

**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.

Requesting Department: Blount County Highway Department
Contact Person's Name, email, phone # (person applying for grant): Superintendent Jeff Headrick
Financial Reporting Person's information (if different than contact): Karen Ray
Project/Program Director's Name, email, phone # Alle Crampton 615-253-1729 alle.crampton@tn.gov
Name of Granting Agency: Tennessee Department of Environment and Conservation (TDEC)
Grant Name: Tire Environmental Act Program
Is a grant application required? YES NO
Is this a one-time grant? YES NO If no, is the grant recurring?

Grant Funds Requested: \$160,000
Are County Funds Required (Match)? If so when approved, a budget amendment for match will need to be included with this form
\$ 40,000
Total Amount of Grant: \$ 200,000

Brief Description for Use of Grant Funds: (Equipment, Gear, Personnel, etc.) Blount County will incorporate an innovative technology for the manufacture of rubber modified asphalt for two miles of the annual overlay and paying program. The expectation is that the tire rubber additive will provide benefits in reflective crack resistance to the overlay and reduce maintenance costs over time.

If the grant is in the application processes, what is the submission deadline? 15-Apr-23

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 ****