for transport should conform to the most recent edition of the Tennessee Perinatal Care System Guidelines for Transportation, published by the Tennessee Department of Health.

D. Site Visits

The Regional Perinatal Center staff will engage in site visits upon request within its region.

E. Post-discharge Maternal Follow-up

Follow-up evaluation of selected women who are discharged from the Regional Perinatal Center should be arranged.

F. Post-discharge Neonatal Follow-up

Follow-up evaluation of selected infants who are discharged from the Regional Perinatal Center should be performed. Neonatal intensive care unit graduates who are considered high risk and those with birthweights <1500 grams should be enrolled in an organized follow-up program that tracks and records medical and neurodevelopmental outcomes to allow later analysis.

G. Data Collection

The Regional Perinatal Center must compile data (Program Objectives Report [POR]) on educational outreach that is performed as well as the region's analysis and evaluation of maternal and neonatal outcomes for quality improvement according to requirements prescribed by the Tennessee Perinatal Care System. These data are forwarded to a central facility on a regular basis. All Regional Perinatal Centers, if possible, should support clinical teams within the institution that are responsible for implementing State or National continuous quality improvement initiatives by providing advisory assistance, sharing data from the POR, disseminating information to the region, and/or aiding with financial support.

H. Perinatal Advisory Committee

The Perinatal Advisory Committee was established by statute and exists as a consultative body to advise the Department in administration and implementation of the perinatal regionalization system across Tennessee. The Committee is composed of individuals with expertise and a vested interest in the health and wellbeing of pregnant women and newborns, including the State's Title V / MCH Block Grant Director, Co-directors of each of the five perinatal centers, as well as representation from local hospitals, medical specialists in obstetrics and newborn conditions/private practice, family physicians, obstetrical and neonatal intensive care nurses, a medical school, and the general public.

(TCA § 68-1-803-804)

ATTACHMENT B

Page 1

GRANT BUDGET				
THE UNIVERSITY OF TENNESSEE ON BEHALF OF ITS HEALTH SCIENCE CENTER				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2021 END: June 30, 2022				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT AGREEMENT	GRANTEE PARTICIPATION	TOTAL PROJECT
1. 2	Salaries, Benefits & Taxes	\$1,785,526.00	0.00	\$1,785,526.00
4, 15	Professional Fee, Grant & Award ²	\$200.00	0.00	\$200.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	\$21,400.00	0.00	\$21,400.00
11. 12	Travel, Conferences & Meetings	\$9,000.00	0.00	\$9,000.00
13	Interest ²	0.00	0.00	0.00
14	Insurance	0.00	0.00	0.00
16	Specific Assistance To Individuals	0.00	0.00	0.00
17	Depreciation ²	0.00	0.00	0.00
18	Other Non-Personnel ²	\$18,974.00	0.00	\$18,974.00
20	Capital Purchase ²	\$8,500.00	0.00	\$8,500.00
22	Indirect Cost	0.00	0.00	0.00
24	In-Kind Expense	0.00	0.00	0.00
25	GRAND TOTAL	\$1,843,600.00	0.00	\$1,843,600.00

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.state.tn.us/finance/act/documents/policy3.pdf>).

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

ATTACHMENT B

GRANT BUDGET LINE-ITEM DETAIL:

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Shredding Services	\$200.00
TOTAL	\$200.00

OTHER NON-PERSONNEL	AMOUNT
Memberships and Subscriptions to Journals for Newborn and MFM Library used in Education	\$1,974.00
Q-Genda Scheduling Software	\$8,000.00
Services Contract with UCH for Electronic Patient Records	\$9,000.00
TOTAL	\$18,974.00

CAPITAL PURCHASE	AMOUNT
Simulation Neonate Model	\$8,500.00
TOTAL	\$8,500.00

ATTACHMENT C**Federal Award Identification Worksheet**

Subrecipient's name (must match registered name in DUNS)	University of Tennessee
Subrecipient's DUNS number	839550167
Federal Award Identification Number (FAIN)	
Federal award date	TennCare is a continuing entitlement program that receives quarterly allotments from the federal government; therefore, there is no date of award.
CFDA number and name	93.778 Dept of Health & Human Services/Title XIX
Grant Agreement's begin date	July 1, 2021
Grant Agreement's end date	June 30, 2022
Amount of federal funds obligated by this Grant Agreement	\$921,800.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	
Name of federal awarding agency	Department of Health and Human Services
Name and contact information for the federal awarding official	Center for Medicare and Medicaid Services (CMS) Regional Office 615-255-9305
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	If applicable, indirect cost is determined according to approved cost allocation plan.