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:	Health Dept.
Contact Person's Name, email, phone # (person applying for grant):	Robert Schmidt, Robert.Schmidt@tn.gov, 865-268-3715
Financial Reporting Person's information (if different than contact):	
Project/Program Director's Name, email, phone #	
Name of Granting Agency:	Tennessee Department of Health
Grant Name:	Access to Health through Healthy Active Built Environments
Is a grant application required?	YES _X___ NO _____
Is this a one-time grant?	YES _X_ NO ____ If no, is the grant recurring? _____

Grant Funds Requested: $ 20,000.00

Are County Funds Required (Match)? If so when approved, a budget amendment for match will need to be included with this form
No

Total Amount of Grant: $ 20,000

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

To provide funding towards planning/implementation of amenities such as paths/greenways, walking tracks, greenways or parks master plans, parks, playgrounds and splash-pads, farmers markets and community gardens.

If the grant is in the application processes, what is the submission deadline?
28-Feb-19

Worksheet reviewed by -

Grant Accountant and/or Finance Director: Angelie Shankle

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 ****