## **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:   | General Services                                 |  |  |  |  |
|--|--|--|--|--|--|
| Contact Person's Name, email, phone # (person applying for                       | Den Stelliene detelliene@blounttn.org 272 5772   |  |  |  |  |
| grant): Financial Reporting Person's information (if different than              | Don Stallions, dstallions@blounttn.org, 273-5772 |  |  |  |  |
| contact):  |  |  |  |  |  |
| Project/Program Director's Name, email, phone #                                  | Don Stallions, dstallions@blounttn.org, 273-5772 |  |  |  |  |
| Name of Granting Agency:   | TEMA   |  |  |  |  |
| Grant Name:  | Hazard Mitigation Grant                          |  |  |  |  |
| Is a grant application required?   | YES _X_ NO                                       |  |  |  |  |
| Is this a one-time grant?  | YESX NO If no, is the grant recurring?           |  |  |  |  |
| Creat Funda Baguestada   |  |  |  |  |  |
| 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   | Yes, 12% in-kind                                 |  |  |  |  |
| Will the form  | 700, 1270 11 11111                               |  |  |  |  |
| Total Amount of Grant:   | \$ 10,000  |  |  |  |  |
| Dist Description for the of Orest Funds  | Please see attached                              |  |  |  |  |
| Brief Description for Use of Grant Funds:<br>(Equipment, Gear, Personnel, etc.)  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| If the grant is in the application processes, what is the                        |  |  |  |  |  |
| submission deadline?   | December 31st 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) |  |  |  |  |  |
|  |  |  |  |  |  |

<sup>\*\*\*\*</sup> Attach Budget Amendment(s) to this form when grant approved \*\*\*\*



## Tennessee Emergency Management Agency HAZARD MITGATION PRE-APPLICATION ELIGIBILTY QUESTIONNAIRE

| 1.     | Applicant Legal Name:   | Blount County Government         |                           |               |                    |  |  |
|--------|---|----------------------------------|---------------------------|---------------|--------------------|--|--|
|        | Organizational Unit:  | Mayor's Office                   |                           |               |                    |  |  |
| 2.     | Applicant Type:   | Local Government                 |                           |               |                    |  |  |
|        | If you selected the Private Non-Profit (PNP) applicant type, please provide a copy of your 501C3 and charter/bylaws,  |                                  |                           |               |                    |  |  |
| 3.     | Does your community ha  | ave a current FEMA approved      | multi-hazard mitigation   | on plan?      | Yes                |  |  |
|        | If yes, what is the date of the plans approval?   |                                  | <u>September 21, 2019</u> |               |                    |  |  |
|        | If yes, when does your p  | lan expire?                      |                           |               | Spetember 21, 2024 |  |  |
| 4.     | Is the community a mem  | ber of good standing with the    | National Flood Insur      | ance Program? | Yes                |  |  |
| 5.     | Does the community have   | e a Title VI plan?               |                           |               | Yes                |  |  |
| 6.     |   | ut detailed synopsis of the proj |                           |               |                    |  |  |
|        | Blount County would like to provide wildfire hazard and mitigation training to our residents, emergency responders, planners and other stakeholders in our County. This training will effectively lower the wildfire risk and losses to homes and neighborhoods.  We propose to accomplish this by providing the NFPA training course "Accessing Structure Ignition Potential from Wildfire". This training is based on fire science research into how homes and other structures ignite during wildfires and covers wildfire behavior, structure exposure, and the concept of the Home Ignition Zone. The training is taught by certified NFPA instructors and focuses on both the physical and behavior sciences behind successful wildfire mitigation. This is the only national standardized training that offers factual solutions and action strategies regarding modern wildfire mitigation. |                                  |                           |               |                    |  |  |
|        |   |                                  |                           |               |                    |  |  |
|        | Blount County has had strong participation in the national Firewise program, and currently has the most Firewise ecognized communities in the state. We believe this training will complement our programs and provide the tools lecessary to our residents and our civic leaders to effectively mitigate wildfire hazards.   |                                  |                           |               |                    |  |  |
|        | We asking for funds to cover the costs associated with the class including instructors, materials and venue. The class will include up to 40 people.  |                                  |                           |               |                    |  |  |
|        |   |                                  |                           |               |                    |  |  |
|        |   |                                  |                           |               |                    |  |  |
|        |   |                                  |                           |               |                    |  |  |
|        |   |                                  |                           |               |                    |  |  |
|        |   |                                  |                           |               |                    |  |  |
|        |   |                                  |                           |               |                    |  |  |
|        |   |                                  |                           |               |                    |  |  |
|        |   |                                  |                           |               |                    |  |  |
|        |   |                                  |                           |               |                    |  |  |
| 7.     | Proposed Project Total (  | Cost:                            |                           |               | \$10,000.00        |  |  |
| Contac | CT INFORMATION  |                                  |                           |               |                    |  |  |
| _Mr    | First Name: Don   |                                  | Last Name: _s             | tallions      |                    |  |  |
| Т      | itle: <u>Director of General</u>  | Services Organization:           | Blount County Gov         | ernment       |                    |  |  |
|        | reet Address: 341 Court   |                                  |                           |               |                    |  |  |
|        | ty: Maryville   | Ctatas                           |                           | Zip Code:     | 37804              |  |  |
|        | elephone No.: (865) 273.  |                                  |                           |               |                    |  |  |
|        | Iobile No.: (865) 223   |                                  | E-mail Address:           |               |                    |  |  |