8 ACKNOWLEDGMENT

I acknowledge that I am aware that the Shelby County Grants Policies and Procedures Manual is available on the official Shelby County Government website, and I commit that I have read Version 2 of this policy and commit to follow the policies stated therein.

I am aware that if I have questions regarding SCGO policies I should direct them to the Shelby County Grants Office. I also am aware that the Shelby County Grants Office, at any time, may on reasonable notice, change, add to, or delete from the provisions of these policies and that it is my responsibility to check the Shelby County Grants Office website at http://www.shelbycountytn.gov/index.aspx?NID=2261 for periodic updates.

Employee's Printed Name	Title
Employer/Agency Name	Department
SCG Fund #	
Employee's Signature	Date