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 __x__ NO _____

Is this a one-time grant? YES __x__ 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.)

Training Equipment: 2 Smart TVs,chairs/tables,trng handcuffs

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 ******