

Grant Budget Details:

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| Percent of funding to be distributed each month | 3.33% of 1 st year grant award/ per month |
| Total | 40% of 1 st year grant award |

| Deliverable Title | % of Funding to be distributed upon TennCare's approval of deliverable |
|--|---|
| Blueprint kickoff meeting series with IMPaCT (A.6.a) | 15% of 1 st year grant award |
| Initial Hiring Report (A.6.b) | 5% of 1 st year grant award |
| Training Report (A.6.c) | 10% of 1 st year grant award |
| Patient Enrollment Report (A.6.d) | 10% of 1 st year grant award |
| Quarterly Reports (A.6.e): 1 st Quarter, 2 nd Quarter, 3 rd Quarter | 15% total (5% per quarterly report) of 1 st year grant award |
| Annual Report (A.6.f) | 5% of 1 st year grant award |
| Total | 60% of 1 st year grant award |

| Tier 1 Funding for Year 1 | | |
|----------------------------------|-------------------------------|----------------------|
| Deliverables | Percentage of Funding | Dollar Amount |
| Blueprint Kickoff Meeting Series | 15% | \$30,000 |
| Initial Hiring Report | 5% | \$10,000 |
| Training Report | 10% | \$20,000 |
| Patient Enrollment Report | 10% | \$20,000 |
| Quarterly Reports | 15% (5% per quarterly report) | \$30,000 |
| Annual Report | 5% | \$10,000 |
| Monthly Payments | 40% | \$80,000 |
| Total | 100% | \$200,000 |

| Tier 2 Funding for Year 1 | | |
|----------------------------------|-------------------------------|---------------|
| Deliverables | Percentage of Funding | Dollar Amount |
| Blueprint Kickoff Meeting Series | 15% | \$60,000 |
| Initial Hiring Report | 5% | \$20,000 |
| Training Report | 10% | \$40,000 |
| Patient Enrollment Report | 10% | \$40,000 |
| Quarterly Reports | 15% (5% per quarterly report) | \$60,000 |
| Annual Report | 5% | \$20,000 |
| Monthly Payments | 40% | \$160,000 |
| Total | 100% | \$400,000 |

| Tier 3 Funding for Year 1 | | |
|----------------------------------|-------------------------------|---------------|
| Deliverables | Percentage of Funding | Dollar Amount |
| Blueprint Kickoff Meeting Series | 15% | \$90,000 |
| Initial Hiring Report | 5% | \$30,000 |
| Training Report | 10% | \$60,000 |
| Patient Enrollment Report | 10% | \$60,000 |
| Quarterly Reports | 15% (5% per quarterly report) | \$90,000 |
| Annual Report | 5% | \$30,000 |
| Monthly Payments | 40% | \$240,000 |
| Total | 100% | \$600,000 |

| Tier 4 Funding for Year 1 | | |
|----------------------------------|-------------------------------|---------------|
| Deliverables | Percentage of Funding | Dollar Amount |
| Blueprint Kickoff Meeting Series | 15% | \$112,500 |
| Initial Hiring Report | 5% | \$37,500 |
| Training Report | 10% | \$75,000 |
| Patient Enrollment Report | 10% | \$75,000 |
| Quarterly Reports | 15% (5% per quarterly report) | \$112,500 |
| Annual Report | 5% | \$37,500 |
| Monthly Payments | 40% | \$300,000 |

| | | |
|--------------|------|-----------|
| Total | 100% | \$750,000 |
|--------------|------|-----------|

ATTACHMENT B

Federal Award Identification Worksheet

| | |
|---|--|
| Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM)) | |
| Subrecipient's Unique Entity Identifier (SAM) | |
| Federal Award Identification Number (FAIN) | |
| Federal award date | |
| 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. | |
| Grant contract's begin date | |
| Grant contract's end date | |
| Amount of federal funds obligated by this grant contract | |
| Total amount of federal funds obligated to the subrecipient | |
| Total amount of the federal award to the pass-through entity (Grantor State Agency) | |
| Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)) | |
| Name of federal awarding agency | |
| Name and contact information for the federal awarding official | |
| Name of pass-through entity | |
| Name and contact information for the pass-through entity awarding official | |
| Is the federal award for research and development? | |
| Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate) | |

Required Approvals. This Amendment shall not be effective until it is approved by all appropriate officials in accordance with applicable Tennessee laws (depending upon the specifics of this delegated authority, officials may include, but are not limited to, the Chief Procurement Officer, the Commissioner of Finance and Administration, the Commissioner of Human Resources, or 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 Contract or Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF:

JIM BRYSON, COMMISSIONER

DATE