



**KENLYN FOSTER**  
JUDGE, GENERAL SESSIONS COURT, DIVISION II  
JUVENILE COURT  
BLOUNT COUNTY, TENNESSEE

**DIANNE E. LASHMIT**  
MAGISTRATE

PHONE: 865-273-5952  
FAX: 865-273-5965

335 Court Street  
Maryville, Tennessee 37804  
kfoster@blounttn.org

### MEMO

**DATE:** July 28, 2017  
**TO:** Blount County Budget Committee  
**FROM:** Magistrate Dianne Lashmit and Judge Kenlyn Foster  
**RE:** Grant

Over the past several years we have recognized a gap in the services available to us in accomplishing our mission of maintaining children in their family environment whenever possible. Currently, the Court does not have access to services that educate and support parents and other familial custodians who are caring for children who have experienced trauma.

Therefore, we are applying for a grant from the East Tennessee Foundation that would not require any matching county funds. In partnership with the New Hope Children's Advocacy Center, we have done significant research and have identified an evidence-based curriculum created by the National Child Traumatic Stress Network. This program would be available to the Court year round and would be taught by a mental health professional at New Hope.

We believe this program will benefit many Blount County families by providing the tools necessary to move forward from past traumas. When families have education and support, the family unit can heal together and reduce the impact of the traumatic situation.

Thank you for your continued support of the Juvenile Court.

**Dianne Lashmit**  
Magistrate

**Kenlyn Foster**  
Judge

**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:

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)

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

Juvenile Court

Dianne Lashmit, Magistrate  
[dlashmit@blounttn.org](mailto:dlashmit@blounttn.org) 865 207-4920

Amanda May [Amay@blounttn.org](mailto:Amay@blounttn.org)

Kenly Foster [kfoster@blounttn.org](mailto:kfoster@blounttn.org)

East TN Foundation

Youth Endowment

YES ☒ NO ☐

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

\$11,000

N/A

\$ 11,000

To provide a workshop for parents and caregivers who care for children who have experienced trauma. It would be a powerpoint-based training curriculum taught by a mental health professional.

Aug. 11, 2017

Angelie Shamblee