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
Reporting Persons information (if different than contact):	Chief Jarrod Millsaps, jmillsaps@bcso.com 273.5308 Lt. Randy Ailey, bcso319@gmail.com 273.5136
Name of Granting Agency:	State of Tennessee, Tennessee Highway Safety Office
Grant Name:	2018-19 Motorcycle/Motorist Safety -The Dragon
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:	$ 71,000
Brief Description for Use of Grant Funds: (Equipment, Gear, Personnel, etc.)	Overtime funding for patrol division deputies, traffic safety unit deputies and supervisors for patrolling The Dragon, (U.S. Highway 129) during peak motorcycle and sports car enthusiasts seasons.
If the grant is in the application processes, what is the submission deadline?	March, 31st 2018
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 ******