

# GRANT AMENDMENT

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Agency Tracking #		Edison ID		Contract #		Amendment #	
106-24 A1						1	
Contract	or Legal Entity N	ame				Edison Vendor ID	
City	of Kingsport, TN	- Kingsport Sen	ior Cente	r			
Amendm	ent Purpose & Eff	ect(s)					
Upda	te Scope, Budget	Line-Item Provis	ion, Add A	ARP Carryo	ver		
Amendm	ent Changes Cont	ract End Date:	YES	NO NO	End Date:	6/30/2024	
TOTAL C	Contract Amount I (A):	NCREASE or DE	CREASE I	per this Am	<u>endment</u>	\$ 25,000.00	
Funding		•	ī		-		
FY	State	Federal	Interdep	artmental	Other	TOTAL Contract Amount	
FY24	18,810.00	37,000.00				55,810.00	
TOTAL:	18.810.00	37,000.00				55,810.00	
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.					СРО	USE	
Speed Ch	nart (optional)	Account Code (	optional)				

#### AMENDMENT 1 OF GRANT CONTRACT 106-24

This Grant Contract Amendment is made and entered by and between **First Tennessee Development District Area Agency on Aging and Disability** (FTAAAD), hereinafter referred to as the "Agency" and **City of Kingsport, TN - Kingsport Senior Center**, hereinafter referred to as the "Grantee" or "Service Provider." 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 A.4.12 is added with the following:

A.4.12. There is a required ten (10%) local match to Title III-B funds and to ARP Title III-B funds.

#### 2. Grant Contract A.7. is added with the following:

- A.7. Disease Prevention and Health Promotion (Title III-D) Scope of Services template for use with Sub-contract between Agency and Service Provider/Sub-contractor
- 1. In using Title III-D funding, (<u>the service provider</u>) shall arrange for the provision of disease prevention and health promotion evidence-based programs approved by any operating division of the federal Health and Human Services. Preferable programs are found at: https://www.ncoa.org/wp-content/uploads/Title-IIID-Highest-Tier-Evidence\_Feb.-2017-1.pdf
- 2. Prior to the implementation of any programs, (the service provider) shall submit to the AAAD for approval the evidence-based program(s) selected. The AAAD shall then submit the evidence-based program(s) selected to the State Unit on Aging (SUA) for their approval.
- 3. During the contracting year, at least once per quarter, (the service provider) shall maintain and fill out the chart below for each evidence-based program provided that includes: the name of the evidence-based program implemented; the number of sessions required to reach completion with fidelity; the unduplicated number of participants completing the required number of sessions, the number of unduplicated participants who did not complete the required number of sessions; identification of reasons for non-completion; and verification that all trainers are certified to lead the sessions according to the requirements of the program.
- 4. For any evidence-based programs, (the service provider) shall submit quarterly reports every state FY quarter to the AAAD. This report must include the names of trainers who lead classes/workshops, names of new trainers, and the total number of participants. For workshops with finite number of sessions, this report should also include the start and end dates of the workshops as well as the number of participants in each workshop.
- 5. Utilizing the information secured through Section 3 above, (the service provider) shall document the participants served in the SUA-approved database or submit the documentation

to the AAAD for entering the data into SUA-approved database. If (the service provider) inputs the information requested, they are to use the following chart:

### **Chart One:**

County	County Name of Evidence Based Course		<b>Budgeted Funds</b>

6. Chart to be completed by (<u>the service provider</u>) during the contracting year for each evidence-based course provided:

#### **Chart Two**

County	Location	Name of	Total	Total	Unduplicated	Unduplicated
	Where	Evidence	Number	Number	Number of	Number of
	Course	Based	of	of	Enrollees	Enrollees who
	was held	Course	Sessions	Enrollee	Completing	Did Not
			in Each	in Course	the Required	Complete the Required
			Course		Number of	Number of Sessions
					Sessions	

- 7. There is no match on III-D funds or ARP III-D funds.
- 8. (The service provider) shall submit, via email to the AAAD fiscal manager, a monthly invoice on or before the 10<sup>th</sup> day of the month for the preceding month.
- 3. Grant Contract section C.1 is deleted in its entirety and replaced with the following:
- C.1. <u>Maximum Liability</u>. In no event shall the maximum liability of the Agency under this Grant Contract exceed Fifty-Five Thousand and Eight Hundred Ten Dollars (\$55,810.00) ("Maximum Liability"). The Grant Budget, attached and incorporated hereto as Attachment A, 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.
- 4. Grant Contract Attachment A is deleted in its entirety and replaced with the new attachment A 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).

<u>Amendment Effective Date</u>. 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,				
CITY OF KINGSPORT, TN - KINGSPORT SENIOR CENTER:				
GRANTEE SIGNATURE	DATE			
PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)				
FIRST TENNESSEE DEVELOPMENT DISTRICT				
MICHAEL HARRISON, FTDD EXECUTIVE DIRECTOR	DATE			
ANGIE GWALTNEY, FTAAAD DIRECTOR	DATE			

#### **ATTACHMENT A**

# **BUDGET PAGE 1 OF 2**

#### **GRANT BUDGET**

The grant budget line-item amounts below shall be applicable only to expense incurred during the following

**Applicable** 

Period: BEGIN: 7/1/2023 END: 6/30/2024

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup>	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT	
1. 2	Salaries, Benefits & Taxes	0.00	602,500.00	602,500.00	
4, 15	Professional Fee, Grant & Award <sup>2</sup>	55,810.00	45,380.00	101,190.00	
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	0.00	202,081.00	202,081.00	
11. 12	Travel, Conferences & Meetings	0.00	9,000.00	9,000.00	
13	Interest <sup>2</sup>	0.00	0.00	0.00	
14	Insurance	0.00	600.00	600.00	
16	Specific Assistance To Individuals	0.00	2,500.00	2,500.00	
17	Depreciation <sup>2</sup>	0.00	0.00	0.00	
18	Other Non-Personnel <sup>2</sup>	0.00	0.00	0.00	
20	Capital Purchase <sup>2</sup>	0.00	0.00	0.00	
22	Indirect Cost	0.00	0.00	0.00	
24	In-Kind Expense	0.00	0.00	0.00	
25	GRAND TOTAL	55,810.00	862,061.00	917.871.00	

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

<sup>&</sup>lt;sup>2</sup> Applicable detail follows this page if line-item is funded.

# ATTACHMENT A (continued) GRANT BUDGET DETAIL BUDGET PAGE 2 OF 2

# **GRANT BUDGET LINE-ITEM DETAIL:**

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Senior Services Operations	55,810.00
TOTAL	55,810.00

GRANT CONTRACT GRAND TOTAL-SOURCE OF FUNDS	AMOUNT
FEDERAL FUNDS	Amount
Title III-B: Support Services (93.044)	12,000.00
ARP Title III-B: Support Services (93.044)	20,000.00
ARP Title III-D: Support Services (93.043)	5,000.00
STATE FUNDS	
State Senior Center Operations	18,810.00
TOTAL SOURCE OF FUNDS	55,810.00