26-0006

10-31-24 GG

GOVERNMENTAL GRANT CONTRACT

4GG C F B Dental

(cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)

DG-87665

Begin Date	End Date	Agency Tracking #	Edison ID
07/01/2025	06/30/2028	34352-23426	

Grantee Legal Entity Name	Edison Vendor ID
Anderson County Government (Anderson County Health Department)	4145

Subrecipient or Recipient

☐ Subrecipient

☒ Recipient

Assistance Listing Number

Grantee's fiscal year end

Service Caption (one line only)

Dental Services to Uninsured Adults, nineteen (19) through sixty-four (64) years of age, in Tennessee.

Funding —

FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
2026	$4,000,000.00				$4,000,000.00
2027	$4,000,000.00				$4,000,000.00
2028	$4,000,000.00				$4,000,000.00
TOTAL:	**$12,000,000.00**				**$12,000,000.00**

Grantee Selection Process Summary

☐ Competitive Selection

☒ Non-competitive Selection

The contractor selection was directed by law, court order, settlement agreement or resulted from the state making the same agreement with all interested parties or all parties in a predetermined "class".

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.

Eric Bucholz

CPO USE - GG

Speed Chart (optional)	Account Code (optional)
HL00012145	71304000

GRANT CONTRACT BETWEEN THE STATE OF TENNESSEE, DEPARTMENT OF HEALTH AND ANDERSON COUNTY GOVERNMENT (ANDERSON COUNTY HEALTH DEPARTMENT)

This grant contract ("Grant Contract"), by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" or the "Grantor State Agency" and Anderson County Government (Anderson County Health Department), hereinafter referred to as the "Grantee," is for the provision of dental services to uninsured adults ages 19-64 in Tennessee, as further defined in the "SCOPE OF SERVICES AND DELIVERABLES."

Grantee Edison Vendor ID # 4145

A. SCOPE OF SERVICES AND DELIVERABLES:

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

A.2. Service Definitions: Dental

a. Dental Encounter – a day on which a Dentist performs a Dental Extraction, Filling, Diagnostic, Restorative and/or Preventative Hygienic Dental Service and/or a Dental Hygienist performs Preventative Hygienic Dental Services regardless of the number of oral health care providers seen or the number of procedures or services provided to the uninsured adult patient. Each day is counted as an individual encounter.

b. Dental Extraction - the removal of a tooth from its socket in the bone.

c. Dental Filling – the removal of the decayed portion of the tooth and then cleaned and filled.

d. Dentist – shall include dental providers licensed in the State and qualified, as defined by the Tennessee Board of Dentistry, dental students performing Services under the direct supervision of a dental provider licensed in the State.

e. Preventative Hygienic Dental Services – a cleaning of teeth with oral health counseling.

f. Restorative Services – the integrated management of oral health problems involving treatment or services provided to prepare a patient for an appliance that replaces a missing tooth or teeth and restores the mouth to a functional and aesthetic state.

g. Proselytization – to convert from one religious belief or party to another by the offer of special treatment.

h. Sliding Fee Scale - the rates charged to an Uninsured Adult on the basis of Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u) and 42 U.S.C. § 254b (k)(3)(G) and 42 C.F.R. § 51c.303(f).

i. Teledentistry - the delivery of dental health care and patient consultation through the use of telehealth systems and technologies, including live, two-way interactions between a patient and a dentist licensed in this state using audiovisual telecommunications technology, or the secure transmission of electronic health records and medical data to a dentist licensed in this state to facilitate evaluation and treatment of the patient outside of a real-time or in-person interaction. Any and all services provided via teledentistry shall be consistent with the in-person provision of those services.

j. Uninsured Adult – an eligible individual Tennessean, ages nineteen (19) through sixty-four (64) who is at or below 200% of the federal poverty level without private or public insurance that receives dental care or preventative hygienic dental services.

k. Unduplicated Uninsured Adult Dental Patient Count – an Uninsured Adult patient is counted only once per day during the quarterly reporting period and only once for the entire Grant Contract Term to calculate the annual total number of unduplicated patients during the reporting period.

l. Safety Net Quality Improvement Incentive Program – (QIIP) is to increase equitable access to care by improving quality of patient care and create a quality improvement.

A.3. Service Description: Dental - The Grantee shall:

a. Provide Dental Extraction, Fillings, Restorative Services and/or preventative Hygienic Dental Services to Uninsured Adult Tennesseans, nineteen (19) through sixty-four (64) years of age.

b. Provide dental services that must be performed by a dentist or dental hygienist currently licensed by the state of Tennessee pursuant to Title 63 of the Tennessee Code Annotated. Dental services under this Contract may also be provided by a qualified, as defined by the Tennessee Board of Dentistry, dental student under the direct supervision of a dentist licensed by the State of Tennessee.

c. Provide Dental Extractions, Fillings, Restorative Services and/or Preventative Hygienic Dental Services to Uninsured Adults in Tennessee according to a Sliding Fee Scale, free of charge, or at a flat rate charge.

d. Provide Preventative Hygienic Dental Services that includes hygienic service with patient health educational counseling on oral health habits that emphasize the importance of oral health to overall health.

e. Provide no more than two (2) Preventative Hygienic Dental Services appointments per Uninsured Adult during the Term of the Grant Contract.

f. Provide the same standard of care to Uninsured Adults as is currently provided to the Grantee's other patients.

g. Providers participating in QIIP will attend mandatory quarterly calls for training and technical assistance related to metric reporting, data entry, and plan implementation.

h. Providers participating in QIIP will choose from a menu of metrics specific to type of service and needs of the population served and develop a plan, including SMART goal(s) that are approved by Safety Net staff, for implementation that will help to:

   i. Improve and increase access to quality care for uninsured adults in safety net clinics
   ii. Demonstrate improvements in measurable clinical outcomes for participating clinics in a manner that tells a statewide story
   iii. Support and engage with participating clinics to increase capacity for quality improvement work.

A.4. Eligibility Criteria. The Grantee must:

a. Operate as not-for-profit entity providing services in Tennessee and use a combination of volunteers and paid healthcare professionals to deliver services, and/or

b. Operate as a Non-Profit Rural Health Clinic (RHC) in accordance with federal requirements of 42.IV(b)405.2400 governing federal health insurance for the aged and disabled.

c. Provide dental care services in an ambulatory setting.

d. Provide services to low-income, uninsured individuals for free, discounted or sliding-fee scale rates.

A.5. Service Reporting and Compliance: Dental Services. The Grantees shall:

a. Provide to the State an annual service report via REDcap that includes the number of Unduplicated Uninsured Adult Dental Patients during the reporting period.

b. Each individual encounter will be assigned a unique identifier, in a form provided by the State, to protect the privacy and health information for each unduplicated Uninsured Adult patient.

c. Provide a quarterly service report (Attachment 1) via an excel template provided by the State indicating the total number of actual encounters provided to Uninsured Adults at previously determined and agreed upon locations (see Attachment 2) during the reporting period by responding to the State's version of REDcap reporting link provided to the Grantee within twenty (20) days of the service report delivery date.

(1) Quarters are defined as the State Fiscal Quarter:

i. Quarter 1: July 1 – September 30
ii. Quarter 2: October 1 – December 31
iii. Quarter 3: January 1 – March 31
iv. Quarter 4: April 1 – June 30

d. Participating providers will provide a quarterly report in the form of a Plan, Do, Study, Act (PDSA) (Attachment 3) via REDcap on quality measures based on patient data and according to the service report delivery date once enrolled in the QIIP.

e. Provide an annual (final) report (Attachment 4) in a narrative form

f. Participate in site visits of facilities to ensure programmatic compliance is maintained

(1) Site Visits are done in two phases:

i. Phase 1 – Chart review – a percentage of previously submitted patient/encounter data is audited to determine if the patient (age, insurance status, address) and encounter (chief complaint and specific provider) were eligible at the time of service
ii. Phase 2 - Onsite Visit to Review Site Visit Check List (Attachment 5) and Exit Interview

(2) Facilities will participate in site visits at least one time during the 36 month contract period.

A.6. Service Deliverables:

Deliverables	Contract Section	Due Dates
Submit Quarterly Report, Patient Encounter Template, And QIIP Documents (for Participating Providers)	A.5.	Q1 - October 20 Q2 - January 20 Q3 - April 20 Q4 - July 20
Submit Annual Program Activity Summary Report	D.18.	No later than Three (3) months after Grant Contract expiration

A.7. Inspection and Acceptance. Acceptance of the work outlined above will be made by State or its authorized representative. State makes the final determination in terms of acceptance of the work

being performed under this Grant Contract.

A.8. The Grantees shall not use any of the monies received from this Grant Contract to support inherently religious activities, such as worship, religious instruction, or proselytization. Monies from this Grant Contract may not be used to conduct worship services, prayer meetings, or any other activity that is inherently religious. Participation in this state-funded program must be voluntary.

A.9. In the performance of the services under this Grant Contract, the Grantee will collect and maintain patient service data for its own use in the care of its patients. The Grantee will not host any confidential information for or on behalf of the State.

A.10. Incorporation of Additional Documents. Each of the following documents is included as a part of this Grant Contract by reference or attachment. In the event of a discrepancy or ambiguity regarding the Grantee's duties, responsibilities, and performance hereunder, these items shall govern in order of precedence below.

a. this Grant Contract document with any attachments or exhibits (excluding the items listed at subsections b. and c., below);

b. the State grant proposal solicitation as may be amended, if any;

c. the Grantee's proposal (Attachment 1) incorporated to elaborate supplementary scope of services specifications.

A.11 In the event that the Grantee is subject to an audit in accordance with Section D.19. hereunder, the Grantee shall log in to their account on the Edison Supplier Portal to complete the Information for Audit Purposes (IAP) and End of Fiscal Year (EOFY) eForms.

A.12. No funds awarded under this Grant Contract shall be used for lobbying federal, state, or local officials.

B. TERM OF CONTRACT:

This Grant Contract shall be effective on July 1, 2025 ("Effective Date") or upon acceptance into the Safety Net program and extend for a period of thirty-six (36) months after the Effective Date ("Term") or until June 30, 2028. The State shall have no obligation for goods or services provided by the Grantee prior to the Effective Date.

C. PAYMENT TERMS AND CONDITIONS:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed twelve million ($12,000,000.00) ("Maximum Liability"). The Grantee will receive a portion of the program's budget based upon the payment methodology as set forth in Section C.3.

C.2. Compensation Firm. The Maximum Liability of the State is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Contract and are not subject to escalation for any reason unless amended, except as provided in Section C.6.

C.3. Payment Methodology. Payment to the Grantee shall be quarterly amounts paid upon approval of this Grant Contract.

The State, at its sole discretion, shall determine the amount of each quarterly Safety Net Uninsured Adult Medical and/or Dental encounter payment and each eligible quarterly QIIP payment for participating providers. Each Safety Net Uninsured Adult Medical and/or Dental encounter payment shall be based on the number of eligible Grantee Uninsured Adult Medical and/or Dental Encounters as a proportion of the total Uninsured Adult Medical or Dental Encounters of all similar categories of grantees, not to exceed the established Estimated Liability in Section C.1. Each eligible quarterly QIIP payment for participating providers will be a flat rate that shall be based on the volume of participating providers, but will not exceed $100,000 per

provider per service per year. Accordingly, Safety Net Uninsured Adult Medical and/or Dental encounter quarterly payments shall be contingent upon State receipt of required reports from the Grantee indicating the number of Uninsured Adult Medical or Dental Encounters. QIIP quarterly payments shall be contingent upon State receipt of required reports from the Grantee, including a PDSA (Attachment 3) which should detail the QIIP plan, data indicating results of the plan, or changes to the plan for participating providers. The Grantee's failure to provide reports as required may result in the Grantee not receiving one or more quarterly payments.

1) Eligible Safety Net Uninsured Adult Medical and/or Dental Encounter requirements:
   - i. patients must be residents of Tennessee,
   - ii. location of service must be in Tennessee,
   - iii. Patient must be between the ages of 19 and 64 years at the time of service,
   - iv. Patient must be Uninsured at the time of service,
   - v. Patient must meet the FPL 200 requirement,
   - vi. Service must be provided by a licensed provider as listed in Section A.
   - vii. May either count In-office or telehealth on a single day for the same service type (ie) Medical or Behavioral
   - viii. May only count patients if this program is the sole payor source

C.4. Quarterly Reporting Requirements. The Grantee shall provide the State with quarterly reports as outlined in Section A.5.

