**Scope of Services**

**TCI Training Equipment Grant**

**FY 2026**

**APPLICANT AGENCY NAME:       County Government**

**LAW ENFORCEMENT AGENCY NAME:**

1. AGENCY INFORMATION

A.1. Is your agency a Type 1 Local Adult Correctional Facility located in the State of Tennessee? Answer Yes or No.

A.2. Is your agency currently Tennessee Corrections Institute certified? (Answer Yes or No). *Decertified agencies may apply for the grant but must appear before the September Board of Control meeting to obtain permission to participate in the grant.*

1. **INPUTS**

B.1. Overview: Please **describe** your project in broad terms.

B.2 Please explain why these items will help your agency perform or improve training for correctional staff.

B.3. Please **describe** **any** **problems** you are having with your current training equipment or why your current training area needs to be remodeled.

B.4. Please describe in detail the items you want to buy by filling out the table below. This should match your budget. Please note that all items purchased must be for the purpose of training correctional staff. It is not for general equipment, inmate equipment, or patrol equipment. It must support a training need.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Number** | **Item Description/Name** | **How Many?** | **Estimated Cost?** | **Estimated shipping cost?** |
| ***1*** | ***Example – CPR Manikin*** | ***1*** | ***$1500*** | ***$50*** |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
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| **17** |  |  |  |  |
| **18** |  |  |  |  |
| **19** |  |  |  |  |
| **20** | **Add additional rows below**  | **If needed &** | **Delete Unneeded**  | **Rows** |

B.5. Please provide a brief **grant timeline** including the purchase date, the date equipment is expected to arrive, and when it will be deployed. If it is construction-related, please describe what the project is and how long it will take.

B.6 How will Corrections Officers benefit from this grant expenditure? Please be specific.

B.7. How many Correctional Officer positions does your agency have, and how many of those positions are filled?

B.8. What is the name of your grant Project Director? This is the person who will be responsible for this grant. They will oversee purchases and ensure all equipment is received and accounted for.

B.9. What is the name of your Finance Director? This is the person who will be responsible for ensuring that purchase orders are issued for this grant equipment (when applicable) and that expenses match the equipment listed on this grant. TCI will *not reimburse or pay for unapproved equipment*. This must be a different person than the Project Director.

B.10. We understand and agree that the \_\_\_\_\_\_\_\_\_\_\_\_\_ County Sheriff’s Office/Department (circle one) can only buy the equipment that was approved in this grant contract and budget. If something is not listed in the contract in section B.4. above, then we are not allowed to buy it with grant money. We will not ask to get money back for things we are not allowed to buy. If we want to add something or change something after the contract is signed, we must ask for permission to change the grant, as explained in paragraph C.6. This includes shipping and handling fees. We also understand that the % rule does not apply to this year’s TCI grant. The Grant Project Director’s signature below confirms understanding of this rule.

 Grant Project Director signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

1. **DATA COLLECTION**

C.1. Please note that under the terms of the grant your agency will be required to provide receipts, purchase orders, photos of purchased equipment, and invoices to close out the grant. Documentation must be submitted no later than 30 days after the expiration of the grant contract and before the final invoice is paid. Please describe the process you will follow to ensure that all purchases are documented and submitted.