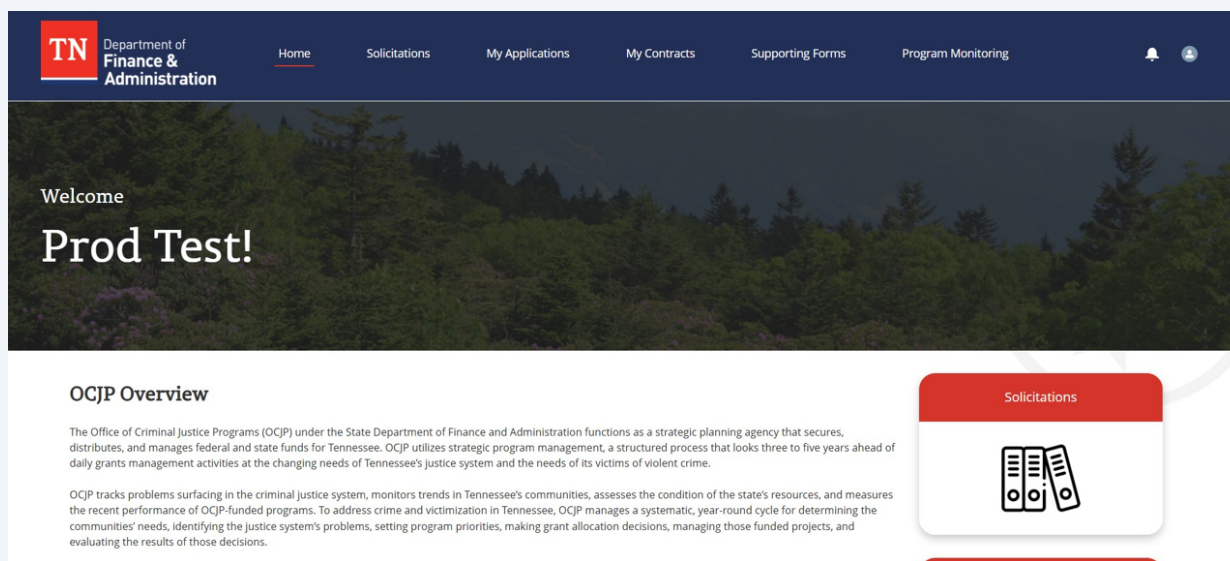


Application Process - Downtown Public Safety Grant

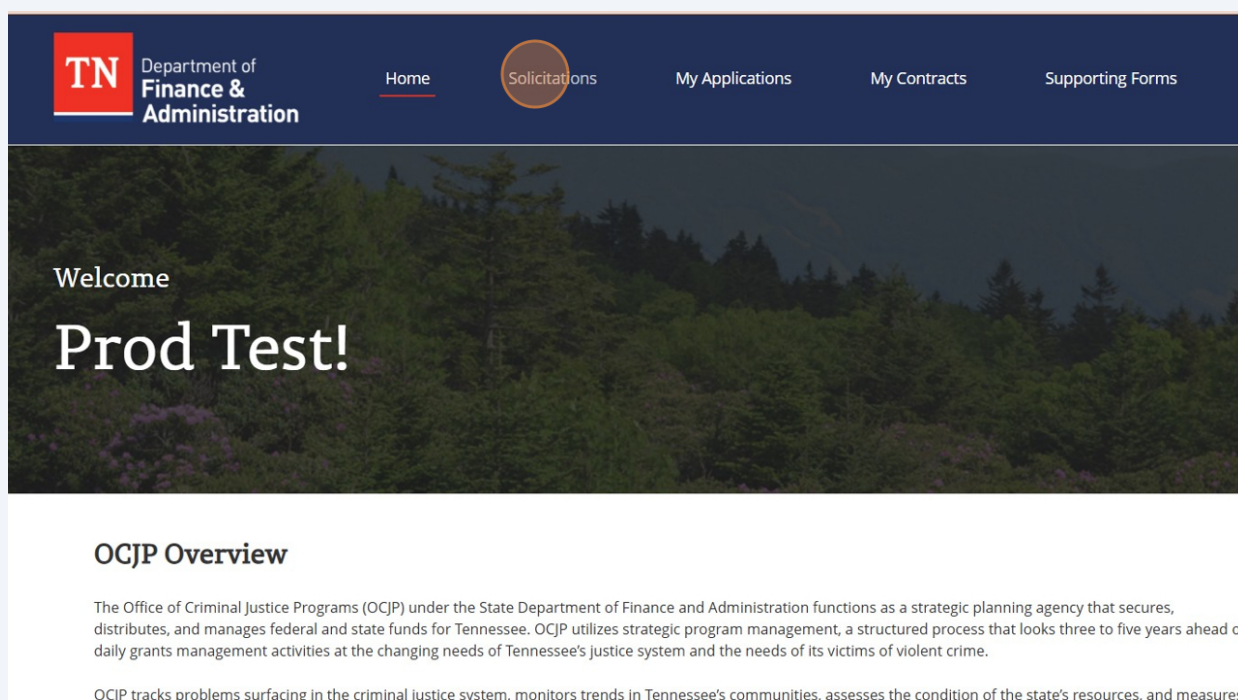
1

This is an overview of what you will see when you log into our new TN grants agency. Portal. This is the home page that then allows you to navigate to any of the subheadings along the top.



