

(adopted February 21, 2013)

Once completed, return the worksheet via e-mail to the Grant Accountant at [accounting@blounttn.org](mailto:accounting@blounttn.org).

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

Project/Program Director's Name, email, phone #	Chief Jarrod Millsaps, jmillsaps@bcso.com 273-5132
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Grant Name: Blount County Sheriff 2024-25 Edward Byrne Memorial JAG Local Solicitation.

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

**Are County Funds Required (Match)?** If so when approved, a budget amendment for match will need to be included with this form

No matching funds required. 100% federal funds

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

Grant to purchase Law Enforcement Equipment: requesting a special spotlight for special team situations, allowing for higher visibility during the working of cases/incidents.

Worksheet reviewed by -

Grant Accountant and/or Finance Director:

Date of Commission approval:

*Please provide the remaining information once the Grant is approved.*

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 \*\*\*\*