

# Blount County, Tennessee Grant (Contract) Worksheet

(adopted February 21, 2013)

**Please provide the information below for any Grant being applied for or recently awarded.**

Once completed, return the worksheet via e-mail to the Grant Accountant at [accounting@blounttn.org](mailto:accounting@blounttn.org).

Requesting Department: Blount County Sheriff's Office

Contact Person's Name, email, phone # (person applying for grant): Angelie Shankle, ashankle@bcso.com, 865-273-5124

Financial Reporting Person's information (if different than contact): \_\_\_\_\_

Project/Program Director's Name, email, phone # Ron Talbott, rtalbott@5thjdtf.org, 865-388-5318

Name of Granting Agency: State of TN, Office of Criminal Justice Programs

Grant Name: FY23 Violent Crime Intervention Fund - COLLABORATIVE

Is a grant application required? YES  NO

Is this a one-time grant? YES  NO  If no, is the grant recurring? \_\_\_\_\_

## Grant Funds Requested:

**Are County Funds Required (Match)?** If so when approved, a budget amendment for match will need to be included with this form No

**Total Amount of Grant:** up to \$2,000,000

Brief Description for Use of Grant Funds: (Equipment, Gear, Personnel, etc.) 

Equipment and Technology to be used collaboratively between DTF, Maryville, and Alcoa to address regionally specific needs to combat violent crime.
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If the grant is in the application processes, what is the submission deadline? 1/16/2023

Worksheet reviewed by - \_\_\_\_\_

Grant Accountant and/or Finance Director: \_\_\_\_\_

Date of Commission approval: \_\_\_\_\_

**Please provide the remaining information once the Grant is approved.**

Grant CFDA# (Catalog of Federal Domestic Assistance): \_\_\_\_\_

Date of Grant Award: \_\_\_\_\_

Grant Period: (such as: Oct 1 - Sept 30) \_\_\_\_\_

Expiration Date of Grant, as established by the Granting Agency: \_\_\_\_\_

Anticipated Closing Date of Grant Project: \_\_\_\_\_

How will we receive the Grant Funds? (direct deposit, check, other) \_\_\_\_\_

How often will the Grant Funds be sent? (monthly, quarterly, one payment, other) \_\_\_\_\_

\*\*\*\* Attach Budget Amendment(s) to this form when grant approved \*\*\*\*