C.5. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any reimbursement, invoice (Attachment 6), or matter in relation thereto. A payment by the State shall not be construed as acceptance of any part of the work or service provided or as approval of any amount as an allowable cost.

C.6. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract 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 Central Procurement Office Policy 2013-007 or any amendments or revisions made to this policy statement during the Term.

C.7. Non-allowable Costs. Any amounts payable to the Grantee shall be subject to reduction for amounts included in any invoice or payment that are determined by the State, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs.

C.8. State's Right to Set Off. The State reserves the right to set off or deduct from amounts that are or shall become due and payable to the Grantee under this Grant Contract or under any other agreement between the Grantee and the State of Tennessee under which the Grantee has a right to receive payment from the State.

C.9. Prerequisite Documentation. The Grantee shall not invoice the State under this Grant Contract until the State has received the following, properly completed documentation.

a. The Grantee shall complete, sign, and return to the State an "Authorization Agreement for Automatic Deposit (ACH Credits) Form" provided by the State. By doing so, the Grantee acknowledges and agrees that, once this form is received by the State, all payments to the Grantee under this or any other grant contract will be made by automated clearing house ("ACH").

b. The Grantee shall complete, sign, and return to the State the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Grantee's Federal Employer Identification Number or Social Security Number referenced in the Grantee's Edison registration information.

D. STANDARD TERMS AND CONDITIONS:

D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Grant Contract, the 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).

D.2. Modification and Amendment. This Grant Contract may be modified only by a written amendment signed by all parties and approved by the officials who approved the Grant Contract and, depending upon the specifics of the Grant Contract 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, the Commissioner of Human Resources, and the Comptroller of the Treasury).

D.3. Termination for Convenience. The State may terminate this Grant Contract without cause for any reason. A termination for convenience shall not be a breach of this Grant Contract by the State. The State shall give the Grantee at least thirty (30) days written notice before the effective termination date. The Grantee shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the State be liable to the Grantee for compensation for any service that has not been rendered. The final decision as to the amount for which the State is liable shall be determined by the State. The Grantee shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for the State's exercise of its right to terminate for convenience.

D.4. Termination for Cause. If the Grantee fails to properly perform its obligations under this Grant Contract, or if the Grantee violates any terms of this Grant Contract, the State shall have the right to immediately terminate this Grant Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of the State's right to terminate this Grant Contract for cause, the Grantee shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Grant Contract by the Grantee.

D.5. Subcontracting. The Grantee shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination," "Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.

D.6. Conflicts of Interest. The Grantee warrants that no part of the total Grant Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Grantee in connection with any work contemplated or performed relative to this Grant Contract.

D.7. Lobbying. The Grantee certifies, to the best of its knowledge and belief, that:

a. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

c. The Grantee shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and

contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

D.8. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Contract 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 State:

Alle Crampton, M.S., MPH, Director
Uninsured Adult Healthcare Safety Net Program
State Office of Rural Health
Tennessee Department of Health
710 James Robertson Parkway, 2nd floor
Nashville, TN 37243
Email Address Alle.M.Crampton@tn.gov
Phone: 615-961-6778

The Grantee:

Edwina Jordan
Anderson County Government (Anderson County Health Department)
710 N. Main Street
Clinton, TN 37716
ejordan@andersoncountytn.gov
(865) 425-8803

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.9. Subject to Funds Availability. This Grant Contract 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 State reserves the right to terminate this Grant Contract upon written notice to

D.11. HIPAA Compliance. As applicable, 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.

D.12. Public Accountability. If the Grantee is subject to Tenn. Code Ann. § 8-4-401 *et seq.*, or if this Grant Contract involves the provision of services to citizens by the Grantee on behalf of the State, the Grantee agrees to establish a system through which recipients of services may present grievances about the operation of the service program. The Grantee shall also display in a prominent place, located near the passageway through which the public enters in order to receive Grant supported services, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:

NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.

The sign shall be on the form prescribed by the Comptroller of the Treasury. The Grantor State Agency shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from the Grantee, provide Grantee with any necessary signs.

D.13. Public Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract shall include the statement, "This project is funded under a grant contract with the State of Tennessee." All notices by the Grantee in relation to this Grant Contract shall be approved by the State.

D.14. Licensure. The Grantee, its employees, and any approved subcontractor shall be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and shall upon request provide proof of all licenses.

D.15. Records. The Grantee and any approved subcontractor shall maintain documentation for all charges under this Grant Contract. The books, records, and documents of the Grantee and any approved subcontractor, insofar as they relate to work performed or money received under this Grant Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the records be maintained for a period of less than five (5) full years from the date of the final payment. The Grantee's records shall be subject to audit at any reasonable time and upon reasonable notice by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.

The records shall be maintained in accordance with Governmental Accounting Standards Board (GASB) Accounting Standards or the Financial Accounting Standards Board (FASB) Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.

In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

Grant expenditures shall be made in accordance with local government purchasing policies and procedures and purchasing procedures for local governments authorized under state law.

The Grantee shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

The Grantee shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. The Grantee shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by the head of the Grantor State Agency, the Central Procurement Office, or the Commissioner of Finance and Administration of the State of Tennessee.

D.16. Monitoring. The Grantee's activities conducted and records maintained pursuant to this Grant Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.

D.17. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the State as requested.

D.18. Annual and Final Reports. The Grantee shall submit, within three (3) months of the conclusion of each year of the Term, an annual report. For grant contracts with a term of less than one (1) year, the Grantee shall submit a final report within three (3) months of the conclusion of the Term. For grant contracts with multiyear terms, the final report will take the place of the annual report for the final year of the Term. The Grantee shall submit annual and final reports to the Grantor State Agency. At minimum, annual and final reports shall include: (a) the Grantee's name; (b) the Grant Contract's Edison identification number, Term, and total amount; (c) a narrative section that describes the program's goals, outcomes, successes and setbacks, whether the Grantee used benchmarks or indicators to determine progress, and whether any proposed activities were not completed; and (d) other relevant details requested by the Grantor State Agency. Annual and final report documents to be completed by the Grantee shall appear on the Grantor State Agency's website or as Attachment 4 to the Grant Contract.

D.19. Audit Report. The Grantee shall be audited in accordance with applicable Tennessee law. At least ninety (90) days before the end of its fiscal year, the Grantee shall complete the Information for Audit Purposes ("IAP") form online (accessible through the Edison Supplier portal) to notify the State whether or not Grantee is subject to an audit. The Grantee should submit only one, completed form online during the Grantee's fiscal year. Immediately after the fiscal year has ended, the Grantee shall fill out the End of Fiscal Year ("EOFY") (accessible through the Edison Supplier portal).

When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

A copy of the audit report shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.

D.20. Procurement. If other terms of this Grant Contract allow reimbursement for the cost of goods, materials, supplies, equipment, or contracted services, such procurement shall be made on a competitive basis, including the use of competitive bidding procedures, where practical. The Grantee shall maintain documentation for the basis of each procurement for which reimbursement is paid pursuant to this Grant Contract. In each instance where it is determined

that use of a competitive procurement method is not practical, supporting documentation shall include a written justification for the decision and for use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.317—200.327 when procuring property and services under a federal award.

The Grantee shall obtain prior approval from the State before purchasing any equipment under this Grant Contract.

For purposes of this Grant Contract, 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 ten thousand dollars ($10,000.00).

D.21. Strict Performance. Failure by any party to this Grant Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this Grant Contract is not a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Grant Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the parties.

D.22. Independent Contractor. The parties shall not act as employees, partners, joint venturers, or associates of one another in the performance of this Grant Contract. The parties acknowledge that they are independent contracting entities and that nothing in this Grant Contract shall be construed to create a principal/agent relationship or to allow either to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.

D.23. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Grant Contract. In no event will the State be liable to the Grantee or any other party for any lost revenues, lost profits, loss of business, loss of grant funding, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Grant Contract or otherwise. The State's total liability under this Grant Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability originally established in Section C.1 of this Grant Contract. This limitation of liability is cumulative and not per incident.

D.24. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party except to the extent that the non-performing party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either party from its obligations under this Grant Contract. Except as set forth in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a default under this Grant Contract or grounds for termination. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Grantee's representatives, suppliers, subcontractors, customers or business apart from this Grant Contract is not a Force Majeure Event under this Grant Contract. Grantee will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Grantee's performance longer than forty-eight (48) hours, the State may, upon notice to Grantee: (a) cease payment of the fees until Grantee resumes performance of the affected obligations; or (b) immediately terminate this Grant Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Grantee will not increase its charges under this Grant Contract or charge the State any fees other than those provided for in this Grant Contract as the result of a Force Majeure Event.

D.25. Tennessee Department of Revenue Registration. The Grantee shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Grant Contract.

D.26. Reserved

D.27. No Acquisition of Equipment or Motor Vehicles. This Grant Contract does not involve the acquisition and disposition of equipment or motor vehicles acquired with funds provided under this Grant Contract.

D.28. State and Federal Compliance. The Grantee shall comply with all applicable state and federal laws and regulations in the performance of this Grant Contract. The U.S. Office of Management and Budget's Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is available here: http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

D.29. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-408.

D.30. Completeness. This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions agreed to by the parties. This Grant Contract supersedes any and all prior understandings, representations, negotiations, or agreements between the parties, whether written or oral.

D.31. Severability. If any terms and conditions of this Grant Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions shall not be affected and shall remain in full force and effect. To this end, the terms and conditions of this Grant Contract are declared severable.

D.32. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.

D.33. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Grant Contract. The Grantee certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.

D.34. Debarment and Suspension. The Grantee certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:

a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency.

b. have not within a three (3) year period preceding this Grant Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and

d. have not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Grantee shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

D.35. 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.

D.36. State Sponsored Insurance Plan Enrollment. The Grantee warrants that it will not enroll or permit its employees, officials, or employees of contractors to enroll or participate in a state sponsored health insurance plan through their employment, official, or contractual relationship with Grantee unless Grantee first demonstrates to the satisfaction of the Department of Finance and Administration that it and any contract entity satisfies the definition of a governmental or quasigovernmental entity as defined by federal law applicable to ERISA.

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 Contract, the special terms and conditions shall be subordinate to the Grant Contract's other terms and conditions.

E.2. Family Educational Rights and Privacy Act & Tennessee Data Accessibility, Transparency and Accountability Act. The Grantee shall comply with the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. 1232(g)) and its accompanying regulations (34 C.F.R. § 99) ("FERPA"). The Grantee warrants that the Grantee is familiar with FERPA requirements and that it will comply with these requirements in the performance of its duties under this Grant Contract. The Grantee agrees to cooperate with the State, as required by FERPA, in the performance of its duties under this Grant Contract. The Grantee agrees to maintain the confidentiality of all education records and student information. The Grantee shall only use such records and information for the exclusive purpose of performing its duties under this Grant Contract. The obligations set forth in this Section shall survive the termination of this Grant Contract.

The Grantee shall also comply with Tenn. Code Ann. § 49-1-701, *et seq.*, known as the "Data Accessibility, Transparency and Accountability Act," and any accompanying administrative rules or regulations (collectively "DATAA"). The Grantee agrees to maintain the confidentiality of all records containing student and de-identified data, as this term is defined in DATAA, in any databases, to which the State has granted the Grantee access, and to only use such data for the exclusive purpose of performing its duties under this Grant Contract.
Any instances of unauthorized disclosure of data containing personally identifiable information in violation of FERPA or DATAA that come to the attention of the Grantee shall be reported to the State within twenty-four (24) hours.

E.3. Work Papers Subject to Review. The Grantee shall make all audit, accounting, or financial analysis work papers, notes, and other documents available for review by the Comptroller of the Treasury or his representatives, upon request, during normal working hours either while the analysis is in progress or subsequent to the completion of this Grant Contract.

E.4. The Grantee shall provide a drug-free workplace pursuant to the "Drug-Free Workplace Act," 41 U.S.C. §§ 8101 through 8106, and its accompanying regulations.

E.5. 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.6. Transfer of Grantee's Obligations.
The Grantee shall not transfer or restructure its operations related to this Grant Contract without the prior written approval of the State. The Grantee shall immediately notify the State in writing of a proposed transfer or restructuring of its operations related to this Grant Contract. The State reserves the right to request additional information or impose additional terms and conditions before approving a proposed transfer or restructuring.