2

To look for available funding opportunities you will select the "Solicitations" subheading. This is where any open funding opportunities will be posted.



3

In the Solicitations section, you will be able to view all open funding opportunities that are currently accepting applications. You can select the "More Information" button if you are interested in one.

The following entities are eligible to apply:

- The following local governments: Metropolitan Government of Nashville and Davidson County, City of Memphis, City of Chattanooga, City of Knoxville
- Business Improvement Districts (BIDs) and Business Improvement District Management Corporations created pursuant to TCA Title 7 Chapter 84 Part 5 that:
 - Manage or oversee the operations of at least one (1) central Business Improvement District created by TCA Title 7, Chapter 84, Part 5; and
 - Operate in a municipal or metropolitan government having a population of 181,000 or more according to the 2020 federal census.

All entities applying for DPSG funding must also meet the criteria listed in this solicitation. Entities not able to demonstrate they meet these criteria must not apply.

- All applicants must agree to comply with all terms in the applicable standard state grant contract as well as any additional provisions specific to this grant including but not limited to:
 - Payment Methodology
 - Disbursement Reconciliation and Close Out
 - Indirect Cost
 - Cost Allocation
 - Non-Allowable Costs
 - Program Income
- All eligible BIDs and their eligible management corporations may apply. A grant may be awarded to a local government, a BID, and a BID management corporation from the same municipal/metropolitan jurisdiction.
- Local governments must coordinate with the eligible BIDs and BID management corporations within their respective jurisdictions to ensure that their grant applications, collectively, do not request funds exceeding the respective jurisdiction. All applicants within the same municipal jurisdiction must sign and return the Letter of Agreement to demonstrate their understanding of the funding limit applicable to their respective jurisdiction.
 - City of Chattanooga - \$4,460,915.00
 - City of Knoxville - \$4,941,358.00
 - City of Memphis - \$74,069,169.00
 - Metropolitan Government of Nashville and Davidson County - \$15,028,698.00
- All BIDs and BID management corporations must submit a copy of the municipal/metropolitan ordinance that authorized/created them.
- All BIDs and BID management corporations must submit documentation to establish that they manage or oversee the operations of at least one (1) central business improvement district created pursuant to Part 5 and that they operate in a municipal or metropolitan government having a population of 181,000 or more according to the 2020 federal census.
- All BIDs and BID management corporations must be compliant with registration requirements with the TN Secretary of State and submit a copy of their current registration status with their application.
- All BIDs and BID Management Corporations must comply with and operate pursuant to the terms and requirements of Tennessee Code Annotated Title 7, Chapter 84, Part 5, and submit a certification of compliance.

More Information

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4

For the purpose of this tutorial, we're going to be walking through the Downtown Public Safety Grant Application, so we'll select the "Apply Now" button.


Department of Finance & Administration

Home
Solicitations
My Applications
My Contracts
Supporting Forms
Program Monitoring



Downtown Public Safety Grant

Application Open Date: Oct 2, 2025
Application End Date: Oct 24, 2025

Apply Now

Funding Opportunity
FY26 Downtown Public Safety Grant

	Application Start Date	Application End Date
and	10/2/2025, 4:30 PM	10/24/2025, 4:30 PM

Solicitation Download

Download Solicitation Package ⓘ

Download as PDF

1

5

This takes us to the application form. Here is where you will begin putting in your agency's information. In this section specifically, you're going to have to click into the "View and Update Information" button to add agency specific information.

Application Form

- General Information
- Problems and Needs
- Project Purpose
- Collaborative Activities
- Data Collection
- Upload Files
- Attestation

Application Number App-000573	Status New	Created Date Oct 6, 2025
----------------------------------	---------------	-----------------------------

Cognizant Agency

Entity Type -

Fiscal Year End - /

Contract Ownership -

Agency Home County -

Click this Button to view and update important Account and Contact information before you start your application.

[View and Update Information](#)

For Non-Profits Only: For agency classification please see the Definition of Terms

Have you ever received State of Tennessee Funding?

☐ Yes

☐ No

Subcontractor to be used?

☐ Yes

☐ No

[Save & Next](#) [Save For Later](#)

6

The account name should be the name of your agency.

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Information

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Application Number App-000573	Status New	Created Date Oct 6, 2025
----------------------------------	---------------	-----------------------------

****Please update Agency Account Information by clicking the "View and Update Information" button below. Please hit the "Save Updated Information" button when completed.****

Account Name
Prod Test Account

Entity Type
--None--

UEI ¹

Sam.gov Expiration Date ¹

Vendor Id

Indirect Rate

[Save & Next](#) [Save For Later](#)

7

Select in the drop down menu what entity type your agency is.

