

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: Sheriff's Office - Corrections
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): _____
Project/Program Director's Name, email, phone # Chad Bailey - Corrections Training/cbailey@bcso.com
Name of Granting Agency: TN Corrections Institute (TCI)
Grant Name: TCI Training Equipment Grant
Is a grant application required? YES NO
Is this a one-time grant? YES NO If no, is the grant recurring? _____

Grant Funds Requested: \$10,000
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: \$ 10,000

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

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| Training Equipment: 2 Smart TVs, chairs/tables, trng handcuffs |
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If the grant is in the application processes, what is the submission deadline? 26-Sep-22

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 ******