E.7. Health Care Data. Grantee shall provide data reports about health care services provided under this Grant using the Department of Health's Patient Tracking and Billing Management Information System (or its successor). Data regarding health care services provided by the Grantee shall be coded and entered into the Patient Tracking and Billing Management Information System (PTBMIS), using the PTBMIS Codes Manual. The PTBMIS Codes manual is available electronically at http://hsaintranet.health.tn.gov/ and e-mail notices shall be sent to the Grantee

regarding new revisions and/or updates, which can be accessed through the above-referenced website.

On a schedule defined by the State, the Grantee shall submit Central Office Database Report (CODB) files, as defined in PTBMIS, electronically to the State. The Grantee shall also submit other health care data reports, as requested by the State, and in a format acceptable to the State.

E.8. Americans with Disabilities Act. The Grantee must comply with the Americans with Disabilities Act (ADA) of 1990, as amended, including implementing regulations codified at 28 CFR Part 35 "Nondiscrimination on the Basis of Disability in State and Local Government Services" and at 28 CFR Part 36 "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities," and any other laws or regulations governing the provision of services to persons with a disability, as applicable. For more information, please visit the ADA website: http://www.ada.gov.

E.9. Information Technology Security Requirements (State Data, Audit, and Other Requirements).

a. The Grantee shall protect State Data as follows:

(1) The Grantee shall ensure that all State Data is housed in the continental United States, inclusive of backup data. All State data must remain in the United States, regardless of whether the data is processed, stored, in-transit, or at rest. Access to State data shall be limited to US-based (onshore) resources only.

All system and application administration must be performed in the continental United States. Configuration or development of software and code is permitted outside of the United States. However, software applications designed, developed, manufactured, or supplied by persons owned or controlled by, or subject to the jurisdiction or direction of, a foreign adversary, which the U.S. Secretary of Commerce acting pursuant to 15 CFR 7 has defined to include the People's Republic of China, among others are prohibited. Any testing of code outside of the United States must use fake data. A copy of production data may not be transmitted or used outside the United States.

IN WITNESS WHEREOF,

ANDERSON COUNTY GOVERNMENT (ANDERSON COUNTY HEALTH DEPARTMENT):

GRANTEE SIGNATURE **DATE**

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF HEALTH:

DR. JOHN R. DUNN, INTERIM COMMISSIONER **DATE**

APPROVED AS TO LEGAL FORM

James Brooks Jr. 10 - 29 - 2025

James W. Brooks, Jr.
Anderson County Law Director

ATTACHMENT 1

NO APPROVED SATELLITE SITES

FY# Quarterly Report (1, 2, 3, or 4)

Please complete the survey below.

Reporting Period: (Q1: July 1 – September 30, Q2: October 1 – December 31, Q3: January 1 – March 31, Q4: April 1 – June 30)

Report Due: (Q1: October 20, Q2: January 20, Q3: April 20, Q4: July 20)

REDCap Instructions:

To ensure your facility receives timely payment, you must verify the contact person's information, eligible patient encounters, billing address, and legal name of your facility (found on your W-9). If the information is incorrect or needs to be updated, please contact Alle Crampton at Alle.M.Crampton@tn.gov.

Once verified, upload your Quarter (1, 2, 3, or 4) Report using the excel template provided.

Please sign your survey. You may complete your survey by clicking Submit or clicking Save and Return* if you need to return later to complete your survey.*If you choose to save and return later to your survey, you will be directed to a new page to receive a Return Code. Be sure to keep the code to return to your survey. You may also have the survey link sent to you by entering your email address and clicking on Send Survey Link. For security purposes, your return code will NOT be included in the email.

Thank you!

Quarterly Reporting Period (Q#): (Date Range)

Grantee Information

What eligible Safety Net service are you reporting in Coordination this survey? If your facility provides more than one service, you will have to complete a separate survey for each service

- ◯ Care
- ◯ Dental
- ◯ Primary Care

(Select Your Type of Service)

Please select your facility type.

- ◯ Community-Faith Based (CFB)
- ◯ Federally Qualified Health Center
- ◯ (FQHC) Project Access

Name of Service Facility: _____
Billing Address of Service Facility: _____
County of Service Facility: _____

Please confirm the clinic name that you are reporting (these will auto populate and you will select your clinic name)

Please verify the address listed above is correct for billing purposes regarding your facility.
Note:
If you have questions regarding your billing address, please contact Alle.M.Crampton@tn.gov. We utilize your address associated with payment in Edison listed under your facility name.

If your dental/primary care/care coordination care service facility has more than one site or location where dental/primary care/care coordination services are provided:
How many sites are fully operational? (Select Number)

Grantee Contact Information

Please select the contact person for your facility. If your contact's name is not listed, please select "NAME NOT FOUND" and enter information below.

First and Last Name of Contact: _____

If answer above is "NAME NOT FOUND" – Who is your Dental/primary care/care coordination Care contact?

First and Last Name of Contact:
Email Address of Service Facility Contact: _____
Enter your email address: ___

Patient Information File Upload

Are you currently receiving funds from Tennessee Department of Mental Health & Substance Abuse Services' Behavioral Health Safety Net program?	◯ Yes ◯ N
I verify that patient encounters are not being duplicated for both Behavioral Health Safety Net program and Uninsured Adult Healthcare Safety Net program.	◯ Yes
Total Eligible Encounters Note: The total eligible encounters must match the total eligible encounters in the excel file you are about to upload.	_____ (Enter The Total Eligible Encounters From Your File Upload)
All your patients reported are uninsured.	◯ Yes (Verify All Your Patients are Uninsured)
All your patients reported are Tennessee residents.	◯ Yes (Verify All Your Patients Are Tennessee Residents)
Verify that your dental/primary care/care coordination care facility name is typed in the excel template which you will be uploading.	◯ Yes (Verify Your Facility Name is Typed In The Excel Template)

Please upload your Q (1, 2, 3, 4) report.

Your Signature Is Required

Name of Service Facility And Date Signed:
Name of Care Service Facility:
Date Signed by Facility:

Please sign using this link.

Note: Sign your full name before you save your signature.

Click on "Reset" to clear and re-start signing your full name until your full name is correctly signed.

Please, click "Save Signature" when you have successfully signed your full name.

Please provide any patient testimonials and/or provider stories. We want to highlight the work you're doing!

ATTACHMENT 3

Department of Health

Quality Improvement Plan-Do-Study-Act (PDSA)

Organization: **Date:**

Category: Please Select One:

Target Measure(s):

Plan/Goal Setting: Describe the Problem to be Solved

State the Problem. "ex. who, what, when, where, how long"	
What Exactly Will Be Done? "ex. initial interventions, expected outcomes, goal(s), expected overall outcome goal rate in a percentage form"	What will be done: Expected outcome:

ATTACHMENT 3

Measure:

	DO: Intervention/Improvements:			STUDY Results	Act
	Action Step	Start & End Date	Person Responsible	Analysis of Results	Outcome and Decisions
Intervention 1					Please Select One:
Intervention 2					Please Select One:
Intervention 3					Please Select One:

PH-4449

RDA SW-17

ATTACHMENT 3

Measure:

	DO: Intervention/Improvements:			STUDY Results	Act
	Action Step	Start & End Date	Person Responsible	Analysis of Results	Outcome and Decisions
Intervention 1					Please Select One:
Intervention 2					Please Select One:
Intervention 3					Please Select One:

ATTACHMENT 4

Annual (Final) Report*

1. **Grantee Name:**
2. **Grant Contract Edison Number:**
3. **Grant Term:**
4. **Grant Amount:**
5. **Narrative Performance Details:** *(Description of program goals, outcomes, successes and setbacks, benchmarks or indicators used to determine progress, any activities that were not completed)*

Submit one copy to:

Alle.M.Crampton@tn.gov, **Director of Uninsured Adult Health Care Services**

TN Department of Health

ATTACHMENT 5

Date:	**Inspected by:**
Site Location: Name & Address	
Program Type: Community / Faith-Based | Federally Qualified Health Center Please Highlight One	
Service Type: Primary Care | Dental Care Please Highlight One	
Date Range for Review: (DATE)	

	Site Management | PHASE TWO	Y	N	Notes / Observations
1	Provide list and copies/photos of licenses of all healthcare practitioners providing services for Safety Net patients during the dates highlighted below.	☐	☐	
2	Provide Organizational Chart (with names)	☐	☐	
3	Provide names of Board members and their terms of appointment.	☐	☐	
4	Provide most recent Board meeting minutes and/or board committee meeting minutes.	☐	☐	
5	Provide documentation of the **clinic's** business liability insurance or insurance through the Federal Tort Claims Act (FTCA).	☐	☐	
6	Provide a current copy of your clinic's sliding fee schedule and include how fees are developed.	☐	☐	
7	Provide policy or practice pertaining to non-payment of patient account balances. Note: Policy should confirm that services are not denied to uninsured adults based on their ability to pay.	☐	☐	
8	Provide documentation of how patients are informed of their rights under HIPAA and documentation of signed notice in patient records. (Patient Consent/HIPAA)	☐	☐	
9	Provide description how uninsured adults covered by the Safety Net program are documented in your patient registration, scheduling, and accounts management software system.	☐	☐	
10	Provide picture or proof of Notice that all patients will be seen regardless of ability to pay.	☐	☐	
11	Provide picture or proof of Comptroller Sign posted in clinic lobby.	☐	☐	
12	Between **(DATE)**, total # clinic patients seen (All patients served at your clinic – all ages, all payor sources)			

I confirm that the documents provided as part of this Uninsured Adult Healthcare Safety Net Site Visit are correct to the best of my knowledge.

Uninsured Adult Healthcare Safety Net Provider				
For Uninsured Adult Healthcare Safety Net Staff Use Only				
Program Director Representative Signature		Title	Print Name	Date
	Print	Signature		Date
State Office of Rural Health Director				
	Print	Signature		Date

TN Department of Health

Invoice Reimbursement Form

Contract #
Supplier Name
Program Name

Section 1: Contract Information (to be completed by TDH Accounts)

PO # (Req.) _____

PO Line # (Req.) _____

Receipt # (Req.) _____

Agency Invoice # _____

Edison Contract # _____

Edison Vendor # _____

Edison Address Line # _____

AP Attachment (check if yes) ☐

Section 2: Invoice Information (to be completed by Contractor/Grantee)

Contract Invoice # _____

Invoice Date _____

Service Start Date _____

Service End Date _____

Contract Start Date _____

Contract End Date _____

Contact Person Name _____

Phone # _____

Remit Payment to:

Business Name _____

Street Address _____

City _____

State _____

ZIP _____

Budget Line Items	(A) Total Contract Budget	(B) Amount Billed YTD	(C) Monthly Expenditures Due
Salaries			
Benefits			
Professional Fee/Grant/Award			
Supplies			
Telephone			
Postage and Shipping			
Occupancy			
Equipment Rental and Maintenance			
Printing and Publications			
Travel/Conferences and Meetings			
Interest			
Insurance			
Specific Assistance to Individuals			
Depreciation			
Other Non-Personnel			
Capital Purchase			
Indirect Costs			
TOTAL			

Section 3: Payment Information (to be completed by TDH Program)

Invoice Received Date _____ Invoice Received by (Name) _____

Service Type (Select One): ☐ Medical Services ☐ Non-Medical Services

Speedchart	Department ID	User Code	Project ID	Amount ($)

Total Amount: _____

Additional Signatures as Required by Program (Not required for processing and payment by F&A Accounts Payable)

_____ Program Signature 1

_____ Program Signature 2

_____ Program Signature 3

Section 4: Authorized Signatures

Contractor/Grantee Authorization

Name: _____

Date: _____

Signature: _____

TDH Program Authorization

Name: _____

Date: _____

Signature: _____

TDH Accounts Authorization

Name: _____

Date: _____

Signature: _____

Section 5: Additional Comments

Section 6: Month to Month Expense Tracking Sheet (Not Required by F&A Accounts Payable)

Budget Line Items	Budget Amt	Jul Expenses	Aug Expenses	Sep Expenses	Oct Expenses	Nov Expenses	Dec Expenses	Jan Expenses	Feb Expenses	Mar Expenses	Apr Expenses	May Expenses	Jun Expenses	YTD Totals	Balance Remaining
Salaries	$ 0.00													$ 0.00	$ 0.00
Benefits	$ 0.00													$ 0.00	$ 0.00
Fee/Grant/Award	$ 0.00													$ 0.00	$ 0.00
Supplies	$ 0.00													$ 0.00	$ 0.00
Telephone	$ 0.00													$ 0.00	$ 0.00
Postage and Shipping	$ 0.00													$ 0.00	$ 0.00
Occupancy	$ 0.00													$ 0.00	$ 0.00
Equipment Rental and Maintenance	$ 0.00													$ 0.00	$ 0.00
Printing and Publications	$ 0.00													$ 0.00	$ 0.00
Travel/Conferences and Meetings	$ 0.00													$ 0.00	$ 0.00
Interest	$ 0.00													$ 0.00	$ 0.00
Insurance	$ 0.00													$ 0.00	$ 0.00
Specific Assistance to Individuals	$ 0.00													$ 0.00	$ 0.00
Depreciation	$ 0.00													$ 0.00	$ 0.00
Other Non-Personnel	$ 0.00													$ 0.00	$ 0.00
Capital Purchase	$ 0.00													$ 0.00	$ 0.00
Indirect Costs	$ 0.00													$ 0.00	$ 0.00
Totals	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

26.00167

10-31-24 GG

GOVERNMENTAL GRANT CONTRACT

4GG C F B Dental

(cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)

DG-87665

Begin Date	End Date	Agency Tracking #	Edison ID
07/01/2025	06/30/2028	34352-26026	

Grantee Legal Entity Name	Edison Vendor ID
Anderson County Government (Anderson County Health Department) (Emory Valley Dental Clinic)	4145

Subrecipient or Recipient	Assistance Listing Number
☐ Subrecipient ☒ Recipient	Grantee's fiscal year end

Service Caption (one line only)

Dental Services to Uninsured Adults, nineteen (19) through sixty-four (64) years of age, in Tennessee.