Application Form

General Information

- Problems and Needs
- Project Purpose
- Collaborative Activities
- Data Collection
- Upload Files
- Attestation

Application Number
App-000573

Status
New

Created Date
Oct 6, 2025

****Please update Agency Account Information by clicking the 'View and Update Information' button below. Please hit the 'Save Updated Information' button when completed.****

Account Name

Prod Test Account

Entity Type

--None--

✓ --None--

Non Profit

Judicial District

County

City/Town

State

University

Federal Agencies

Save & Next

Save For Later

8

Please provide your agency's Unique Entity Identifier and expiration date for that registration. These can both be found at SAM.gov. The Vendor ID refers to your agency's Edison ID. If you have received grant funding from a state entity previously then your agency should have this. If not, leave this field blank and you can apply for this separately. If your agency has an approved Cost Allocation Plan or you plan on utilizing the De Minimis rate, please provide that in the "Indirect Rate" field. If you are using your agency's approved Cost Allocation Plan please provide the date that plan was approved. The plan will also need to be uploaded into the application, so have that on hand. Provide your agency's Cognizant Agency if applicable.

- Problems and Needs - Project Purpose - Collaborative Activities - Data Collection - Upload Files - Attestation	<table><tr><td>Application Number</td><td>Status</td></tr><tr><td>App-000573</td><td>New</td></tr></table> <table><tr><td>Sam.gov Expiration Date ⓘ</td></tr><tr><td> </td></tr><tr><td>Vendor Id</td></tr><tr><td> </td></tr><tr><td>Indirect Rate</td></tr><tr><td> </td></tr><tr><td>Date of cost Allocation Plan Approval</td></tr><tr><td> </td></tr><tr><td>Cognizant Agency</td></tr><tr><td> </td></tr><tr><td>FY Year End Day</td></tr><tr><td>--None--</td></tr><tr><td>FY End Month</td></tr><tr><td>--None--</td></tr><tr><td>Agency Home County</td></tr><tr><td>--None--</td></tr></table> Save & Next Save For Later	Application Number	Status	App-000573	New	Sam.gov Expiration Date ⓘ		Vendor Id		Indirect Rate		Date of cost Allocation Plan Approval		Cognizant Agency		FY Year End Day	--None--	FY End Month	--None--	Agency Home County	--None--
Application Number	Status																				
App-000573	New																				
Sam.gov Expiration Date ⓘ																					
Vendor Id																					
Indirect Rate																					
Date of cost Allocation Plan Approval																					
Cognizant Agency																					
FY Year End Day																					
--None--																					
FY End Month																					
--None--																					
Agency Home County																					
--None--																					

9

Using the drop down menu, please select the month and day of the end of your agency's fiscal year. Please also select your agency's home county using the drop down menu.

App-000573 New Oct 6, 2025

Problems and Needs
Project Purpose
Collaborative Activities
Data Collection
Upload Files
Attestation

Indirect Rate

Date of cost Allocation Plan Approval

Format: 12/31/2024

Cognizant Agency

FY Year End Day

--None--

FY End Month

--None--

Agency Home County

--None--

Please upload any of the needed files below.

Department of Revenue registration or exemption letter

Upload Files Or drop files

Proof of nonprofit status must be submitted by any nonprofit organization applying for funding

Upload Files Or drop files

Save & Next Save For Later

10

Upload any applicable documents here. If your agency will be using indirect costs in the budget, we must have a cost allocation plan uploaded.

Select "Save Updated Information"

FY Year End Day

--None--

FY End Month

--None--

Agency Home County

--None--

Please upload any of the needed files below.

Department of Revenue registration or exemption letter

Upload Files Or drop files

Proof of nonprofit status must be submitted by any nonprofit organization applying for funding

Upload Files Or drop files

Most recent approved Cost Allocation Plan (if applicable)

Upload Files Or drop files

Save Updated Information

For **Non-Profits** Only: For agency classification please see the Definition of Terms

Save & Next Save For Later

11 Nonprofit agencies only will need to complete these 2 questions.

Problems and Needs

Project Purpose

Collaborative Activities

Data Collection

Upload Files

Attestation

App-000573

New

For **Non-Profits** Only: For agency classification please see the Defin

Have you ever received State of Tennessee Funding?

☐ Yes
 ☐ No

Subcontractor to be used?

☐ Yes
 ☐ No

Agency Contacts & Roles

Please Identify the **Authorizing** and **Implementing** Agency in the question below.

