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:	Records Management & Archives Department
Contact Person's Name, email, phone # (person applying for	
grant):	Jackie Glenn, jglenn@blounttn.org 865-380-4295
Financial Reporting Person's information (if different than	
contact):	
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Project/Program Director's Name, email, phone #	
Name of Granting Agency:	TN State Library & Archives, State Board Programming Grant
Name of Granting Agency.	TH State Library & Aldrives, State Board Flogramming Stant
Grant Name:	State Board Programming Grant
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:	
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:	\$ 5,000
	D-+ 4: 4
Brief Description for Use of Grant Funds:	Part-time temporary personnel
(Equipment, Gear, Personnel, etc.)	
If the grant is in the application processes, what is the	
submission deadline?	16-Sep-19
Worksheet reviewed by -	
Grant Accountant and/or Finance Director:	
Date of Commission approval:	
Date of Commission approval.	
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Please provide the remaining information once the Grant is a	pproved.
Grant CFDA# (Catalog of Federal Domestic Assistance):	
Clark of By by (Catalog of Council Sollies Sollies Council Cou	
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	<u>.</u>
other)	×
How often will the Grant Funds be sent? (monthly, quarterly,	
one payment, other)	

^{****} Attach Budget Amendment(s) to this form when grant approved ****