

# 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: Blount County Sheriff's Office

Contact Person's Name, email, phone # (person applying for grant): Angelie Shankle 865-273-5124, ashankle@bcso.com

Financial Reporting Person's information (if different than contact): Angelie Shankle 865-273-5124, ashankle@bcso.com

Project/Program Director's Name, email, phone # Keith Gregory, Capt. Corrections, kgregory@bcso.com

Name of Granting Agency: TN Dept of Health

Grant Name: ELC Confinement Facilities Funding

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:

\$48,560

**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:

\$ 48,560

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

to purchase inmate mattresses and jumpsuits to assist with Covid mitigation; control of infectious disease spread

If the grant is in the application processes, what is the submission deadline?

Reopened due to lack of response previously

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)

Direct Deposit

How often will the Grant Funds be sent? (monthly, quarterly, one payment, other)

Quarterly

\*\*\*\* Attach Budget Amendment(s) to this form when grant approved \*\*\*\*