- The **Authorizing Agency** is the entity that has the legal or statutory authority to allocate, approve, or disburse
- The **Implementing Agency** is the entity responsible for carrying out the actual activities or projects funded by

While the **Authorizing Agency** provides the funds and oversees compliance with grant policies, the **Implementin** the funded program or initiative

*** Is your Organization the Authorizing Agency, the Implementing Agency or both for this Grant Funding Request?**

☐ Authorizing Agency
 ☐ Implementing Agency
 ☐ Both
 ☐ Neither

12 Select whether your agency will be the Authorizing Agency or the Implementing Agency or both. If you select authorizing agency, you will need to provide the name of the implementing agency.

Agency Contacts & Roles

Please Identify the **Authorizing** and **Implementing** Agency in the question below.

- The **Authorizing Agency** is the entity that has the legal or statutory authority to allocate, approve, or disburse grant funds
- The **Implementing Agency** is the entity responsible for carrying out the actual activities or projects funded by the grant.

While the **Authorizing Agency** provides the funds and oversees compliance with grant policies, the **Implementing Agency** is responsible for the day-to-day execution of the funded program or initiative

*** Is your Organization the Authorizing Agency, the Implementing Agency or both for this Grant Funding Request?**

☒ Authorizing Agency
 ☐ Implementing Agency
 ☐ Both
 ☐ Neither

*** Implementing Agency Name**

7

13

If your agency is the implementing agency, you will need to provide the following information for your authorizing agency.

*** Is your Organization the Authorizing Agency, the Implementing Agency or both for this Grant Funding Request?**

☐ Authorizing Agency
☒ Implementing Agency
☐ Both
☐ Neither

Fiscal Year End

*** SAM Expiration Date**

*** Authorizing Agency Name**

*** Federal ID (UEI) # of Authorizing Agency**

Edison ID # of Authorizing Agency

14

Determine who will be assigned to the 3 key contract roles. More information is provided by clicking the link that takes you to our grants manual.

App-000573 New

☐ Implementing Agency
☐ Both
☐ Neither

Please fill out the information below and designate one person in Each of the following Roles.

- [Authorized Official More Info](#)
 - The Authorized Official will be the individual legally authorized to sign a contract on behalf of the applicant agency
 - Typically this will be -- State Government Commissioner, Local Government Mayor, Administrator, or Executive (D Incorporation) Non-Profit Board Chair.
- [Financial Director More Info](#)
 - individual responsible for overseeing and ensuring fiscal compliance with Tennessee and federal regulation.
- [Project Director More Info](#)
 - responsible for overseeing the execution and adhering to the agreed upon scope and contract of a project.

The Tennessee Department of Finance and Administration, Office of Criminal Justice Programs (OCJP) does **not** recommend a role in the grant application process.

If **You** are any one of these roles please edit your name and role in the table below

Name your Authorized Official, Fiscal Director, and Project Director

[Add](#)

*** Add at least one record**

First Name	Last Name	Role	Email
Prod	Test Person 1	Staff	ocjp.compliance@tn.gov

15 To add each of these roles, select the "Add" button.

Problems and Needs

Project Purpose

Collaborative Activities

Data Collection

Upload Files

Attestation

App-000573

New

The Tennessee Department of Finance and Administration, Office of Criminal Justice Programs (OCJP) does not have a role in the grant application process.

If **You** are any one of these roles please edit your name and role in the table below

Name your Authorized Official, Fiscal Director, and Project Director

Add

* Add at least one record

First Name	Last Name	Role	Email
Prod	Test Person 1	Staff	ocjp.compliance@

☐ I attest that I have only added one Authorizing Official, Project Director, and Fiscal Director to my Application slow down application review and could require further clarification.

☐ I certify that I have read the instructions on roles and have not added the same person to more than one pr

16 Complete all required fields and click "Save". Repeat these steps for all 3 key roles.

App-000573

New

Oct 6, 2025

* Last Name

* Role

--None--

* Email

* Phone

Enable Access to Portal

--None--

Save

Cancel

First Name	Last Name	Role	Email	Phone
Prod	Test Person 1	Staff	ocjp.compliance@tn.gov	

17 Scroll down to find the attestations and complete those fields.

Attestation

* Add at least one record

First Name	Last Name	Role	Email
Prod	Test Person 1	Staff	ocjp.compliance@tr

☐ I attest that I have only added one Authorizing Official, Project Director, and Fiscal Director to my Application. I understand that adding more than one of these roles will slow down application review and could require further clarification.
Complete this field.

☐ I certify that I have read the instructions on roles and have not added the same person to more than one project role.
Complete this field.

18 click "save and next"

Prod	Test Person 1	Staff	ocjp.compliance@tn.gov
------	---------------	-------	------------------------

☒ I attest that I have only added one Authorizing Official, Project Director, and Fiscal Director to my Application. I understand that adding more than one of these roles will slow down application review and could require further clarification.

☒ I certify that I have read the instructions on roles and have not added the same person to more than one project role.
Complete this field.

Save & Next

Save For Later

19 This next section is where you're going to start talking about your specific project.

What you enter into these text fields will create the Scope of Services for your project. Answer each of these narrative style questions with as much detail and clarity as you can.

