

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 Highway Department

Contact Person's Name, email, phone # (person applying for grant): Doug Hancock dhancock@blounttn.org

Financial Reporting Person's information (if different than contact): Susan Bullen sbullen@blounttn.org

Project/Program Director's Name, email, phone # Jeff Headrick, Highway Superintendent jheadrick@blounttn.org
TDOT under the Multimodal Access Grant Program through the
Transportation Planning Organization (TPO)

Name of Granting Agency: Blount County Greenway Trail 2019 Phase 1 REVISED
(construction 1 mile section)

Grant Name:

Is a grant application required? YES ☒ NO ☐

Is this a one-time grant? YES ☒ NO ☐ If no, is the grant recurring? ☐

Grant Funds Requested: \$ 950,000

Are County Funds Required (Match)? If so when approved, a budget amendment for match will need to be included with this form

95% Federal \$950,000 5% Local Match \$50,000

Total Amount of Grant: \$ 1,000,000

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

Construction of Phase 1 (revised) 1 mile section from Maryville City Limits at Helton Road to Heritage Middle School

If the grant is in the application processes, what is the submission deadline? October 15th, 2019

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 ****