

# 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, 273-5124

Financial Reporting Person's information (if different than contact): Angelie Shankle, ashankle@bcso.com, 273-5124

Project/Program Director's Name, email, phone # Chief Jarrod Millsaps, jmillsaps@bcso.com 273-5132

Name of Granting Agency: USDOJ, Bureau of Justice Assistance

Grant Name: Blount County Sheriff 2022-23 Edward Byrne Memorial JAG Local Solicitation.

Is a grant application required? YES  NO

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

**Grant Funds Requested:** \$23,971.00

**Are County Funds Required (Match)?** If so when approved, a budget amendment for match will need to be included with this form No matching funds required. 100% federal funds

**Total Amount of Grant:** \$23,971.00

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

Funding for Motorola Interoperable radios, software, hardware and programming. And misc accessories and batteries

If the grant is in the application processes, what is the submission deadline? 8/8/2022

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): CFDA #16.738

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 \*\*\*\*