Department of Commerce & Insurance

Attachment 2
10-21-21 DG

School Resource Officer (SRO) Voucher

TO BE SIGNED BY CHIEF ADMINISTRATIVE OFFICIAL

By signing below, I am requesting funds for the payment of a bonus in the amount of eight hundred dollars ($800.00) per officer from the city/county ("local government") listed below to be paid to full-time police officers, as defined by Tennessee Code Annotated § 38-8-101(3), who are assigned by a local government as a School Resource Officer (SRO) and who completed an assignment in the 2024-2025 academic year, and who completed the forty (40) hour school policing training, or the sixteen (16) hour in-service SRO training.

The undersigned certifies that all funds received from this request will be paid to individuals listed on the attached roster and that the local government agrees to be bound to and abide by the program requirements set out in Delegated Grant Authority (No. 84613)

This request is made with the understanding that payments received are subject to the deduction of applicable taxes by the local unit of government before disbursement to eligible full-time police officers.

The undersigned further certifies that all personnel receiving the SRO bonus were full-time certified law enforcement officers as defined in Tenn. Code Ann. § 38-8-103; and that their primary duties and responsibilities during the 2024-2025 academic year were to detect and prevent crime and assigned as an SRO.

The request will be submitted after November 1, 2025 but no later than December 12, 2025.

Number of Officers _____ Total Amount: $ _____ (#of officers x $800)

City/County Chief Administrative Official (Sheriff/Police Chief- DO NOT SIGN)

Signature: _____ Date:_____

Print Name and Title: _____

City/County: _____

Agency: _____

Official Mailing Address: _____

If your official mailing address is not listed in the state's supplier database, there may be a delay in receiving payment. Email POST.grants@TN.gov to address any questions.

FOR P.O.S.T. USE ONLY

Number of Officers: _____Total Amount: $ _____ (# of officers x $800)

Employee Signature: _____ Date Processed: _____

Invoice Number: 84613-2_____ Date of Invoice: _____

Supplier ID: _____