App-0005/3 In Progress Oct 6, 2025

Scope of Services

* Describe the specific area within your jurisdiction that will be the focus of this funding. Include data on the current population, demographics, and violent crime data for the specific area of focus, and include Tennessee Incident Based Reporting System (TIBRS) data, local law enforcement data, and local court data.

* Provide economic data about the specific area of focus for your DPSG project, including specific locations and zoning types.

In the table below, please select all counties that will be served by grant funding.

County Location information

Add

* Add at least one record

County	Congressional District(s)
--------	---------------------------

Save & Next Save For Later

20 Click to add your agency's home county.

* Provide economic data about the specific area of focus for your DPSG project, including specific locations and zoning types.

In the table below, please select all counties that will be served by grant funding.

County Location information

Add

* Add at least one record

County	Congressional District(s)
--------	---------------------------

Save & Next Save For Later

21 Click here

Complete this field.

* Provide economic data about the specific area of focus for your DPSG project, including specific locations and zoning types.

Complete this field.

In the table below, please select all counties that will be served by grant funding.

County Location Information

County

County	Congressional District(s)
--------	---------------------------

22 Search for and select your home county. If there are additional counties your project will be serving please add those as well.

In the table below, please select all counties that will be served by grant funding.

County Location Information

County

Q Show more results for "shelb"

 **Shelby**
79000

County	Congressional District(s)
--------	---------------------------

23

Hit "Save" in that box, and once you have added all necessary counties, hit "Save & Next" at the bottom.

In the table below, please select all counties that will be served by grant funding.

County Location information	
County	Shelby
Save	Cancel
County	Congressional District(s)

24

Answer all questions regarding the project goals.

PURPOSE
Consistent with studies indicating that increased economic viability has a high probability of reducing incidents of violent crime, the DPSG grants support evidence-based interventions to increase public safety, reduce blight, enhance economic development infrastructure, and reduce crime in downtown business and commercial areas

Goals: Select one or more goal(s) your project will achieve in your agency's downtown business/commercial area with DPSG funds:

☐ increase public safety ☐ reduce blight

☐ enhance economic development infrastructure ☐ reduce crime

Impact: Describe how this funding will have long term impact toward the Goal(s) selected above

* Please describe how this funding will have long term impact toward the goal(s) selected above

Project Design: At the time of this application please check which allowable use categories you believe will fit your needs. Check all that you think may apply

☐ Personnel Costs. Including but are not limited to: salaries and overtime to support physical security presence in downtown hotspot areas ☐ Evaluation costs. To measure pre-and-post intervention conditions and demonstrate impact

☐ Training. For staff, partners, or greater community members/stakeholders ☐ Lighting and Electrical. To improve natural surveillance capabilities, such as a "Hot-Spot" Street-Lighting Upgrades

25

Select which of these fields will be included in your project's budget. Select all that may apply.

Project Design: At the time of this application please check which allowable use categories you believe will fit your needs. Check all that you think may apply

- | | |
|---|---|
| ☐ Personnel Costs. Including but are not limited to: salaries and overtime to support physical security presence in downtown hotspot areas | ☐ Evaluation costs. To measure pre-and-post intervention conditions and demonstrate impact |
| ☐ Training. For staff, partners, or greater community members/stakeholders | ☐ Lighting and Electrical. To improve natural surveillance capabilities, such as a "Hot-Spot" Street-Lighting Upgrades |
| ☐ Security Infrastructure/Fixed Surveillance Infrastructure. Including but not limited to security fencing, cameras, motion sensors, gunshot detection, etc. | ☐ Traffic-Calming / Protective Hardware and other Traffic Control Measures |
| ☐ Bike & Pedestrian Infrastructure and Site Utilities | ☐ Demolition of crime-contributing infrastructure, Blight Remediation, & Façade Improvement |
| ☐ Landscaping | ☐ Mural/sculpture installation |
| ☐ New Construction | ☐ Renovation/rehabilitation of existing downtown spaces/buildings |
| ☐ Cleaning/sweeping/waste removal | ☐ Architectural and Engineering costs associated with a Downtown Safety Improvement Strategy allowable use above |

Save & Next

Save For Later

26

If there are any additional expenses needed, please include those here. If not, type N/A.

- | | |
|---|---|
| ☐ Security Infrastructure/Fixed Surveillance Infrastructure. Including but not limited to security fencing, cameras, motion sensors, gunshot detection, etc. | ☐ Traffic-Calming / Protective Hardware and other Traffic Control Measures |
| ☐ Bike & Pedestrian Infrastructure and Site Utilities | ☐ Demolition of crime-contributing infrastructure, Blight Remediation, & Façade Improvement |
| ☐ Landscaping | ☐ Mural/sculpture installation |
| ☐ New Construction | ☐ Renovation/rehabilitation of existing downtown spaces/buildings |
| ☐ Cleaning/sweeping/waste removal | ☐ Architectural and Engineering costs associated with a Downtown Safety Improvement Strategy allowable use above |
| ☒ Specific assistance to residents of focus areas. Examples include but are not limited to: housing assistance, transportation assistance, clothing, food vouchers, job/career assistance, etc. | |

* Please describe any other expense types that are not listed above. Type N/A if no other expenses are planned at this time:

Please fill out this field.

