

**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: \_\_\_\_\_

Contact Person's Name, email, phone # (person applying for grant): \_\_\_\_\_

Financial Reporting Person's information (if different than contact): Stephanie Erickson, stephanie.erickson@mncabb.org 865-329-9074

Project/Program Director's Name, email, phone # Shannon Dow, shannon.dow@mcnabb.org 865-681-6990 ext. 3710

Name of Granting Agency: Helen Ross McNabb Center

Grant Name: Tennessee State Government Opioid Abatement Council Community Grants Cycle 3

Is a grant application required? YES  NO

Is this a one-time grant? YES  (3 years) NO  If no, is the grant recurring? \_\_\_\_\_

**Grant Funds Requested:** Up to \$2,500,000 annually for three years.

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

**Total Amount of Grant:** Total three year request max \$7,500,000

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

These grant funds will provide operational expenses for Blount County Transition Campus which includes 3 recovery homes, re-entry residential housing, substance use residential and women's jail to work and recovery home facilities. Personnel to deliver specialized, evidence based treatment services; operational expenses necessary to provide residential treatment programming specific and treatment-related supplies directly associated with opioid use disorder and co-occurring services.

If the grant is in the application processes, what is the submission deadline? April 6, 2026 by 4:00pm CT

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 \*\*\*\*