

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): Doug Hancock, dhancock@blounttn.org 273.5750
Chief Jarrod Millsaps, jmillsaps@bcso.com 273.5300
Lt. Randy Ailey, bcso319@gmail.com 273.5136

Reporting Persons information (if different than contact): _____

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

Grant Name: 2017-18 BC SO Alcohol Saturation Patrols/Roadside Sobriety Checkpoints

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:

\$ 45,561

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 and for overtime for working Sobriety Checkpoints.

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

April 10th, 2017

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 ****