

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: Information Technology

Contact Person's Name, email, phone # (person applying for grant): Justin McClure | jmcclure@blounttn.org | 865-273-5735

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

Project/Program Director's Name, email, phone # Marla Riley and Rebekah Jenkins | cybersafetn@tn.gov

Name of Granting Agency: State of Tennessee Department of Finance & Administration

Grant Name: Federal Fiscal Year 2023 State and Local Cybersecurity Grant 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: 14232.2

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: \$ 14,232.20

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

This grant gives the County license to use CrowdStrike Falcon Complete cyber security solution on our endpoint devices. This includes County departments, Sheriff's Office, Blount County 911, Blount County Schools, City of Townsend, and East Tennessee Development District.

If the grant is in the application processes, what is the submission deadline? 27-Nov-24

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 ****