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Save & Next

Save For Later

27 "Save & Next"

- ☐ Bike & Pedestrian Infrastructure and Site Utilities
- ☐ Landscaping
- ☐ New Construction
- ☐ Cleaning/sweeping/waste removal
- ☒ Specific assistance to residents of focus areas. Examples include but are not limited to: housing assistance, transportation assistance, clothing, food vouchers, job/career assistance, etc.
- ☐ Demolition of crime-contributing infrastructure, Blight Remediation, & Façade Improvement
- ☐ Mural/sculpture installation
- ☐ Renovation/rehabilitation of existing downtown spaces/buildings
- ☐ Architectural and Engineering costs associated with a Downtown Safety Improvement Strategy allowable use above

* Please describe any other expense types that are not listed above. Type N/A if no other expenses are planned at this time:

N/A

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Save & Next

Save For Later

28 Provide detailed information for Collaboration activities with other agencies including subcontracts. Be as thorough as you can here. Please note that any MOUs or Letters of support will need to be uploaded later in the application.

App-000573

In Progress

Oct 6, 2025

COLLABORATION ACTIVITIES (REQUIRED)

Describe **any formal partnerships with local community partners** (mental health, substance abuse, housing, jobs training, volunteer agencies, etc.) that your **plans to utilize for the purposes of this project**, please attach copies of any current formal agreements (MOUs).

Attention: A local government, Business Improvement District, or entity managing Business Improvement Districts receiving a DPSG grant is authorized to subcontract third-party for-profit or nonprofit organization to provide programs and services; provided that the third party is duly licensed to do business in the State of Tenn that all programs and services performed pursuant to a grant agreement or subcontract must comply with all applicable local, state, and federal law in performing grant funded project. If a local government contracts with a Business Improvement District or entity managing Business Improvement Districts to provide grant funded services, those entities must comply with all terms of the original grant contract in the same manner as if they had received the grant directly.

* Describe any subcontract partnerships with third-party for-profit or nonprofit organizations or local governments that your agency plans to employ for the purposes of this project, please attach copies of any current formal agreements (MOUs) and/or Letters of Support in the 'Upload Files' section of the application.

Complete this field.

Save & Next

Save For Later

29 Hit "Save & Next"

eeds

App-000573
In Progress

Activities

COLLABORATION ACTIVITIES (REQUIRED)

Describe **any formal partnerships with local community partners** (mental health, substance abuse, housing, jobs training, volunteer aged **plans to utilize for the purposes of this project**, please attach copies of any current formal agreements (MOUs).

Attention: A local government, Business Improvement District, or entity managing Business Improvement Districts receiving a DPSG grant is a third-party for-profit or nonprofit organization to provide programs and services; provided that the third party is duly licensed to do business that all programs and services performed pursuant to a grant agreement or subcontract must comply with all applicable local, state, and federal grant funded project. If a local government contracts with a Business Improvement District or entity managing Business Improvement District services, those entities must comply with all terms of the original grant contract in the same manner as if they had received the grant directly

* Describe any subcontract partnerships with third-party for-profit or nonprofit organizations or local governments that your agency plans to employ for please attach copies of any current formal agreements (MOUs) and/or Letters of Support in the 'Upload Files' section of the application.

test

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Save & Next Save For Later

30 In this section you are simply acknowledging that reports are due quarterly and this is the data that you will need to include in each of those reports.

✓ Problems and Needs

✓ Project Purpose

✓ Collaborative Activities

Ⓢ Data Collection

Ⓢ Upload Files

Ⓢ Attestation

App-000573
In Progress

This section is for informational purposes only. No data entry required.

A quarterly report is due to the state 30 days following the close of any quarter.

This report shall be in a format prescribed by the state. Items required by the state shall include but may not be limited to:

- Organization Name
- List of purchases made using grant funds during the previous quarter
- Which "allowable use" category each purchase is tied to
- Backup documentation (receipt, proof of payment, etc.) for every purchase listed
- Narrative statement of progress toward Goal(s) selected above
- Progress photos, where applicable

* ☐ I have read and agree to the above statement.

Save & Next Save For Later

31 "Save & Next"

and Needs pose ve Activities ection s	App-000573	In Progress
	<u>This section is for informational purposes only. No data entry required.</u> A quarterly report is due to the state 30 days following the close of any quarter. This report shall be in a format prescribed by the state. Items required by the state shall include but may not be limited to: • Organization Name • List of purchases made using grant funds during the previous quarter • Which "allowable use" category each purchase is tied to • Backup documentation (receipt, proof of payment, etc.) for every purchase listed • Narrative statement of progress toward Goal(s) selected above • Progress photos, where applicable ☒ I have read and agree to the above statement.	

