

GRANT ROUTING FORM

Information to Be Completed By the Initiating Department

1. Grant Identifying Number: _____
2. Grantor: TDEC Division of Solid Waste Management
3. Name/Title of the Grant: Organics Management Grants
4. Grant Agency (i.e. DOJ, FTA, TDOT, etc.): TDEC
5. Initiating Department Name: Public Service
6. Organ Number: 043430
7. Initiating Department Contact: Makenzie Read
8. Is the following information attached to this form?
 - a. Grant Application Yes No
9. Grant Amount: \$25,000
*(This is the amount from the grantor, **not** including any contributions from the City)*
10. City Required Match Amount: \$25,000
11. Is match currently budgeted? Yes No
If not, what is the proposed source of the match?
12. Will any new positions be created by the match? Yes No
If so, how are these positions to be funded beyond the life of the grant?
13. What other costs are associated with receipt of this grant? (Please note such things as future recurring costs needed to continue the relevant service.)

N/A
14. What is the life of the grant? July 31, 2025 - June 15, 2026
15. Is this a reimbursement grant or an advance grant? Reimbursement

Save this document and attach with the AIS requesting authorization to apply for and accept the grant.

Information to Be Completed By the Finance Department

Analyst:

1. Are all costs (match or other) associated with this acceptance of this grant currently budgeted?

The match for this Grant was budgeted in 230.043430.8950

2. Comments:

3. Financial Analyst's Signature: Jennifer Benton Digitally signed by Jennifer Benton
Date: 2025.04.14 10:37:55 -04'00'

Chief Financial Officer:

1. Comments:

2. Finance Director's Signature: Boyce H. Evans Digitally signed by Boyce H. Evans
Date: 2025.04.14 11:48:36 -04'00'

Information to Be Completed By the Mayor

1. Comments:

2. Mayor's Signature: Indya Kincannon Digitally signed by Indya Kincannon
Date: 2025.04.15 09:52:09 -04'00'