Funding —

FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
2026	$4,000,000.00				$4,000,000.00
2027	$4,000,000.00				$4,000,000.00
2028	$4,000,000.00				$4,000,000.00
TOTAL:	**$12,000,000.00**				**$12,000,000.00**

Grantee Selection Process Summary

☐ Competitive Selection	
☒ Non-competitive Selection	The contractor selection was directed by law, court order, settlement agreement or resulted from the state making the same agreement with all interested parties or all parties in a predetermined "class".

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.

CPO USE - GG

Speed Chart (optional)	Account Code (optional)
HL00012145	71304000

GRANT CONTRACT BETWEEN THE STATE OF TENNESSEE, DEPARTMENT OF HEALTH AND ANDERSON COUNTY GOVERNMENT (ANDERSON COUNTY HEALTH DEPARTMENT) (EMORY VALLEY DENTAL CLINIC)

This grant contract ("Grant Contract"), by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" or the "Grantor State Agency" and Anderson County Government (Anderson County Health Department) (Emory Valley Dental Clinic), hereinafter referred to as the "Grantee," is for the provision of dental services to uninsured adults ages 19-64 in Tennessee, as further defined in the "SCOPE OF SERVICES AND DELIVERABLES."

Grantee Edison Vendor ID # 4145

A. SCOPE OF SERVICES AND DELIVERABLES:

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

A.2. Service Definitions: Dental

a. Dental Encounter – a day on which a Dentist performs a Dental Extraction, Filling, Diagnostic, Restorative and/or Preventative Hygienic Dental Service and/or a Dental Hygienist performs Preventative Hygienic Dental Services regardless of the number of oral health care providers seen or the number of procedures or services provided to the uninsured adult patient. Each day is counted as an individual encounter.

b. Dental Extraction - the removal of a tooth from its socket in the bone.

c. Dental Filling – the removal of the decayed portion of the tooth and then cleaned and filled.

d. Dentist – shall include dental providers licensed in the State and qualified, as defined by the Tennessee Board of Dentistry, dental students performing Services under the direct supervision of a dental provider licensed in the State.

e. Preventative Hygienic Dental Services – a cleaning of teeth with oral health counseling.

f. Restorative Services – the integrated management of oral health problems involving treatment or services provided to prepare a patient for an appliance that replaces a missing tooth or teeth and restores the mouth to a functional and aesthetic state.

g. Proselytization – to convert from one religious belief or party to another by the offer of special treatment.

h. Sliding Fee Scale - the rates charged to an Uninsured Adult on the basis of Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u) and 42 U.S.C. § 254b (k)(3)(G) and 42 C.F.R. § 51c.303(f).

i. Teledentistry - the delivery of dental health care and patient consultation through the use of telehealth systems and technologies, including live, two-way interactions between a patient and a dentist licensed in this state using audiovisual telecommunications technology, or the secure transmission of electronic health records and medical data to a dentist licensed in this state to facilitate evaluation and treatment of the patient outside of a real-time or in-person interaction. Any and all services provided via teledentistry shall be consistent with the in-person provision of those services.

j. Uninsured Adult – an eligible individual Tennessean, ages nineteen (19) through sixty-four (64) who is at or below 200% of the federal poverty level without private or public

insurance that receives dental care or preventative hygienic dental services.

k. Unduplicated Uninsured Adult Dental Patient Count – an Uninsured Adult patient is counted only once per day during the quarterly reporting period and only once for the entire Grant Contract Term to calculate the annual total number of unduplicated patients during the reporting period.

l. Safety Net Quality Improvement Incentive Program – (QIIP) is to increase equitable access to care by improving quality of patient care and create a quality improvement.

A.3. Service Description: Dental - The Grantee shall:

a. Provide Dental Extraction, Fillings, Restorative Services and/or preventative Hygienic Dental Services to Uninsured Adult Tennesseans, nineteen (19) through sixty-four (64) years of age.

b. Provide dental services that must be performed by a dentist or dental hygienist currently licensed by the state of Tennessee pursuant to Title 63 of the Tennessee Code Annotated. Dental services under this Contract may also be provided by a qualified, as defined by the Tennessee Board of Dentistry, dental student under the direct supervision of a dentist licensed by the State of Tennessee.

c. Provide Dental Extractions, Fillings, Restorative Services and/or Preventative Hygienic Dental Services to Uninsured Adults in Tennessee according to a Sliding Fee Scale, free of charge, or at a flat rate charge.

d. Provide Preventative Hygienic Dental Services that includes hygienic service with patient health educational counseling on oral health habits that emphasize the importance of oral health to overall health.

e. Provide no more than two (2) Preventative Hygienic Dental Services appointments per Uninsured Adult during the Term of the Grant Contract.

f. Provide the same standard of care to Uninsured Adults as is currently provided to the Grantee's other patients.

g. Providers participating in QIIP will attend mandatory quarterly calls for training and technical assistance related to metric reporting, data entry, and plan implementation.

h. Providers participating in QIIP will choose from a menu of metrics specific to type of service and needs of the population served and develop a plan, including SMART goal(s) that are approved by Safety Net staff, for implementation that will help to:

   i. Improve and increase access to quality care for uninsured adults in safety net clinics
   ii. Demonstrate improvements in measurable clinical outcomes for participating clinics in a manner that tells a statewide story
   iii. Support and engage with participating clinics to increase capacity for quality improvement work.

A.4. Eligibility Criteria. The Grantee must:

a. Operate as not-for-profit entity providing services in Tennessee and use a combination of volunteers and paid healthcare professionals to deliver services, and/or

b. Operate as a Non-Profit Rural Health Clinic (RHC) in accordance with federal requirements of 42.IV(b)405.2400 governing federal health insurance for the aged and disabled.

c. Provide dental care services in an ambulatory setting.

d. Provide services to low-income, uninsured individuals for free, discounted or sliding-fee scale rates.

A.5. Service Reporting and Compliance: Dental Services. The Grantees shall:

a. Provide to the State an annual service report via REDcap that includes the number of Unduplicated Uninsured Adult Dental Patients during the reporting period.

b. Each individual encounter will be assigned a unique identifier, in a form provided by the State, to protect the privacy and health information for each unduplicated Uninsured Adult patient.

c. Provide a quarterly service report (Attachment 1) via an excel template provided by the State indicating the total number of actual encounters provided to Uninsured Adults at previously determined and agreed upon locations (see Attachment 2) during the reporting period by responding to the State's version of REDcap reporting link provided to the Grantee within twenty (20) days of the service report delivery date.

(1) Quarters are defined as the State Fiscal Quarter:

i. Quarter 1: July 1 – September 30
ii. Quarter 2: October 1 – December 31
iii. Quarter 3: January 1 – March 31
iv. Quarter 4: April 1 – June 30

d. Participating providers will provide a quarterly report in the form of a Plan, Do, Study, Act (PDSA) (Attachment 3) via REDcap on quality measures based on patient data and according to the service report delivery date once enrolled in the QIIP.

e. Provide an annual (final) report (Attachment 4) in a narrative form

f. Participate in site visits of facilities to ensure programmatic compliance is maintained

(1) Site Visits are done in two phases:

i. Phase 1 – Chart review – a percentage of previously submitted patient/encounter data is audited to determine if the patient (age, insurance status, address) and encounter (chief complaint and specific provider) were eligible at the time of service
ii. Phase 2 - Onsite Visit to Review Site Visit Check List (Attachment 5) and Exit Interview

(2) Facilities will participate in site visits at least one time during the 36 month contract period.

A.6. Service Deliverables:

Deliverables	Contract Section	Due Dates
Submit Quarterly Report, Patient Encounter Template, And QIIP Documents (for Participating Providers)	A.5.	Q1 - October 20 Q2 - January 20 Q3 - April 20 Q4 - July 20
Submit Annual Program Activity Summary Report	D.18.	No later than Three (3) months after Grant Contract expiration

A.7. Inspection and Acceptance. Acceptance of the work outlined above will be made by State or its authorized representative. State makes the final determination in terms of acceptance of the work

being performed under this Grant Contract.

A.8. The Grantees shall not use any of the monies received from this Grant Contract to support inherently religious activities, such as worship, religious instruction, or proselytization. Monies from this Grant Contract may not be used to conduct worship services, prayer meetings, or any other activity that is inherently religious. Participation in this state-funded program must be voluntary.

A.9. In the performance of the services under this Grant Contract, the Grantee will collect and maintain patient service data for its own use in the care of its patients. The Grantee will not host any confidential information for or on behalf of the State.

A.10. Incorporation of Additional Documents. Each of the following documents is included as a part of this Grant Contract by reference or attachment. In the event of a discrepancy or ambiguity regarding the Grantee's duties, responsibilities, and performance hereunder, these items shall govern in order of precedence below.

a. this Grant Contract document with any attachments or exhibits (excluding the items listed at subsections b. and c., below);

b. the State grant proposal solicitation as may be amended, if any;

c. the Grantee's proposal (Attachment 1) incorporated to elaborate supplementary scope of services specifications.

A.11 In the event that the Grantee is subject to an audit in accordance with Section D.19. hereunder, the Grantee shall log in to their account on the Edison Supplier Portal to complete the Information for Audit Purposes (IAP) and End of Fiscal Year (EOFY) eForms.

A.12. No funds awarded under this Grant Contract shall be used for lobbying federal, state, or local officials.

B. TERM OF CONTRACT:

This Grant Contract shall be effective on July 1, 2025 ("Effective Date") or upon acceptance into the Safety Net program and extend for a period of thirty-six (36) months after the Effective Date ("Term") or until June 30, 2028. The State shall have no obligation for goods or services provided by the Grantee prior to the Effective Date.

C. PAYMENT TERMS AND CONDITIONS:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed twelve million ($12,000,000.00) ("Maximum Liability"). The Grantee will receive a portion of the program's budget based upon the payment methodology as set forth in Section C.3.

C.2. Compensation Firm. The Maximum Liability of the State is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Contract and are not subject to escalation for any reason unless amended, except as provided in Section C.6.

C.3. Payment Methodology. Payment to the Grantee shall be quarterly amounts paid upon approval of this Grant Contract.

The State, at its sole discretion, shall determine the amount of each quarterly Safety Net Uninsured Adult Medical and/or Dental encounter payment and each eligible quarterly QIIP payment for participating providers. Each Safety Net Uninsured Adult Medical and/or Dental encounter payment shall be based on the number of eligible Grantee Uninsured Adult Medical and/or Dental Encounters as a proportion of the total Uninsured Adult Medical or Dental Encounters of all similar categories of grantees, not to exceed the established Estimated Liability in Section C.1. Each eligible quarterly QIIP payment for participating providers will be a flat rate that shall be based on the volume of participating providers, but will not exceed $100,000 per

provider per service per year. Accordingly, Safety Net Uninsured Adult Medical and/or Dental encounter quarterly payments shall be contingent upon State receipt of required reports from the Grantee indicating the number of Uninsured Adult Medical or Dental Encounters. QIIP quarterly payments shall be contingent upon State receipt of required reports from the Grantee, including a PDSA (Attachment 3) which should detail the QIIP plan, data indicating results of the plan, or changes to the plan for participating providers. The Grantee's failure to provide reports as required may result in the Grantee not receiving one or more quarterly payments.

