

KNOX COUNTY MENTAL HEALTH BOARD

FUNDING CONTRACT

_____ (Grantee) is receiving funds from the Knox County Mental Health Board (KCMHB/Grantor). The purpose of all KCMHB funding awards is to plan, coordinate, evaluate and fund public services and facilities within Knox County to aid/treat persons with mental illness, developmental disabilities, and substance use/abuse issues. This funding is only for the purposes set forth in the Funding Application Number: ____-MHB-____ and any approved written modifications thereof.

The funding contract consists of this Knox County Mental Health Board Contract with the following attachments:

- 1. The Knox County Mental Health Board Application for Funding completed and filed by Grantee;
- 2. Any modification of the Knox County Mental Health Board Application for Funding set forth in a written modification approved by the Grantor and Grantee;

NON-PERSONNEL FUNDING

Commencing July 1, 20__ to June 30, 20__, Grantor will distribute funds in the amount of \$_____ generally classified as either: lump sum, purchase of services or reimbursement in:

- _____ monthly
- _____ quarterly
- _____ semiannual
- _____ annual

payments as agreed by the parties and approved by the County Treasurer.

PERSONNEL FUNDING

Commencing July 1, 20__ to June 30, 20__, Grantor will distribute funds in the amount of \$_____ prorated for personnel. Generally classified as either: lump sum, purchase of services or reimbursement in:

- _____ monthly

- _____ quarterly
- _____ semiannual
- _____ annual

payments for personnel as agreed by the parties and approved by the County Treasurer.

Funds granted to hire persons for a position specified in the application will not be released until the position is filled. Funds will be prorated to the new employee's start date.

The Grantee shall promptly notify the KCMHB of the (1) amount of all unexpended funds or (2) desire to spend funds differently than as specifically set forth in the approved Application for Funding. The Board shall either:

1. Allow funds to be used for different expenditures upon Grantee's change order as agreed to by the KCMHB with or without modification.
2. Deny the request to use funds differently and require return of funds within 30 days to be placed in the Special Funds category.
3. Require return of unexpended funds within 30 days with the funds to be placed in the Special Funds category.

The Grantor, at its sole option, may terminate or suspend funding in whole or in part, without penalty or further payment being required, if the Grantor determines, in its sole discretion that a reduction is necessary or advisable. Grantee will be notified in writing of any reduction or decrease in funding.

Purchases made from KCMHB Funding shall become the responsibility and property of the Grantee, and not the Grantor. The Grantee will assume all property control and custody responsibilities. Likewise, the Grantee agrees that all future costs related to maintenance, repairs, and upgrades to equipment or property purchased with these funds shall be the sole responsibility of the Grantee, and not the Grantor.

By signing this document, Grantee certifies that it agrees to use the funds provided only for the purposes articulated in the original application and/or any approved written modifications. Grantee further certifies and agrees to document and maintain records of expenditures and/or obligations in accordance with generally

accepted auditing standards. By signing this Contract the Grantee acknowledges the Funding Guidelines of the Knox County Mental Health Board and the requirements therein, have been read and accepted.

On or before April 15, 202__ the Grantee shall report to the KCMHB the services actually provided pursuant to this contract to and through April 1, 202__ as outlined within its grant application. In addition, the Grantee shall provide any financial information requested by the KCMHB and/or provide access to any financial records so that the KCMHB may confirm the accuracy and reasonableness of such costs as they may relate to use of KCMHB funds.

Any violations of this agreement may be reported to appropriate legal authorities for review and appropriate action.

GRANTEE:

Signature: _____ Date: _____
CEO/Director

Signature: _____ Date: _____
Board of Directors by its President

GRANTOR:

Signature: _____ Date: _____

Printed: _____
President Knox County Mental Health Board

Last Revised 07-03-19, Last Reviewed: 01-28-21