

**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 Highway Department
Contact Person's Name, email, phone #(person applying for grant): Doug Hancock dhancock@blounttn.org
Financial Reporting Person's information (if different than contact): Susan Bullen sbullen@blounttn.org

Project/Program Director's Name, email, phone #: Jeff Headrick, Highway Superintendent jheadrick@blounttn.org
Name of Granting Agency: TDOT under the Transportation Alternatives Program (TAP) through the Transportation Planning Organization (TPO)

Grant Name: Blount County Greenway Trail 2018 Phase 1/Design

Is a grant application required? YES NO

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

Grant Funds Requested: \$ 40,000

Are County Funds Required (Match)? If so when approved, a budget amendment for match will need to be included with this form
80% Federal \$160,000/20% Local Match \$40,000


Total Amount of Grant: \$ 200,000

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

Greenway trail within US Highway 321 right-of-way from Heritage High School to Perry's Mill Parking area (including new parking in row) to include additional bike access link to Old Walland Highway across Melrose Station Bridge in county row.

NOTICE: This Phase 1 is for PE (NEPA) and Design only

If the grant is in the application processes, what is the submission deadline? No official grant deadline, the TPO executive committee is to vote on this March 28th, 2018

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 ****