

# 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: General Services

Contact Person's Name, email, phone # (person applying for grant): Brian Baldwin, bbaldwin@blounttn.org

Financial Reporting Person's information (if different than contact): Tyler Hurst, thurst@blounttn.org

Project/Program Director's Name, email, phone # Brian Baldwin, bbaldwin@blounttn.org

Name of Granting Agency: State of TN, Historic Development Grant Program

Grant Name: 2025 Historical Development Grant 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:** \_\_\_\_\_

**Are County Funds Required (Match)?** If so when approved, a budget amendment for match will need to be included with this form Yes, 50/50

**Total Amount of Grant:** \$ 500,000

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

Any expenditure for a structural component of the Courthouse building is eligible for grant funds.

If the grant is in the application processes, what is the submission deadline? 7-Nov-25

Worksheet reviewed by -

Grant Accountant and/or Finance Director: Brian Baldwin

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: 15-Dec-25

Grant Period: (such as: Oct 1 - Sept 30) 36 months after grant is awarded

Expiration Date of Grant, as established by the Granting Agency: 15-Dec-28

Anticipated Closing Date of Grant Project: Direct Deposit

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 \*\*\*\*