Save & Next Save For Later

32 This section gives you the option to upload files. Please upload any that are applicable and relevant to your agency. Boxes outlined in red are required fields.

ition Form eneral Information oblems and Needs oject Purpose ollaborative Activities ata Collection pload Files testation	Application Number App-000573	Status In Progress
	Upload Files Or drop files * Please submit documentation to establish that your agency manages or oversees the operations of at least one (1) central business Tennessee Code Annotated, Title 7, Chapter 84, Part 5 and that your agency operates in a municipal or metropolitan government having to the 2020 federal census. Accepted Formats: .pdf, .doc, .docx Upload Files Or drop files BIDs and BID Management Corporations must comply with and operate pursuant to the terms and requirements of Tennessee and submit a Statement of Assurances with their application. Please review and sign the Statement of Assurances. * Please attach the signed Statement of Assurances.	

Save & Next Save For Later

33 Review and Sign the linked document "Statement of Assurances"

Information
Needs
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Application Number App-000573	Status In Progress
----------------------------------	-----------------------

to the 2020 federal census.
Accepted Formats: .pdf, .doc, .docx

[Upload Files](#) Or drop files

BIDs and BID Management Corporations must comply with and operate pursuant to the terms and requirements of Tennessee Code Ann and submit a Statement of Assurances with their application.

Please review and sign the [Statement of Assurances](#).

* Please attach the signed Statement of Assurances
Accepted Formats: .pdf

[Upload Files](#) Or drop files

Please fill out and sign the Letter of Agreement.

[ance/ocip/VCIF and Downtown Safety Statement of Assurances.pdf](#) [Save & Next](#) [Save For Later](#)

34 Click the link and it will take you to an external document you can sign digitally or physically. Do this by printing, signing, and re-uploading.

VCIF and Downtown Safety Statement of Assurances.pdf 2 / 2 100% +

1

2

condemnation and acquisition of real property and displacement of persons resulting from grant funded programs or activities.

(f) **Conflicts of Interest and Kickbacks.**
Applicant will comply with all applicable state and federal law regarding conflicts of interest and kickbacks and will establish safeguards to prohibit employees, consultants, subgrantees, contractors, and elected officials from using positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.

(g) **Environmental and Permitting Requirements.**
Applicant, subgrantees and contractors will comply with all applicable federal, state, and local permitting and environmental requirements, including floodplain management when using grant funding for infrastructure or construction projects.

Name and Title of Authorized Official: _____
Name and Title of Certifying Designee (If different from authorized official): _____
Certifying Designee's Address: _____

☐ **Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. *(Please check the box to the left)*

Authorized Signature of the Applicant Agency: _____ Date: _____

July 2025

35 Do the same for the Letter of Agreement linked.

Once all files are uploaded, click "Save & Next"

* Please attach the signed Statement of Assurances
Accepted Formats: .pdf

[Upload Files](#) Or drop files

Please fill out and sign the Letter of Agreement.

* Please attach the signed Letter of Agreement
Accepted Formats: .pdf

[Upload Files](#) Or drop files

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[Save & Next](#) [Save For Later](#)

36 Verify that you are in compliance with all requirements.

Reference Application
[DPSG Application](#)

Match Status Indicator

Owner
[Prod Test](#)

Application Form

- General Information
- Problems and Needs
- Project Purpose
- Collaborative Activities
- Data Collection
- Upload Files
- Attestation**

Application Number
App-000573

Status
In Progress

* ☐ verify that I am in compliance with all pre-award requirements outlined in the OCJP manual.

* ☐ I certify that I will comply with all local, state, and federal law applicable to the grant project.

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[Save](#) [Save For Later](#)

37 Click here

Match Status Indicator

Owner
Prod Test

Information

Needs

Use

Activities

on

Application Number
App-000573

Status
In Progress

☒ I verify that I am in compliance with all pre-award requirements outlined in the OCJP manual.

☒ I certify that I will comply with all local, state, and federal law applicable to the grant project.

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Save Save For Later

38 Once all application sections have been completed, the "Submit" button becomes available. If you are ready to submit your application, click "Submit".

Application Number
App-000593

Status
In Progress

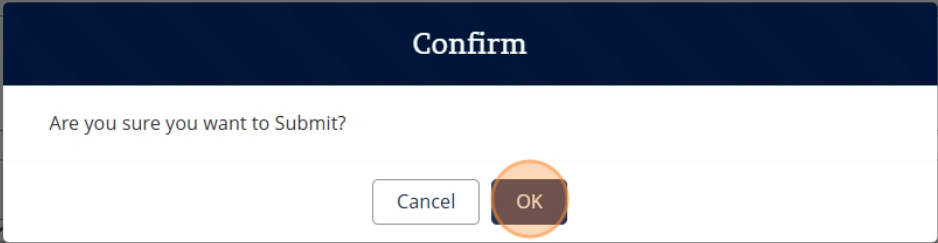
Created Date
Oct 7, 2025

☒ I verify that I am in compliance with all pre-award requirements outlined in the OCJP manual.

