




*Application 2017 - 2018*

**JAMES L. RICHARDSON "DRIVER SAFETY" MATCHING GRANT PROGRAM**

**GRANT APPLICATION - DATE SENSITIVE**

*PROGRAM IS CLOSED AFTER SEPTEMBER 29, 2017*

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- 1. Application Date: **Thursday, 31st of August 2017** 
  - 2. Participant city (or Agency) Name: City of Crossville
  - 3. P.O. Box Address or Street: 392 N. Main St.
  - 4. City: Crossville Zip: 38555
  - 5. Contact Person:
    - First Name: Sally Last Name: Oglesby
  - 6. Contact Person's Title: City Clerk
  - 7. Contact Person's Telephone Number (Ex. 615-371-0049): 931-456-5680
  - 8. Contact Person's Fax Number (Ex. 615-377-3067): 931-484-7713
  - 9. Contact Person's Email: sally.oglesby@crossvilletn.gov
  - 10. No. of Full Time Employees in City/Agency: 167
  - 11. No. of Employees Affected by this Purchase: 42
  - 12. The City/Agency Desires to Purchase the Following:
 

back up beepers for 42 Public Works trucks
  - 13. Justification for the needed purchase **MUST BE** provided, indicating the departments or function areas that will be affected. One grant application, per member, per year. **DO NOT** send multiple applications for several departments.
 

We need to put regular backup beepers on 26 trucks and beeper/bulb kits for 16 trucks. They will be installed by our maintenance/garage department.
  - 14. Submit a **signed Resolution/Motion**, passed by the governing body of the city/agency by the appropriate official (*Mayor or Chairman of the Board*). If the resolution will not be signed until after your next council/Board meeting, **send in your application and submit a signed resolution later.**
    - ▶ \* Check here if you intend to submit your signed resolution later:

September 2017

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Previous Today | Unset Next

► \* Date of upcoming Board or Council meeting

15. Provide **two estimates (if possible)** for purchase of equipment/training. Be sure to **calculate the TOTAL** of each.

► \* **ELIGIBILITY TIMEFRAME:** Purchases MUST BE made between January 1, 2017 and May 1, 2018.

Estimate #1 *Calculated TOTAL:* \$1315.20

Estimate #2 *Calculated TOTAL:* \$1225.40

16. Approving Supervisor:

First Name: Greg

Last Name: Wood

17. Approving Supervisor's Email: greg.wood@crossvilletn.gov

Validate