



STATE OF TENNESSEE
DEPARTMENT OF TRANSPORTATION

LONG RANGE PLANNING
SUITE 900, JAMES K. POLK BUILDING
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-0334
(615) 741-3421

JOHN C. SCHROER
COMMISSIONER

BILL HASLAM
GOVERNOR

Dear Grantee,

Congratulations on the approval of your funding award. In order for the Long Range Planning Administration Office to begin the preparation of your contract we will need the information requested below. Please fill out the requested information on this sheet as well as the attached documents. If you need clarification on any items requested, please do not hesitate to reach me. We kindly ask that all requested items be sent together as a Word Document in one email to the TDOT sponsor overseeing the project . Please note that work on the contract will not begin until all necessary items have been received.

We thank you in advance for your assistance and look forward to working with you as we strive to strengthen Tennessee’s infrastructure together.

Long Range Planning Division
James K. Polk Building, 9th Floor
505 Deaderick St., Nashville, TN 37243
p. 615-741-8939
tn.gov/tdot

Form with three columns: Technical Sponsor Contact, Administrative Sponsor Contact, Invoice Remittance Address. Each column has fields for Name, Title, Address, and Email.

Table with 2 columns: Document Name, Description. Rows include FAIN Worksheet, Grant Budget, Parent Child, Notice of Audit, and Copy of W9.

Federal Award Identification Worksheet

Subrecipient's name (must match registered name in DUNS)	
Subrecipient's DUNS number	
Federal Award Identification Number (FAIN)	TBD
Federal award date	
CFDA number and name	20.205
Grant Agreement's begin date	
Grant Agreement's end date	
Amount of federal funds obligated by this Grant Agreement	
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	
Name of federal awarding agency	Federal Highway Administration
Name and contact information for the federal awarding official	Pam Kordenbrock, Division Administrator, Tennessee (615)781-5770
Is the federal award for research and development?	
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	

GRANT BUDGET				
Additional Identification Information As Necessary				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable				
Period:	BEGIN:	END:		
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT AGREEMENT	GRANTEE PARTICIPATION	TOTAL PROJECT
1. 2	Salaries, Benefits & Taxes			
4, 15	Professional Fee, Grant & Award ²			
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications			
11. 12	Travel, Conferences & Meetings			
13	Interest ²			
14	Insurance			
16	Specific Assistance To Individuals			
17	Depreciation ²			
18	Other Non-Personnel ²			
20	Capital Purchase ²			
22	Indirect Cost			
24	In-Kind Expense			
25	GRAND TOTAL			

Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: <http://www.state.tn.us/finance/act/documents/policy3.pdf>).

Applicable detail follows this page if line-item is funded.

GRANT BUDGET LINE-ITEM DETAIL:

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)	
TOTAL	

INTEREST	AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)	
TOTAL	

DEPRECIATION	AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)	
TOTAL	

OTHER NON-PERSONNEL	AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)	
TOTAL	

CAPITAL PURCHASE	AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)	
TOTAL	

Parent Child Information

The Grantee should complete this form and submit it with the Grant Contract. The Grantee should submit only one, completed "Parent Child Information" document to the State during the Grantee's fiscal year.

"Parent" means an entity whose IRS filing contains the information of at least one other entity.

"Child" means an entity whose information is contained in another entity's IRS filing.

Grantee's Edison Vendor ID number:

Is **Grantee Legal Entity Name** a parent? Yes No

If yes, provide the name and Edison Vendor ID number, if applicable, of any child entities.

Is **Grantee Legal Entity Name** a child? Yes No

If yes, complete the fields below.

Parent entity's name: _____

Parent entity's tax identification number: _____

Note: If the parent entity's tax identification number is a social security number, this form must be submitted via US mail to:

**Central Procurement Office, Grants Program Manager
3rd Floor, WRS Tennessee Tower
312 Rosa L Parks Avenue
Nashville, TN 37243**

Parent entity's contact information:

Name of primary contact person: _____

Address: _____

Phone number: _____

Email address: _____

Parent entity's Edison Vendor ID number, if applicable: _____

Notice of Audit Report

Check one of the two boxes below and complete the remainder of this document as instructed. Send completed documents as a PDF file to cpo.auditnotice@tn.gov. **The Grantee should submit only one, completed "Notice of Audit Report" document to the State ninety (90) days prior to the Grantee's fiscal year.**

_____ is subject to an audit for fiscal year 2017.

_____ is not subject to an audit for fiscal year 2017.

Grantee's Edison Vendor ID Number:

Grantee's fiscal year end:

Any Grantee that is subject to an audit must complete the information below.

Type of funds expended	Estimated amount of funds expended by end of Grantee's fiscal year
Federal pass-through funds a. Funds passed through the State of Tennessee b. Funds passed through any other entity	a. b.
Funds received directly from the federal government	
Non-federal funds received directly from the State of Tennessee	

Auditor's name:

Auditor's address:

Auditor's phone number:

Auditor's email: