

# Board of Commissioners Grant Fact Sheet

Committee Name: Public Works

Date of Committee: July 27, 2016

|                                     |   |
|-------------------------------------|---|
| <b>1. Grant Name:</b>               | State-Aid Paving  |
| <b>2. Grantor:</b>                  | Tennessee Department of Transportation  |
| <b>3. Submitted by:</b>             | Shelby County Government  |
| <b>4. Amount:</b>                   | \$3,152,761   |
| <b>5. Funding Period:</b>           | Annually  |
| <b>6. Deadline:</b> (if applicable) | N/A   |
| <b>7. Target Population:</b>        | 100,000   |
| <b>8. Grant Funding:</b>            | <input type="checkbox"/> New <span style="margin-left: 150px;"><input type="checkbox"/> Single Year</span><br><input checked="" type="checkbox"/> Continuation <span style="margin-left: 100px;"><input type="checkbox"/> Multi-Year Renewable</span> |

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| 9. What are the specific goals of the grant? (The final grant proposal should include the goals and the measurable objectives.)  | Provide funding for road and bridge maintenance in Unincorporated Shelby County. |
| 10. How will the project be evaluated to determine that the goals are being met?   | Inspection and testing   |
| 11. What bench marks will be utilized to determine that the goals are being met?   | Tennessee Department of Transportation (TDOT) Specifications.                    |
| 12. Who will conduct the evaluation?   | Shelby County and the Tennessee Department of Transportation                     |
| 13. What will happen to the program after it ends?   | Funding renewed annually.  |
| 14. List the partners (faith-based, business community, foundations, etc.) that will be sub-recipients of grants funds.  | N/A  |
| 15. If this is a continuation of previous grant funding and sub-recipients have been awarded funds in the past, list accomplishments/benchmarks met with past grant funds. | N/A  |
| 16. What are the criteria for selecting partners? (if applicable)  | N/A  |

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|---|--|------------------------------------|--|------------------------------------|--------------------------------|-----------------------------------|---|------------------------------------|--|-------------------------------------|---------------------------------|---|--|---|--|
| 17. What type of reporting is required?   | <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Annual<br><input checked="" type="checkbox"/> Other Monthly Progress Reports  |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| 18. Will Shelby County Government be the fiscal agent?  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If no, who will serve as the fiscal agent?   |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| 19. What budget categories will be included?<br>(Check all that apply)  | <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Personnel</td> <td><input type="checkbox"/> Fringe Benefits</td> </tr> <tr> <td><input type="checkbox"/> Equipment</td> <td><input type="checkbox"/> Books</td> </tr> <tr> <td><input type="checkbox"/> Supplies</td> <td><input type="checkbox"/> Indirect Costs</td> </tr> <tr> <td><input type="checkbox"/> Resources</td> <td><input checked="" type="checkbox"/> Construction</td> </tr> <tr> <td><input type="checkbox"/> Sub-grants</td> <td><input type="checkbox"/> Travel</td> </tr> <tr> <td><input type="checkbox"/> Professional Development</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Others (list) – Construction Inspection</td> <td></td> </tr> </table> | <input type="checkbox"/> Personnel | <input type="checkbox"/> Fringe Benefits | <input type="checkbox"/> Equipment | <input type="checkbox"/> Books | <input type="checkbox"/> Supplies | <input type="checkbox"/> Indirect Costs | <input type="checkbox"/> Resources | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Sub-grants | <input type="checkbox"/> Travel | <input type="checkbox"/> Professional Development |  | <input checked="" type="checkbox"/> Others (list) – Construction Inspection |  |
| <input type="checkbox"/> Personnel  | <input type="checkbox"/> Fringe Benefits   |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| <input type="checkbox"/> Equipment  | <input type="checkbox"/> Books   |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| <input type="checkbox"/> Supplies   | <input type="checkbox"/> Indirect Costs  |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| <input type="checkbox"/> Resources  | <input checked="" type="checkbox"/> Construction   |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| <input type="checkbox"/> Sub-grants   | <input type="checkbox"/> Travel  |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| <input type="checkbox"/> Professional Development   |  |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| <input checked="" type="checkbox"/> Others (list) – Construction Inspection   |  |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| 20. What new personnel will be hired? (if applicable)   | N/A  |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| 21. If equipment purchases will exceed \$50,000 or 25% of the total grant funding, list the type of equipment specified in the grant application. | N/A  |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| 22. How much money is allocated for evaluation?   | \$179,391  |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| 23. Does the grant require a match?   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, designate the source of the match.<br><u>State Gas Tax Funds</u>   |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| 24. Who will provide accounting for the grant?  | Shelby County  |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |
| 25. Does the grant require the signature of the Mayor and/or County Commission Chairman?  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   |                                    |  |                                    |                                |                                   |   |                                    |  |                                     |                                 |   |  |   |  |

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## **26. INTERNAL VERIFICATION**

**To be verified by the Shelby County Board of Commissioners prior to grant acceptance.**