

**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:

Contact Person's Name, email, phone # (person applying for grant):

Financial Reporting Person's information (if different than contact):

Project/Program Director's Name, email, phone #

Name of Granting Agency:

Grant Name:

Is a grant application required?

Is this a one-time grant?

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

Total Amount of Grant:

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

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):

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)

Blount County Adult Recovery Court
Amy Galyon, agalyon@blounttn.org
865-273-5581

Amy Galyon
TN Dept of Mental Health + Substance Abuse
BJA Adult Drug Court Discretionary Services Grant

YES ☒ NO ☐

YES ☒ NO ☐ If no, is the grant recurring? 3 yrs

\$252,039 - are requested for Blount

no

County's portion of the statewide application

\$ 252,039 3 yrs total

Funds will be used to enhance implementation of a Veterans' Treatment Court

2/27/2017

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