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 Sheriff's Office

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

Reporting Persons information (if different than contact): Justin Beckman, Traffic Corporal

Name of Granting Agency: State of Tennessee, Tennessee Highway Safety Office

Grant Name: 2023-24 BCSO Alcohol & Impaired Driving Patrols

Is a grant application required? YES X NO ____

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

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: Not Applicable - No Matching Funds Required

Total Amount of Grant:

$ 40,000

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

Funding for overtime for traffic safety unit deputies and supervisors for working Saturation Patrols for DUI, speeding and aggressive driving.

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

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): To be supplied by THSO with Grant - if awarded

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 ******