

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 Sheriff's Office

Contact Person's Name, email, phone # (person applying for grant): Angelie Shankle 865-273-5124, ashankle@bcso.com

Financial Reporting Person's information (if different than contact): Angelie Shankle 865-273-5124, ashankle@bcso.com

Project/Program Director's Name, email, phone # Jeff Clark, 865-273-5132, jclark@bcso.com

Name of Granting Agency: State of TN, Office of Criminal Justice Programs

Grant Name: FY26 Mental Health Transports Program

Is a grant application required? YES _X_ NO _____

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

Grant Funds Requested: \$20,000

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: \$ 20,000

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

to cover expenses associated with MHT (non-inmate)

If the grant is in the application processes, what is the submission deadline? 31-Jul-25

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) Direct Deposit

How often will the Grant Funds be sent? (monthly, quarterly, one payment, other) Quarterly

**** Attach Budget Amendment(s) to this form when grant approved ****