

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): Doug Hancock dhancock@blounttn.org

Financial Reporting Person's information (if different than contact): Susan Bullen sbullen@blounttn.org

Project/Program Director's Name, email, phone # Jeff Headrick, Highway Superintendent jheadrick@blounttn.org
Name of Granting Agency: TDOT under the Transportation Alternatives Program (TAP) through the Transportation Planning Organization (TPO)

Grant Name: Blount County Greenway Trail 2018 Phase 1 REVISED

Is a grant application required? YES ___ NO ___

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

Grant Funds Requested: \$ 90,551

Are County Funds Required (Match)? If so when approved, a budget amendment for match will need to be included with this form
80% Federal \$72,441 20% Local Match \$18,110

Total Amount of Grant: \$ 90,551

Brief Description for Use of Grant Funds: (Equipment, Gear, Personnel, etc.)
Environmental Review and Design for extension of Greenway trail within US Highway 321 right-of-way from Maryville City Limits at Helton Road to Heritage Middle School. Full project From Helton Road to Melrose Station Road/Bridge

This Phase 1 REVISION is for PE (NEPA) and Design only

If the grant is in the application processes, what is the submission deadline? No official grant deadline

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 ******