GRANT ROUTING FORM

INFORMATION TO BE COMPLETED BY INITIATING DEPARTMENT

Please complete 1-15 electronically.

1. Grant Identifying Number [to be assigned by TEMA upon completion]
2. Grantor Tennessee Emergency Management Agency
3. Initiating Department Name Knoxville-Knox County Emergency Management Agency
4. Organ Number 062710
5. Initiating Department Contact Diane Fox 215-1166
6. Is the following information attached to this form?
   a. Grant Application [Yes] [No]
   b. Sample Award Agreement (in duplicate) [Yes] [No]
   c. Request to Legal for Resolution [Yes] [No]
7. Grant Amount 150,000
   (This is the amount from the grantor, not including any contributions from the City)
8. Match Amount 150,000
9. Is match amount currently budgeted? [Yes] [No]
   If not, what is the proposed source of the match? ______
10. Will any new positions be created by this grant? [Yes] [No]
    If so, how are these positions to be funded beyond the life of the grant? ______
11. What other costs are associated with receipt of this grant? (Please note such things as future recurring costs needed to continue the relevant service.) ______
12. Calculate the present value of the cost to the City of Knoxville for this grant, including any match or other upfront costs or future recurring costs. (Contact Jim York at 215-2013 for discount rate to be used.) ______
13. Are there any grant restrictions that will result in the rebate of all or some portion of the grant proceeds? ______
14. What is the life of the grant? 10/1/2019-6/30/21
15. Is this a reimbursement grant or an advance grant? Reimbursement for previous Federal Fiscal Year

Print document and submit to Finance Dept. This document requires 8 ½” x 14” (Legal) size paper.

INFORMATION TO BE COMPLETED BY FINANCE DEPARTMENT

1. Date Received ____________
2. Date to Analyst ____________

ANALYST:

1. Responsible Analyst ______
2. Are all costs (match or other) associated with this acceptance of this grant currently budgeted? ______
   Annual, fiscal year operating grant. Matching funds are the department’s annual operating funds.
3. Comments ______
4. Date to Finance Director ____________

FINANCE DIRECTOR:

1. Comments ______
2. Finance Director’s Signature ______
3. Date to Mayor ____________

INFORMATION TO BE COMPLETED BY MAYOR

1. Comments ______
2. Mayor’s Signature ______
   a. [X] Approved (Forward to Legal)
   b. [ ] Denied (Return to Finance)
3. Date to Legal (if approved) or Finance (if denied) ______

INFORMATION TO BE COMPLETED BY LEGAL DEPARTMENT

1. Resolution prepared by ______
2. Date for Council Review ______
3. Return this form to analyst noted above upon preparation of resolution.