

(adopted February 21, 2013)

Once completed, return the worksheet via e-mail to the Grant Accountant at accounting@blounttn.org.

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

Is this a one-time grant? YES ____ NO X If no, is the grant recurring? Yes

Not Applicable - No Matching Funds Required

Date of Commission approval: _____

Please provide the remaining information once the Grant is approved.

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

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