

**GOVERNOR'S LOCAL GOVERNMENT SUPPORT GRANTS
Application for Funding and Uses Certification**

1. Local Government Information:

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Project Name	<input type="text"/>
Fund Where Proceeds Will Be Accounted For	<input type="text"/>
Mayor's Name	<input type="text"/>
Contact Name (if other than Mayor)	<input type="text"/>
Contact Email Address	<input type="text"/>
Contact Telephone Number	<input type="text"/>

2. Project Category (check box):

- | | | |
|---|---|--|
| <input type="checkbox"/> IT Hardware Upgrades | <input type="checkbox"/> Capital Maintenance* | <input type="checkbox"/> Utility System Upgrades |
| <input type="checkbox"/> Road Projects* | <input type="checkbox"/> Public Safety* | <input type="checkbox"/> Covid-19 Response |

**Could include tornado relief projects for Benton, Bradley, Carroll, Davidson, Gibson, Hamilton, Marion, Union, Putnam, and Smith, and Wilson counties*

3. Total Project Cost:

State Grant Funds Requested	<input type="text"/>
Local Funds (not required)	<input type="text"/>
Total Project Funding	<input type="text"/>

4. Description of Project:

Add detail for what will be completed with these funds. Submit a separate document if needed for description. Use Item 5, Summary of Uses of State Grant Funds, below to outline budget.

5. Summary of Uses of State Grant Funds:

Description	Amount
Total Expenditures:	

6. Agreement to Terms and Conditions:

In order to request funding from this project, you must agree to the terms and conditions specified in the PC 651 enacted by the 2020 General Assembly. The Mayor should sign the box below indicating the acceptance or the completion of each item:

I agree to present a resolution to the local governing body which will authorize participation in this project and outline the necessary budget amendments that will be necessary to account for the expenditures. A copy of this resolution must be included with this request.

I agree that under no circumstances shall the county/city use these funds in a manner other than what has been requested and approved.

I acknowledge that the county/city has the option to use this funding as a portion of a larger project and, if so, the full project budget will be requested including the amount and source of local funding added to the project and the budget submitted will include the total of requested funds and local funds.

I acknowledge that this funding is only to be used for the non-recurring purposes as approved. I understand that this funding is not to be used for general operations, bonuses or raises for employees, or for the repayment of debt. This funding cannot be passed through to another entity.

I acknowledge that this funding is subject to audit by the Comptroller of the Treasury as to the expenditure and obligation of such funds. I further acknowledge that any unspent grant funds remaining after completion of the approved project will be returned to the state.

Signature

Title

Application Deadline is April 30, 2021.

Return completed and signed Application for Funding and Uses Certification, along with approved resolution, to Troy Williamson at Localgov.Grants@tn.gov.

Please refer to www.tn.gov/localgovgrants for FAQ Document and additional information.

For State Use Only:

Reviewed and approved by representative of the Department of Finance and Administration

Signature

Name

Title

Email

Date