1) Eligible Safety Net Uninsured Adult Medical and/or Dental Encounter requirements:
   i. patients must be residents of Tennessee,
   ii. location of service must be in Tennessee,
   iii. Patient must be between the ages of 19 and 64 years at the time of service,
   iv. Patient must be Uninsured at the time of service,
   v. Patient must meet the FPL 200 requirement,
   vi. Service must be provided by a licensed provider as listed in Section A.
   vii. May either count In-office or telehealth on a single day for the same service type (ie) Medical or Behavioral
   viii. May only count patients if this program is the sole payor source

C.4. Quarterly Reporting Requirements. The Grantee shall provide the State with quarterly reports as outlined in Section A.5.

C.5. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any reimbursement, invoice (Attachment 6), or matter in relation thereto. A payment by the State shall not be construed as acceptance of any part of the work or service provided or as approval of any amount as an allowable cost.

C.6. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract 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 Central Procurement Office Policy 2013-007 or any amendments or revisions made to this policy statement during the Term.

C.7. Non-allowable Costs. Any amounts payable to the Grantee shall be subject to reduction for amounts included in any invoice or payment that are determined by the State, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs.

C.8. State's Right to Set Off. The State reserves the right to set off or deduct from amounts that are or shall become due and payable to the Grantee under this Grant Contract or under any other agreement between the Grantee and the State of Tennessee under which the Grantee has a right to receive payment from the State.

C.9. Prerequisite Documentation. The Grantee shall not invoice the State under this Grant Contract until the State has received the following, properly completed documentation.

a. The Grantee shall complete, sign, and return to the State an "Authorization Agreement for Automatic Deposit (ACH Credits) Form" provided by the State. By doing so, the Grantee acknowledges and agrees that, once this form is received by the State, all payments to the Grantee under this or any other grant contract will be made by automated clearing house ("ACH").

b. The Grantee shall complete, sign, and return to the State the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Grantee's Federal Employer Identification Number or Social Security Number referenced in the Grantee's Edison registration information.

D. STANDARD TERMS AND CONDITIONS:

D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Grant Contract, the 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).

D.2. Modification and Amendment. This Grant Contract may be modified only by a written amendment signed by all parties and approved by the officials who approved the Grant Contract and, depending upon the specifics of the Grant Contract 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, the Commissioner of Human Resources, and the Comptroller of the Treasury).

D.3. Termination for Convenience. The State may terminate this Grant Contract without cause for any reason. A termination for convenience shall not be a breach of this Grant Contract by the State. The State shall give the Grantee at least thirty (30) days written notice before the effective termination date. The Grantee shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the State be liable to the Grantee for compensation for any service that has not been rendered. The final decision as to the amount for which the State is liable shall be determined by the State. The Grantee shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for the State's exercise of its right to terminate for convenience.

D.4. Termination for Cause. If the Grantee fails to properly perform its obligations under this Grant Contract, or if the Grantee violates any terms of this Grant Contract, the State shall have the right to immediately terminate this Grant Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of the State's right to terminate this Grant Contract for cause, the Grantee shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Grant Contract by the Grantee.

D.5. Subcontracting. The Grantee shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination," "Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.

D.6. Conflicts of Interest. The Grantee warrants that no part of the total Grant Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Grantee in connection with any work contemplated or performed relative to this Grant Contract.

D.7. Lobbying. The Grantee certifies, to the best of its knowledge and belief, that:

a. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

c. The Grantee shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and

contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

D.8. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Contract 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 State:

Alle Crampton, M.S., MPH, Director
Uninsured Adult Healthcare Safety Net Program
State Office of Rural Health
Tennessee Department of Health
710 James Robertson Parkway, 2nd floor
Nashville, TN 37243
Email Address Alle.M.Crampton@tn.gov
Phone: 615-961-6778

The Grantee:

Edwina Jordan
Anderson County Government (Anderson County Health Department) (Emory Valley Dental Clinic)
710 N. Main Street
Clinton, TN 37716
ejordan@andersoncountytn.gov
(865) 264-6356

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.9. Subject to Funds Availability. This Grant Contract 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 State reserves the right to terminate this Grant Contract upon written notice to the Grantee. The State's right to terminate this Grant Contract due to lack of funds is not a breach of this Grant Contract by the State. Upon receipt of the written notice, the Grantee shall cease all work associated with the Grant Contract. Should such an event occur, the Grantee shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Grantee shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

D.10. Nondiscrimination. The Grantee hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Grantee on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law. The Grantee shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

D.11. HIPAA Compliance. As applicable, 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.

D.12. Public Accountability. If the Grantee is subject to Tenn. Code Ann. § 8-4-401 *et seq.*, or if this Grant Contract involves the provision of services to citizens by the Grantee on behalf of the State, the Grantee agrees to establish a system through which recipients of services may present grievances about the operation of the service program. The Grantee shall also display in a prominent place, located near the passageway through which the public enters in order to receive Grant supported services, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:

NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.

The sign shall be on the form prescribed by the Comptroller of the Treasury. The Grantor State Agency shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from the Grantee, provide Grantee with any necessary signs.

D.13. Public Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract shall include the statement, "This project is funded under a grant contract with the State of Tennessee." All notices by the Grantee in relation to this Grant Contract shall be approved by the State.

D.14. Licensure. The Grantee, its employees, and any approved subcontractor shall be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and shall upon request provide proof of all licenses.

D.15. Records. The Grantee and any approved subcontractor shall maintain documentation for all charges under this Grant Contract. The books, records, and documents of the Grantee and any approved subcontractor, insofar as they relate to work performed or money received under this Grant Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the records be maintained for a period of less than five (5) full years from the date of the final payment. The Grantee's records shall be subject to audit at any reasonable time and upon reasonable notice by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.

The records shall be maintained in accordance with Governmental Accounting Standards Board (GASB) Accounting Standards or the Financial Accounting Standards Board (FASB) Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.

In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.*

Grant expenditures shall be made in accordance with local government purchasing policies and procedures and purchasing procedures for local governments authorized under state law.

The Grantee shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

The Grantee shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. The Grantee shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by the head of the Grantor State Agency, the Central Procurement Office, or the Commissioner of Finance and Administration of the State of Tennessee.

D.16. Monitoring. The Grantee's activities conducted and records maintained pursuant to this Grant Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.

D.17. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the State as requested.

D.18. Annual and Final Reports. The Grantee shall submit, within three (3) months of the conclusion of each year of the Term, an annual report. For grant contracts with a term of less than one (1) year, the Grantee shall submit a final report within three (3) months of the conclusion of the Term. For grant contracts with multiyear terms, the final report will take the place of the annual report for the final year of the Term. The Grantee shall submit annual and final reports to the Grantor State Agency. At minimum, annual and final reports shall include: (a) the Grantee's name; (b) the Grant Contract's Edison identification number, Term, and total amount; (c) a narrative section that describes the program's goals, outcomes, successes and setbacks, whether the Grantee used benchmarks or indicators to determine progress, and whether any proposed activities were not completed; and (d) other relevant details requested by the Grantor State Agency. Annual and final report documents to be completed by the Grantee shall appear on the Grantor State Agency's website or as Attachment 4 to the Grant Contract.

D.19. Audit Report. The Grantee shall be audited in accordance with applicable Tennessee law. At least ninety (90) days before the end of its fiscal year, the Grantee shall complete the Information for Audit Purposes ("IAP") form online (accessible through the Edison Supplier portal) to notify the State whether or not Grantee is subject to an audit. The Grantee should submit only one, completed form online during the Grantee's fiscal year. Immediately after the fiscal year has ended, the Grantee shall fill out the End of Fiscal Year ("EOFY") (accessible through the Edison Supplier portal).

When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.*

A copy of the audit report shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.

D.20. Procurement. If other terms of this Grant Contract allow reimbursement for the cost of goods, materials, supplies, equipment, or contracted services, such procurement shall be made on a competitive basis, including the use of competitive bidding procedures, where practical. The Grantee shall maintain documentation for the basis of each procurement for which reimbursement is paid pursuant to this Grant Contract. In each instance where it is determined

that use of a competitive procurement method is not practical, supporting documentation shall include a written justification for the decision and for use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.317—200.327 when procuring property and services under a federal award.

The Grantee shall obtain prior approval from the State before purchasing any equipment under this Grant Contract.

For purposes of this Grant Contract, 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 ten thousand dollars ($10,000.00).

D.21. Strict Performance. Failure by any party to this Grant Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this Grant Contract is not a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Grant Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the parties.

D.22. Independent Contractor. The parties shall not act as employees, partners, joint venturers, or associates of one another in the performance of this Grant Contract. The parties acknowledge that they are independent contracting entities and that nothing in this Grant Contract shall be construed to create a principal/agent relationship or to allow either to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.

D.23. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Grant Contract. In no event will the State be liable to the Grantee or any other party for any lost revenues, lost profits, loss of business, loss of grant funding, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Grant Contract or otherwise. The State's total liability under this Grant Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability originally established in Section C.1 of this Grant Contract. This limitation of liability is cumulative and not per incident.

D.24. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party except to the extent that the non-performing party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either party from its obligations under this Grant Contract. Except as set forth in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a default under this Grant Contract or grounds for termination. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Grantee's representatives, suppliers, subcontractors, customers or business apart from this Grant Contract is not a Force Majeure Event under this Grant Contract. Grantee will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Grantee's performance longer than forty-eight (48) hours, the State may, upon notice to Grantee: (a) cease payment of the fees until Grantee resumes performance of the affected obligations; or (b) immediately terminate this Grant Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Grantee will not increase its charges under this Grant Contract or charge the State any fees other than those provided for in this Grant Contract as the result of a Force Majeure Event.

D.25. Tennessee Department of Revenue Registration. The Grantee shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Grant Contract.

D.26. Reserved

D.27. No Acquisition of Equipment or Motor Vehicles. This Grant Contract does not involve the acquisition and disposition of equipment or motor vehicles acquired with funds provided under this Grant Contract.

D.28. State and Federal Compliance. The Grantee shall comply with all applicable state and federal laws and regulations in the performance of this Grant Contract. The U.S. Office of Management and Budget's Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is available here: http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

D.29. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-408.

D.30. Completeness. This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions agreed to by the parties. This Grant Contract supersedes any and all prior understandings, representations, negotiations, or agreements between the parties, whether written or oral.

D.31. Severability. If any terms and conditions of this Grant Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions shall not be affected and shall remain in full force and effect. To this end, the terms and conditions of this Grant Contract are declared severable.

D.32. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.

D.33. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Grant Contract. The Grantee certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.

D.34. Debarment and Suspension. The Grantee certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:

a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency.

b. have not within a three (3) year period preceding this Grant Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and

d. have not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Grantee shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

D.35. 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.

D.36. State Sponsored Insurance Plan Enrollment. The Grantee warrants that it will not enroll or permit its employees, officials, or employees of contractors to enroll or participate in a state sponsored health insurance plan through their employment, official, or contractual relationship with Grantee unless Grantee first demonstrates to the satisfaction of the Department of Finance and Administration that it and any contract entity satisfies the definition of a governmental or quasigovernmental entity as defined by federal law applicable to ERISA.

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 Contract, the special terms and conditions shall be subordinate to the Grant Contract's other terms and conditions.

E.2. Family Educational Rights and Privacy Act & Tennessee Data Accessibility, Transparency and Accountability Act. The Grantee shall comply with the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. 1232(g)) and its accompanying regulations (34 C.F.R. § 99) ("FERPA"). The Grantee warrants that the Grantee is familiar with FERPA requirements and that it will comply with these requirements in the performance of its duties under this Grant Contract. The Grantee agrees to cooperate with the State, as required by FERPA, in the performance of its duties under this Grant Contract. The Grantee agrees to maintain the confidentiality of all education records and student information. The Grantee shall only use such records and information for the exclusive purpose of performing its duties under this Grant Contract. The obligations set forth in this Section shall survive the termination of this Grant Contract.

The Grantee shall also comply with Tenn. Code Ann. § 49-1-701, *et seq.*, known as the "Data Accessibility, Transparency and Accountability Act," and any accompanying administrative rules or regulations (collectively "DATAA"). The Grantee agrees to maintain the confidentiality of all records containing student and de-identified data, as this term is defined in DATAA, in any databases, to which the State has granted the Grantee access, and to only use such data for the exclusive purpose of performing its duties under this Grant Contract.
Any instances of unauthorized disclosure of data containing personally identifiable information in violation of FERPA or DATAA that come to the attention of the Grantee shall be reported to the State within twenty-four (24) hours.

