

# 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: 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 # Chris Pryor - Corrections Sgt./cpryor@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:** \$15,000

**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:** \$ 15,000

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

Corrections Emergency Response Team (CERT) equipment
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If the grant is in the application processes, what is the submission deadline? 1-Sep-23

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 \*\*\*\*