GRANT ROUTING FORM

INFORMATION TO BE COMPLETED BY INITIATING DEPARTMENT

Please complete 1-15 electronically.

1. Grant Identifying Number ______
2. Grantor TDOOT
3. Initiating Department Name Traffic Engineering
4. Organ Number 43331
5. Initiating Department Contact Jon Livengood 215-6196
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 $200,000
   (This is the amount from the grantor, not including any contributions from the City)
8. Match Amount $50,000
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.) none
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.) $50,000
13. Are there any grant restrictions that will result in the rebate of all or some portion of the grant proceeds? no
14. What is the life of the grant? Complete by March 1, 2024
15. Is this a reimbursement grant or an advance grant? reimbursement

Print document and submit to Finance Dept. This document requires 8 1/2" x 14" (Legal) size paper.

INFORMATION TO BE COMPLETED BY FINANCE DEPARTMENT

1. Date Received 2-10-2000
2. Date to Analyst _____________________________

ANALYST:

1. Responsible Analyst

2. Matching funds will be taken from the Citywide Roadway Safety Capital Program (ENC094334) per department's A15.

3. Comments
4. Date to Finance Director 2-10-2000

FINANCE DIRECTOR:

1. Comments
2. Finance Director's Signature
3. Date to Mayor 2/10/20

INFORMATION TO BE COMPLETED BY MAYOR

1. Comments
2. Mayor's Signature
   a. □ 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.