E.3. Work Papers Subject to Review. The Grantee shall make all audit, accounting, or financial analysis work papers, notes, and other documents available for review by the Comptroller of the Treasury or his representatives, upon request, during normal working hours either while the analysis is in progress or subsequent to the completion of this Grant Contract.

E.4. The Grantee shall provide a drug-free workplace pursuant to the "Drug-Free Workplace Act," 41 U.S.C. §§ 8101 through 8106, and its accompanying regulations.

E.5. 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.6. Transfer of Grantee's Obligations.
The Grantee shall not transfer or restructure its operations related to this Grant Contract without the prior written approval of the State. The Grantee shall immediately notify the State in writing of a proposed transfer or restructuring of its operations related to this Grant Contract. The State reserves the right to request additional information or impose additional terms and conditions before approving a proposed transfer or restructuring.

E.7. Health Care Data. Grantee shall provide data reports about health care services provided under this Grant using the Department of Health's Patient Tracking and Billing Management Information System (or its successor). Data regarding health care services provided by the Grantee shall be coded and entered into the Patient Tracking and Billing Management Information System (PTBMIS), using the PTBMIS Codes Manual. The PTBMIS Codes manual is available electronically at http://hsaintranet.health.tn.gov/ and e-mail notices shall be sent to the Grantee

regarding new revisions and/or updates, which can be accessed through the above-referenced website.

On a schedule defined by the State, the Grantee shall submit Central Office Database Report (CODB) files, as defined in PTBMIS, electronically to the State. The Grantee shall also submit other health care data reports, as requested by the State, and in a format acceptable to the State.

E.8. Americans with Disabilities Act. The Grantee must comply with the Americans with Disabilities Act (ADA) of 1990, as amended, including implementing regulations codified at 28 CFR Part 35 "Nondiscrimination on the Basis of Disability in State and Local Government Services" and at 28 CFR Part 36 "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities," and any other laws or regulations governing the provision of services to persons with a disability, as applicable. For more information, please visit the ADA website: http://www.ada.gov.

E.9. Information Technology Security Requirements (State Data, Audit, and Other Requirements).

a. The Grantee shall protect State Data as follows:

(1) The Grantee shall ensure that all State Data is housed in the continental United States, inclusive of backup data. All State data must remain in the United States, regardless of whether the data is processed, stored, in-transit, or at rest. Access to State data shall be limited to US-based (onshore) resources only.

All system and application administration must be performed in the continental United States. Configuration or development of software and code is permitted outside of the United States. However, software applications designed, developed, manufactured, or supplied by persons owned or controlled by, or subject to the jurisdiction or direction of, a foreign adversary, which the U.S. Secretary of Commerce acting pursuant to 15 CFR 7 has defined to include the People's Republic of China, among others are prohibited. Any testing of code outside of the United States must use fake data. A copy of production data may not be transmitted or used outside the United States.

IN WITNESS WHEREOF,

ANDERSON COUNTY GOVERNMENT (ANDERSON COUNTY HEALTH DEPARTMENT) (EN

GRANTEE SIGNATURE **DATE**

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF HEALTH:

DR. JOHN R. DUNN, INTERIM COMMISSIONER **DATE**

APPROVED AS TO LEGAL FORM

James Brooks Jr. 10-29-2025

James W. Brooks, Jr.
Anderson County Law Director

ATTACHMENT 1

NO APPROVED SATELLITE SITES

FY# Quarterly Report (1, 2, 3, or 4)

Please complete the survey below.

Reporting Period: (Q1: July 1 – September 30, Q2: October 1 – December 31, Q3: January 1 – March 31, Q4: April 1 – June 30)

Report Due: (Q1: October 20, Q2: January 20, Q3: April 20, Q4: July 20)

REDCap Instructions:

To ensure your facility receives timely payment, you must verify the contact person's information, eligible patient encounters, billing address, and legal name of your facility (found on your W-9). If the information is incorrect or needs to be updated, please contact Alle Crampton at Alle.M.Crampton@tn.gov.

Once verified, upload your Quarter (1, 2, 3, or 4) Report using the excel template provided.

Please sign your survey. You may complete your survey by clicking Submit or clicking Save and Return* if you need to return later to complete your survey.*If you choose to save and return later to your survey, you will be directed to a new page to receive a Return Code. Be sure to keep the code to return to your survey. You may also have the survey link sent to you by entering your email address and clicking on Send Survey Link. For security purposes, your return code will NOT be included in the email.

Thank you!

Quarterly Reporting Period (Q#): (Date Range)

Grantee Information

What eligible Safety Net service are you reporting in Coordination this survey? If your facility provides more than one service, you will have to complete a separate survey for each service

- ◯ Care
- ◯ Dental
- ◯ Primary Care

(Select Your Type of Service)

Please select your facility type.

- ◯ Community-Faith Based (CFB)
- ◯ Federally Qualified Health Center
- ◯ (FQHC) Project Access

Name of Service Facility: _____
Billing Address of Service Facility: _____
County of Service Facility: _____

Please confirm the clinic name that you are reporting (these will auto populate and you will select your clinic name)

Please verify the address listed above is correct for billing purposes regarding your facility.
Note:
If you have questions regarding your billing address, please contact Alle.M.Crampton@tn.gov. We utilize your address associated with payment in Edison listed under your facility name.

If your dental/primary care/care coordination care service facility has more than one site or location where dental/primary care/care coordination services are provided:
How many sites are fully operational? (Select Number)

Grantee Contact Information

Please select the contact person for your facility. If your contact's name is not listed, please select "NAME NOT FOUND" and enter information below.

First and Last Name of Contact: _____

If answer above is "NAME NOT FOUND" – Who is your Dental/primary care/care coordination Care contact?

First and Last Name of Contact:
Email Address of Service Facility Contact: _____
Enter your email address: ___

Patient Information File Upload

Are you currently receiving funds from Tennessee Department of Mental Health & Substance Abuse Services' Behavioral Health Safety Net program?	◯ Yes ◯ N
I verify that patient encounters are not being duplicated for both Behavioral Health Safety Net program and Uninsured Adult Healthcare Safety Net program.	◯ Yes
Total Eligible Encounters Note: The total eligible encounters must match the total eligible encounters in the excel file you are about to upload.	_____ (Enter The Total Eligible Encounters From Your File Upload)
All your patients reported are uninsured.	◯ Yes (Verify All Your Patients are Uninsured)
All your patients reported are Tennessee residents.	◯ Yes (Verify All Your Patients Are Tennessee Residents)
Verify that your dental/primary care/care coordination care facility name is typed in the excel template which you will be uploading.	◯ Yes (Verify Your Facility Name is Typed In The Excel Template)

Please upload your Q (1, 2, 3, 4) report.

Your Signature Is Required

Name of Service Facility And Date Signed:
Name of Care Service Facility:
Date Signed by Facility:

Please sign using this link.

Note: Sign your full name before you save your signature.

Click on "Reset" to clear and re-start signing your full name until your full name is correctly signed.

Please, click "Save Signature" when you have successfully signed your full name.

Please provide any patient testimonials and/or provider stories. We want to highlight the work you're doing!

ATTACHMENT 3

Department of Health

Quality Improvement Plan-Do-Study-Act (PDSA)

Organization: **Date:**

Category: Please Select One:

Target Measure(s):

Plan/Goal Setting: Describe the Problem to be Solved

State the Problem. "ex. who, what, when, where, how long"	
What Exactly Will Be Done? "ex. initial interventions, expected outcomes, goal(s), expected overall outcome goal rate in a percentage form"	What will be done: Expected outcome:

PH-4449

ATTACHMENT 3

Measure:

	DO: Intervention/Improvements:			STUDY Results	Act
	Action Step	Start & End Date	Person Responsible	Analysis of Results	Outcome and Decisions
Intervention 1					Please Select One:
Intervention 2					Please Select One:
Intervention 3					Please Select One:

ATTACHMENT 3

Measure:

	DO: Intervention/Improvements:			STUDY Results	Act
	Action Step	Start & End Date	Person Responsible	Analysis of Results	Outcome and Decisions
Intervention 1					Please Select One:
Intervention 2					Please Select One:
Intervention 3					Please Select One:

ATTACHMENT 4

Annual (Final) Report*

1. **Grantee Name:**
2. **Grant Contract Edison Number:**
3. **Grant Term:**
4. **Grant Amount:**
5. **Narrative Performance Details:** *(Description of program goals, outcomes, successes and setbacks, benchmarks or indicators used to determine progress, any activities that were not completed)*

Submit one copy to:

Alle.M.Crampton@tn.gov, **Director of Uninsured Adult Health Care Services**

TN Department of Health

ATTACHMENT 5

Date:	**Inspected by:**
Site Location: Name & Address	
Program Type: Community / Faith-Based | Federally Qualified Health Center Please Highlight One	
Service Type: Primary Care | Dental Care Please Highlight One	
Date Range for Review: (DATE)	

	Site Management | PHASE TWO	**Y**	**N**	**Notes / Observations**
1	Provide list and copies/photos of licenses of all healthcare practitioners providing services for Safety Net patients during the dates highlighted below.	☐	☐	
2	Provide Organizational Chart (with names)	☐	☐	
3	Provide names of Board members and their terms of appointment.	☐	☐	
4	Provide most recent Board meeting minutes and/or board committee meeting minutes.	☐	☐	
5	Provide documentation of the **clinic's** business liability insurance or insurance through the Federal Tort Claims Act (FTCA).	☐	☐	
6	Provide a current copy of your clinic's sliding fee schedule and include how fees are developed.	☐	☐	
7	Provide policy or practice pertaining to non-payment of patient account balances. Note: Policy should confirm that services are not denied to uninsured adults based on their ability to pay.	☐	☐	
8	Provide documentation of how patients are informed of their rights under HIPAA and documentation of signed notice in patient records. (Patient Consent/HIPAA)	☐	☐	
9	Provide description how uninsured adults covered by the Safety Net program are documented in your patient registration, scheduling, and accounts management software system.	☐	☐	
10	Provide picture or proof of Notice that all patients will be seen regardless of ability to pay.	☐	☐	
11	Provide picture or proof of Comptroller Sign posted in clinic lobby.	☐	☐	
12	Between **(DATE)**, total # clinic patients seen (All patients served at your clinic – all ages, all payor sources)			

I confirm that the documents provided as part of this Uninsured Adult Healthcare Safety Net Site Visit are correct to the best of my knowledge.

Uninsured Adult Healthcare Safety Net Provider				
For Uninsured Adult Healthcare Safety Net Staff Use Only				
Program Director Representative Signature		Title	Print Name	Date
	Print	Signature		Date
State Office of Rural Health Director				
	Print	Signature		Date

TN Department of Health

Invoice Reimbursement Form

Contract #
Supplier Name
Program Name

Section 1: Contract Information (to be completed by TDH Accounts)

PO # (Req.) _____

PO Line # (Req.) _____

Receipt # (Req.) _____

Agency Invoice # _____

Edison Contract # _____

Edison Vendor # _____

Edison Address Line # _____

AP Attachment (check if yes) ☐

Section 2: Invoice Information (to be completed by Contractor/Grantee)

Contract Invoice # _____

Invoice Date _____

Service Start Date _____

Service End Date _____

Contract Start Date _____

Contract End Date _____

Contact Person Name _____

Phone # _____

Remit Payment to:

Business Name _____

Street Address _____ City _____ State _____ ZIP _____

Budget Line Items	(A) Total Contract Budget	(B) Amount Billed YTD	(C) Monthly Expenditures Due
Salaries			
Benefits			
Professional Fee/Grant/Award			
Supplies			
Telephone			
Postage and Shipping			
Occupancy			
Equipment Rental and Maintenance			
Printing and Publications			
Travel/Conferences and Meetings			
Interest			
Insurance			
Specific Assistance to Individuals			
Depreciation			
Other Non-Personnel			
Capital Purchase			
Indirect Costs			
TOTAL			

Section 3: Payment Information (to be completed by TDH Program)

Invoice Received Date _____ Invoice Received by (Name) _____

Service Type (Select One): ☐ Medical Services ☐ Non-Medical Services

Speedchart	Department ID	User Code	Project ID	Amount ($)

Total Amount: _____

Additional Signatures as Required by Program (Not required for processing and payment by F&A Accounts Payable)