☒ I certify that I will comply with all local, state, and federal law applicable to the grant project.

Save Submit

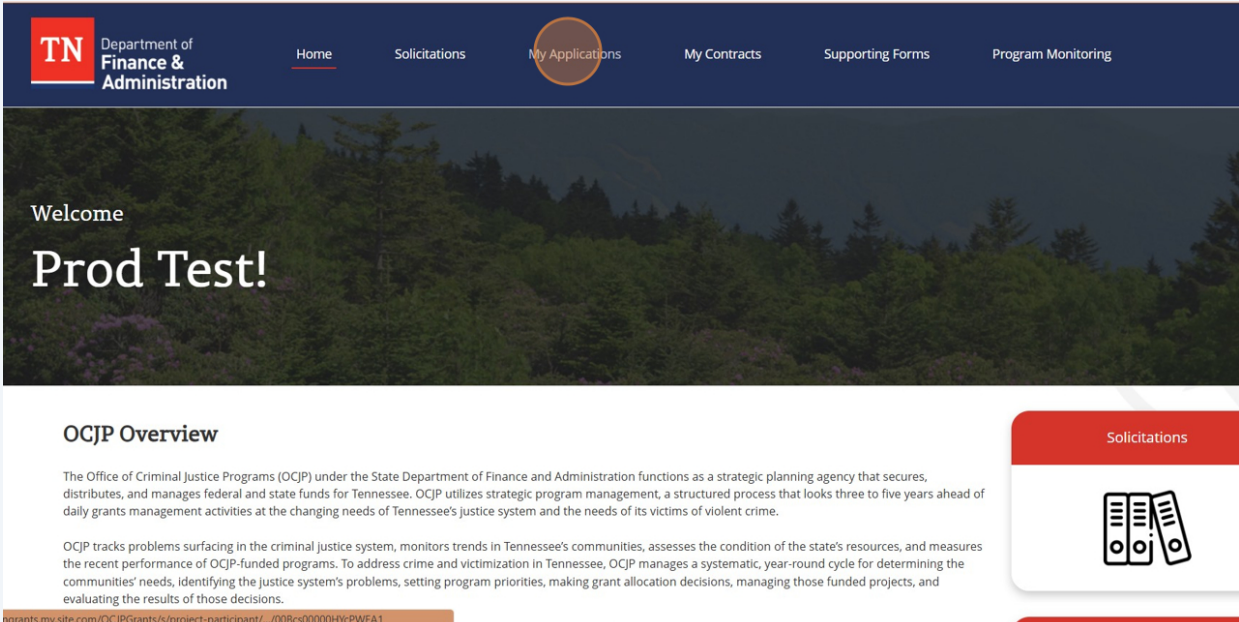
39 Confirm Submission



A modal dialog box titled "Confirm" with a dark blue header. The main text asks "Are you sure you want to Submit?". At the bottom, there are two buttons: "Cancel" and "OK". The "OK" button is highlighted with an orange circle. In the background, a form is partially visible with a checked checkbox and the text "I certify that I will comply with all local, state, and federal law applicable to the grant project."

40 Your application has been submitted and is complete.

If you need to save your application and complete at a later time, select "Save for Later". This will allow you to log out and whenever you log back in you can select your in progress application. From the portal home page select "My Applications".



The screenshot shows the OCJP Overview page. The header includes the TN Department of Finance & Administration logo and navigation links: Home, Solicitations, My Applications (highlighted with an orange circle), My Contracts, Supporting Forms, and Program Monitoring. The main content area features a "Welcome Prod Test!" message over a forest background. Below this is the "OCJP Overview" section, which describes the Office of Criminal Justice Programs (OCJP) and its functions. A sidebar on the right contains a "Solicitations" section with a folder icon. The footer shows the URL: grants.my.site.com/OCJPGrants/s/project-participant/.../008c00000HicPWEA1.

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Click the Application Number of the application you would like to open and continue editing.

TN Department of Finance & Administration HomeSolicitationsMy ApplicationsMy ContractsSupporting FormsProgram Monitoring							
Application ↑	Solicitation Name	Application Status	Role	Participant Contact	Account	Created Date	
1	App-000518	VCIF Application	New	Staff	Prod Test Person 1	Prod Test Account	9/16/2025, 4:00 PM
2	App-000572	Zip Code Application	In Progress	Staff	Prod Test Person 1	Prod Test Account	10/6/2025, 1:57 PM
3	App-000573	VCIF Application	In Progress	Staff	Prod Test Person 1	Prod Test Account	10/6/2025, 2:16 PM

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Follow the above steps at wherever you left off to continue to submit your application.