

# 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:	<u>Blount County Sheriff's Office</u>
Contact Persons Name, email, phone # (person applying for grant):	<u>Doug Hancock, dhancock@blounttn.org 273.5750</u> <u>Chief Jarrod Millsaps, jmillsaps@bcso.com 273.5000</u> <u>Lt. Randy Ailey, bcso319@gmail.com 273.5136</u>
Reporting Persons information (if different than contact):	
Name of Granting Agency:	<u>State of Tennessee, Tennessee Highway Safety Office (THSO)</u>
Grant Name:	<u>2018-19 BCSO Network Coordinator</u>
Is a grant application required?	YES <u>X</u> NO <u>      </u>
Is this a one-time grant?	YES <u>      </u> NO <u>X</u> If no, is the grant recurring? <u>Yes</u>

## 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:

\$ 20,000

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

**NOTE: Grant Amount is the same as the 2017-18 Network Coordinator Grant.**

THSOs Law Enforcement Liaison Officers (LEL's) are the point of contact between THSO and the Sheriff's Office. The BCSO Network Coordinator works with LEL to carry out established initiatives to reduce traffic fatalities and accidents.

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** \*\*\*\*