_____ Program Signature 1

_____ Program Signature 2

_____ Program Signature 3

Section 4: Authorized Signatures

Contractor/Grantee Authorization

Name: _____

Date: _____

Signature: _____

TDH Program Authorization

Name: _____

Date: _____

Signature: _____

TDH Accounts Authorization

Name: _____

Date: _____

Signature: _____

Section 5: Additional Comments

Section 6: Month to Month Expense Tracking Sheet (Not Required by F&A Accounts Payable)

Budget Line Items	Budget Amt	Jul Expenses	Aug Expenses	Sep Expenses	Oct Expenses	Nov Expenses	Dec Expenses	Jan Expenses	Feb Expenses	Mar Expenses	Apr Expenses	May Expenses	Jun Expenses	YTD Totals	Balance Remaining
Salaries	$ 0.00													$ 0.00	$ 0.00
Benefits	$ 0.00													$ 0.00	$ 0.00
Fee/Grant/Award	$ 0.00													$ 0.00	$ 0.00
Supplies	$ 0.00													$ 0.00	$ 0.00
Telephone	$ 0.00													$ 0.00	$ 0.00
Postage and Shipping	$ 0.00													$ 0.00	$ 0.00
Occupancy	$ 0.00													$ 0.00	$ 0.00
Equipment Rental and Maintenance	$ 0.00													$ 0.00	$ 0.00
Printing and Publications	$ 0.00													$ 0.00	$ 0.00
Travel/Conferences and Meetings	$ 0.00													$ 0.00	$ 0.00
Interest	$ 0.00													$ 0.00	$ 0.00
Insurance	$ 0.00													$ 0.00	$ 0.00
Specific Assistance to Individuals	$ 0.00													$ 0.00	$ 0.00
Depreciation	$ 0.00													$ 0.00	$ 0.00
Other Non-Personnel	$ 0.00													$ 0.00	$ 0.00
Capital Purchase	$ 0.00													$ 0.00	$ 0.00
Indirect Costs	$ 0.00													$ 0.00	$ 0.00
Totals	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

COMCAST BUSINESS

COMCAST ENTERPRISE SERVICES SALES ORDER FORM

26-0069

MSA ID#: TN-9344067-SCole

SO ID#: TN-9344067-SCole-29414392

Account Name: Anderson County Government

CUSTOMER INFORMATION (for notices)

Primary Contact: Brian Young
Title: Director of IT
Address 1: 100 N Main St
Address 2: Suite 210
City: Clinton
State: TN
Zip: 37716
Phone: 8658069459
Cell:
Fax:
Email: it@andersoncountytn.gov

Billing Account Name: Anderson County Government
Billing Name (3rd Party Accounts):
Billing Contact: Coby Melton
Title: IT Technician
Phone: 8652596905
Cell:
Fax:
Email: cmelton@andersoncountytn.gov

INVOICE ADDRESS
Address 1: 100 N Main St
Address 2: Suite 210
City: Clinton
State: TN
Zip Code: 37716
Tax Exempt: Yes
* If Yes, please provide and attach all applicable tax exemption certificates

SUMMARY OF CHARGES (Details on following pages)

Service Term (Months): 60

SUMMARY OF SERVICE CHARGES*

Current Monthly Recurring Charges:	$0.00
Current Trunk Services Monthly Recurring Charges:	$0.00
Total Current Monthly Recurring Charges (all Services):	**$0.00**
Change Monthly Recurring Charges:	$1,496.00
Change Trunk Services Monthly Recurring Charges:	$0.00
Change Monthly Recurring Charges (all Services):	**$1,496.00**
Total Monthly Recurring Charges:	$1,496.00
Total Trunk Services Monthly Recurring Charges:	$0.00
Total Monthly Recurring Charges (all Services):	**$1,496.00**

SUMMARY OF STANDARD INSTALLATION FEES*

Total Standard Installation Fees:	$0.00
Total Trunk Services Standard Installation Fees:	$0.00
Total Standard Installation Fees (all Services):	**$0.00**

SUMMARY OF CUSTOM INSTALLATION FEES*

Total Custom Installation Fee:	**$0.00**

SUMMARY OF MONTHLY EQUIPMENT FEES*

Current Services Equipment Fee Monthly Recurring Charges:	$0.00
Current Trunk Services Equipment Fee Monthly Recurring Charges:	$0.00
Current Equipment Fee Monthly Recurring Charges (All Services):	**$0.00**
Change Services Equipment Fee Monthly Recurring Charges:	$439.45
Change Trunk Services Equipment Fee Monthly Recurring Charges:	$0.00
Change Equipment Fee Monthly Recurring Charges (All Services):	**$439.45**
Total Service Equipment Fee Monthly Recurring Charges	**$439.45**
Total Trunk Service Equipment Fee Monthly Recurring Charges	**$0.00**
Total Equipment Fee Monthly Recurring Charges (All Services)	**$439.45**

*Note: Charges identified in the Sales Order are exclusive of maintenance and repair charges, and applicable federal, state, and local taxes, fees, surcharges and recoupments (however designated). Please refer to your Comcast Enterprise Services Master Services Agreement (MSA) for specific detail regarding such charges. Customer shall pay Comcast one hundred percent (100%) of the non-amortized Custom Installation Fees prior to the installation of Service. The existence of Hazardous Materials at the Service Location or a change in installation due to an Engineering Review may result in changes to the Custom and/or Standard Installation Fees payable by Customer.

GENERAL COMMENTS

AGREEMENT

This Comcast Enterprise Services Sales Order Form ("Sales Order") shall be effective upon acceptance by Comcast. This Sales Order is made a part of the Comcast Enterprise Services Master Services Agreement, entered between Comcast and the undersigned and is subject to the Product Specific Attachment for the Service(s) ordered herein, located at http://business.comcast.com/terms-conditions-ent, (the "Agreement"). Unless otherwise indicated herein, capitalized words shall have the same meaning as in the Agreement.

By purchasing Comcast voice services, you are giving Comcast Business permission to request a copy of the Customer Service Record(s) from your existing carrier(s). Customer Service Records include the telephone numbers listed on the account(s) and may also include information related to services provided by such carrier(s).

COMPANY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS 911 NOTICE:

Your Comcast Business Voice Services set forth in this Sales Order (the "Voice Services") have the following 911 limitations:

- In order for 911 calls to be properly directed to emergency services using the Voice Services, Customer must provide and maintain the correct service address information ("Registered Service Location") for each telephone number and extension used by Customer. The Registered Service Location should also include information such as floor and office number as appropriate
- If the Voice Services are moved to, or used in, a different location without Customer providing an updated Registered Service Location, 911 calls may be directed to the wrong emergency authority, may transmit the wrong address, and/or the Voice Services (including 911) may fail altogether. Customer's use of a telephone number not associated with its geographic location, or a failure to allot sufficient time for a Registered Service Location change to be processed, may increase these risks.
- Customer is solely responsible for programming its telephone system to map each telephone number and extension to the correct location, and for updating the telephone system as necessary to reflect moves or additions of stations.
- Customer 911 calls may be sent to an emergency call center where an agent will ask for the caller's name, telephone number, and location, and then will contact the local emergency authority
- The Voice Services use electrical power in the Customer's premises. If there is an electrical power outage, 911 calling may be interrupted if back-up power is not installed, fails, or is exhausted. Voice Services that rely on a broadband connection may also be interrupted if the broadband service fails.
- Calls using the Voice Services, including calls to 911, may not be completed if there is a problem with network facilities, including network congestion, network equipment and/or power failure, a broadband connection failure, or another technical problem.
- Failure by Customer to make updates to the Registered Service Location, including updates to restore service address to the original Registered Service Location, or failure to allot sufficient time for the Service Location update provisioning to complete may result in emergency services being dispatched to the incorrect Service Location.
- Customers should call Comcast at 800-741-4141 if they have any questions or need to update the Registered Service Location in the E911 system.

BY SIGNING BELOW, CUSTOMER ACKNOWLEDGES THAT IT HAS READ AND UNDERSTANDS THE FOREGOING 911 NOTICE AND THE 911 LIMITATIONS OF THE VOICE SERVICES.

By signing below, Customer acknowledges, agrees to and accepts the terms and conditions of this Sales Order.

CUSTOMER USE ONLY (By authorized representative)	COMCAST USE ONLY (By authorized representative)		
Signature:	Signature:	Sales Rep:	Caleb Whichard
Name:	Name:	Sales Rep E-Mail:	caleb_whichard@comcast.com
Title:	Title:	Region:	Big South
Date:	Date:	Division:	Central

COMCAST BUSINESS

COMCAST ENTERPRISE SERVICES SALES ORDER FORM

SERVICES AND PRICING

Account Name: Anderson County Government **Date:** 10/23/2025

MSA ID#: TN-9344067-SCole **SO ID#:** TN-9344067-SCole-29414392

Short Description of Service: Adding 11 additional ENS sites to existing EDI/ENS network

Service Term: 60 MONTHS

Line	Request	Action	Service(s)	Description	Service Location A*	Service Location Z*	Tax Jurisdiction	Qty	Solution Charges Monthly	Solution Charges One-Time
001	New	Add	Ethernet Network Interface - 10 / 100	Port	OS-0002358677 / 1 NORRIS SQ	-	Interstate	1	$21.03	$0.00
002	New	Add	ENS - Basic Network Bandwidth	50 Mbps	OS-0002358677 / 1 NORRIS SQ	-	Interstate	1	$114.97	$0.00
003	-	-	-		-	-			$0.00	$0.00
004	New	Add	Ethernet Network Interface - 10 / 100	Port	OS-0002358678 / 101 S MAIN ST	-	Interstate	1	$21.03	$0.00
005	New	Add	ENS - Basic Network Bandwidth	50 Mbps	OS-0002358678 / 101 S MAIN ST	-	Interstate	1	$114.97	$0.00
006	-	-	-		-	-			$0.00	$0.00
007	New	Add	Ethernet Network Interface - 10 / 100	Port	OS-0002362000 / 105 LAWSON S	-	Interstate	1	$21.03	$0.00
008	New	Add	ENS - Basic Network Bandwidth	50 Mbps	OS-0002362000 / 105 LAWSON S	-	Interstate	1	$114.97	$0.00
009	-	-	-		-	-			$0.00	$0.00
010	New	Add	Ethernet Network Interface - 10 / 100	Port	OS-0002358679 / 110 S BOWLING	-	Interstate	1	$21.03	$0.00
011	New	Add	ENS - Basic Network Bandwidth	50 Mbps	OS-0002358679 / 110 S BOWLING	-	Interstate	1	$114.97	$0.00
012	-	-	-		-	-			$0.00	$0.00
013	New	Add	Ethernet Network Interface - 10 / 100	Port	OS-0002362008 / 118 S HICKS ST	-	Interstate	1	$21.03	$0.00
014	New	Add	ENS - Basic Network Bandwidth	50 Mbps	OS-0002362008 / 118 S HICKS ST	-	Interstate	1	$114.97	$0.00
015	-	-	-		-	-			$0.00	$0.00
016	New	Add	Ethernet Network Interface - 10 / 100	Port	OS-0002362002 / 129 FIRST QUA	-	Interstate	1	$21.03	$0.00
017	New	Add	ENS - Basic Network Bandwidth	50 Mbps	OS-0002362002 / 129 FIRST QUA	-	Interstate	1	$114.97	$0.00
018	-	-	-		-	-			$0.00	$0.00
019	New	Add	Ethernet Network Interface - 10 / 100	Port	OS-0002362003 / 150 OAK RIDGE	-	Interstate	1	$21.03	$0.00
020	New	Add	ENS - Basic Network Bandwidth	50 Mbps	OS-0002362003 / 150 OAK RIDGE	-	Interstate	1	$114.97	$0.00
021	-	-	-		-	-			$0.00	$0.00
022	New	Add	Ethernet Network Interface - 10 / 100	Port	OS-0002362004 / 184 RALEIGH R	-	Interstate	1	$21.03	$0.00
023	New	Add	ENS - Basic Network Bandwidth	50 Mbps	OS-0002362004 / 184 RALEIGH R	-	Interstate	1	$114.97	$0.00
024	-	-	-		-	-			$0.00	$0.00
025	New	Add	Ethernet Network Interface - 10 / 100	Port	OS-0002358680 / 226 N MAIN ST	-	Interstate	1	$21.03	$0.00
026	New	Add	ENS - Basic Network Bandwidth	50 Mbps	OS-0002358680 / 226 N MAIN ST	-	Interstate	1	$114.97	$0.00
027	-	-	-		-	-			$0.00	$0.00
028	New	Add	Ethernet Network Interface - 10 / 100	Port	OS-0002358682 / 708 N MAIN St	-	Interstate	1	$21.03	$0.00
029	New	Add	ENS - Basic Network Bandwidth	50 Mbps	OS-0002358682 / 708 N MAIN St	-	Interstate	1	$114.97	$0.00
030	-	-	-		-	-			$0.00	$0.00
031	New	Add	Ethernet Network Interface - 10 / 100	Port	OS-0002362005 / 906 E TRI COUI	-	Interstate	1	$21.03	$0.00
032	New	Add	ENS - Basic Network Bandwidth	50 Mbps	OS-0002362005 / 906 E TRI COUI	-	Interstate	1	$114.97	$0.00
033	-	-	-		-	-			$0.00	$0.00
034	-	-	-		-	-			$0.00	$0.00
035	-	-	-		-	-			$0.00	$0.00
036	-	-	-		-	-			$0.00	$0.00
037	-	-	-		-	-			$0.00	$0.00
038	-	-	-		-	-			$0.00	$0.00
039	-	-	-		-	-			$0.00	$0.00
040	-	-	-		-	-			$0.00	$0.00
041	-	-	-		-	-			$0.00	$0.00
042	-	-	-		-	-			$0.00	$0.00
043	-	-	-		-	-			$0.00	$0.00
044	-	-	-		-	-			$0.00	$0.00
045	-	-	-		-	-			$0.00	$0.00
046	-	-	-		-	-			$0.00	$0.00
047	-	-	-		-	-			$0.00	$0.00
048	-	-	-		-	-			$0.00	$0.00
049	-	-	-		-	-			$0.00	$0.00
050	-	-	-		-	-			$0.00	$0.00

* Services Location Details attached Charges are Exclusive of Equipment Fees

PAGE 2 SUBTOTAL: $1,496.00 $0.00

COMCAST BUSINESS

COMCAST ENTERPRISE SERVICES SALES ORDER FORM

SERVICES AND PRICING

Account Name: Anderson County Government
Date: 10/23/2025
MSA ID#: TN-9344067-SCole
SO ID#: TN-9344067-SCole-29414392

Line	Request	Action	Service(s)	Description	Service Location A*	Service Location Z*	Tax Jurisdiction	Qty	Solution Charges Monthly	Solution Charges One-Time
051	-	-	-		-	-			$0.00	$0.00
052	-	-	-		-	-			$0.00	$0.00
053	-	-	-		-	-			$0.00	$0.00
054	-	-	-		-	-			$0.00	$0.00
055	-	-	-		-	-			$0.00	$0.00
056	-	-	-		-	-			$0.00	$0.00
057	-	-	-		-	-			$0.00	$0.00
058	-	-	-		-	-			$0.00	$0.00
059	-	-	-		-	-			$0.00	$0.00
060	-	-	-		-	-			$0.00	$0.00
061	-	-	-		-	-			$0.00	$0.00
062	-	-	-		-	-			$0.00	$0.00
063	-	-	-		-	-			$0.00	$0.00
064	-	-	-		-	-			$0.00	$0.00
065	-	-	-		-	-			$0.00	$0.00
066	-	-	-		-	-			$0.00	$0.00
067	-	-	-		-	-			$0.00	$0.00
068	-	-	-		-	-			$0.00	$0.00
069	-	-	-		-	-			$0.00	$0.00
070	-	-	-		-	-			$0.00	$0.00
071	-	-	-		-	-			$0.00	$0.00
072	-	-	-		-	-			$0.00	$0.00
073	-	-	-		-	-			$0.00	$0.00
074	-	-	-		-	-			$0.00	$0.00
075	-	-	-		-	-			$0.00	$0.00
076	-	-	-		-	-			$0.00	$0.00
077	-	-	-		-	-			$0.00	$0.00
078	-	-	-		-	-			$0.00	$0.00
079	-	-	-		-	-			$0.00	$0.00
080	-	-	-		-	-			$0.00	$0.00
081	-	-	-		-	-			$0.00	$0.00
082	-	-	-		-	-			$0.00	$0.00
083	-	-	-		-	-			$0.00	$0.00
084	-	-	-		-	-			$0.00	$0.00
085	-	-	-		-	-			$0.00	$0.00
086	-	-	-		-	-			$0.00	$0.00
087	-	-	-		-	-			$0.00	$0.00
088	-	-	-		-	-			$0.00	$0.00
089	-	-	-		-	-			$0.00	$0.00
090	-	-	-		-	-			$0.00	$0.00
091	-	-	-		-	-			$0.00	$0.00
092	-	-	-		-	-			$0.00	$0.00
093	-	-	-		-	-			$0.00	$0.00
094	-	-	-		-	-			$0.00	$0.00
095	-	-	-		-	-			$0.00	$0.00
096	-	-	-		-	-			$0.00	$0.00
097	-	-	-		-	-			$0.00	$0.00
098	-	-	-		-	-			$0.00	$0.00
099	-	-	-		-	-			$0.00	$0.00
100	-	-	-		-	-			$0.00	$0.00
101	-	-	-		-	-			$0.00	$0.00
102	-	-	-		-	-			$0.00	$0.00
								PAGE 3 SUBTOTAL:	$0.00	$0.00

* Services Location Details attached Charges are Exclusive of Equipment Fees

COMCAST BUSINESS

COMCAST ENTERPRISE SERVICES SALES ORDER FORM

SERVICES AND PRICING

Account Name: Anderson County Government | **Date:** 10/23/2025

MSA ID#: TN-9344067-SCole | **SO ID#:** TN-9344067-SCole-29414392

Line	Request	Action	Service(s)	Description	Service Location A*	Service Location Z*	Tax Jurisdiction	Qty	Solution Charges Monthly	Solution Charges One-Time
103	-	-	-		-	-			$0.00	$0.00
104	-	-	-		-	-			$0.00	$0.00
105	-	-	-		-	-			$0.00	$0.00
106	-	-	-		-	-			$0.00	$0.00
107	-	-	-		-	-			$0.00	$0.00
108	-	-	-		-	-			$0.00	$0.00
109	-	-	-		-	-			$0.00	$0.00
110	-	-	-		-	-			$0.00	$0.00
111	-	-	-		-	-			$0.00	$0.00
112	-	-	-		-	-			$0.00	$0.00
113	-	-	-		-	-			$0.00	$0.00
114	-	-	-		-	-			$0.00	$0.00
115	-	-	-		-	-			$0.00	$0.00
116	-	-	-		-	-			$0.00	$0.00
117	-	-	-		-	-			$0.00	$0.00
118	-	-	-		-	-			$0.00	$0.00
119	-	-	-		-	-			$0.00	$0.00
120	-	-	-		-	-			$0.00	$0.00
121	-	-	-		-	-			$0.00	$0.00
122	-	-	-		-	-			$0.00	$0.00
123	-	-	-		-	-			$0.00	$0.00
124	-	-	-		-	-			$0.00	$0.00
125	-	-	-		-	-			$0.00	$0.00
126	-	-	-		-	-			$0.00	$0.00
127	-	-	-		-	-			$0.00	$0.00
128	-	-	-		-	-			$0.00	$0.00
129	-	-	-		-	-			$0.00	$0.00
130	-	-	-		-	-			$0.00	$0.00
131	-	-	-		-	-			$0.00	$0.00
132	-	-	-		-	-			$0.00	$0.00
133	-	-	-		-	-			$0.00	$0.00
134	-	-	-		-	-			$0.00	$0.00
135	-	-	-		-	-			$0.00	$0.00
136	-	-	-		-	-			$0.00	$0.00
137	-	-	-		-	-			$0.00	$0.00
138	-	-	-		-	-			$0.00	$0.00
139	-	-	-		-	-			$0.00	$0.00
140	-	-	-		-	-			$0.00	$0.00
141	-	-	-		-	-			$0.00	$0.00
142	-	-	-		-	-			$0.00	$0.00
143	-	-	-		-	-			$0.00	$0.00
144	-	-	-		-	-			$0.00	$0.00
145	-	-	-		-	-			$0.00	$0.00
146	-	-	-		-	-			$0.00	$0.00
147	-	-	-		-	-			$0.00	$0.00
148	-	-	-		-	-			$0.00	$0.00
149	-	-	-		-	-			$0.00	$0.00
150	-	-	-		-	-			$0.00	$0.00
151	-	-	-		-	-			$0.00	$0.00
152	-	-	-		-	-			$0.00	$0.00
153	-	-	-		-	-			$0.00	$0.00
								PAGE 4 SUBTOTAL:	$0.00	$0.00

* Services Location Details attached Charges are Exclusive of Equipment Fees

COMCAST BUSINESS

COMCAST ENTERPRISE SERVICES SALES ORDER FORM

SERVICE LOCATION DETAIL INFORMATION

Date: 10/23/2025 MSA ID#: TN-9344067-SCole SO ID#: TN-9344067-SCole-29414392 Account Name: Anderson County Government

Line	Location Name/Site ID	Address 1	Address 2	City	State	Zip Code	Incremental Equipment Fee	Technical/Local Contact Name	Technical/Local Contact Phone #	Technical/Local Contact Email Address	Technical Contact On Site (Yes/No)
1	OS-0002358677	1 NORRIS SQ		Norris	TN	37828	$39.95				
2	OS-0002358678	101 S MAIN ST		Clinton	TN	37716	$39.95				
3	OS-0002362000	105 LAWSON ST		Rocky Top	TN	37769	$39.95				
4	OS-0002358679	110 S BOWLING ST		Clinton	TN	37716	$39.95				
5											
6	OS-0002362008	118 S HICKS ST		Clinton	TN	37716	$39.95				
7	OS-0002362002	129 FIRST QUALITY DR		Andersonville	TN	37705	$39.95				
8	OS-0002362003	150 OAK RIDGE TURNPIKE		Oak Ridge	TN	37830	$39.95				
9	OS-0002362004	184 RALEIGH RD		Oak Ridge	TN	37830	$39.95				
10	OS-0002358680	226 N MAIN ST		Rocky Top	TN	37769	$39.95				
11	OS-0002358682	708 N MAIN St		Clinton	TN	37716	$39.95				
12	OS-0002362005	906 E TRI COUNTY BLVD		Oliver Springs	TN	37840	$39.95				
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											

COMCAST BUSINESS

COMCAST ENTERPRISE SERVICES SALES ORDER FORM

SERVICE LOCATION DETAIL INFORMATION

Date: 10/23/2025 MSA ID#: TN-9344067-SCole SO ID#: TN-9344067-SCole-29414392 Account Name: Anderson County Government

Line	Location Name/Site ID	Address 1	Address 2	City	State	Zip Code	Incremental Equipment Fee	Technical/Local Contact Name	Technical/Local Contact Phone #	Technical/Local Contact Email Address	Technical Contact On Site (Yes/No)
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											

COMCAST BUSINESS

COMCAST TRUNK SERVICES SALES ORDER FORM

SUMMARY OF TRUNK SERVICES AND PRICING

Date: 10/23/2025 MSA ID#: TN-9344067-SCole SO ID#: TN-9344067-SCole-29414392 Account Name: Anderson County Government

Service Term: 60 MONTHS

PAGE 7 of 7

																									Solution Charges					
Site	Location Name/Site ID	# Full PRI	# Fractional PRI	# Additional Channels PORT 1	# Additional Channels PORT 2	# Additional Channels PORT 3	# Additional Channels PORT 4	# Additional Channels PORT 5	# Additional Channels PORT 6	# Additional Channels PORT 7	# Additional Channels PORT 8	SIP Trunk CCS	# of 1 TN Blocks	# of 20 TN Blocks	# of 100 TN Blocks	# of 200 TN Blocks	# of 500 TN Blocks	# of 1000 TN Blocks	# of RCF TNs	# of Toll Free #'s	# of Trunk Groups	# of Trunk Groups with DNIS	Monthly Call Detail Record	Existing Customer	Existing Customer MRC	Existing Customer Equip Fee MRC	Total Customer MRC	Incremental Monthly Equipment Fee	Incremental Monthly Recurring Charges	Standard Installation Fees
1																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
6																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
8																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
9																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
10																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
11																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
12																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
13																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
14																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
15																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
16																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
17																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
18																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
19																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
20																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
21																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
22																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
23																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
24																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
25																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
26																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
27																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
28																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
29																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
30																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
31																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
32																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
33																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
34																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
35																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
36																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
37																									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
																							Page 7 Total:		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00