



## Application Contents Checklist Neighborhood Micro Grants Program (MGP)

To make sure your Application is complete, please check (✓) the items below that you are including in this package. **This checklist is required with your application.**

### **Application Documents**

\_\_\_ A clean, easily readable copy of your Application, with all sections filled out and questions addressed. (*Applications written in pencil will **not** be accepted.*)

### **Fiscal Sponsorship Documents**

\_\_\_ *We are requesting that the East Tennessee Community Design Center serve as our Fiscal Sponsor. (No document required.)*

However, if you are **not** using the Design Center as your Fiscal Sponsor, you must include either:

\_\_\_ A copy of your group's 501(c)(3) tax-exempt certification letter from the IRS.

**or**

\_\_\_ A letter from your own Fiscal Sponsor indicating that it has agreed to accept, monitor and account for your grant funds, **and** that organization's 501(c)(3) certification letter.

### **Organization Documents**

\_\_\_ A list of officers and board members, as well as their addresses, telephone numbers and email addresses.

\_\_\_ A copy of your bylaws. (If you have no bylaws, please include a statement explaining your procedures for electing officers and conducting the organization's business.)

If you are unable to provide all these organization documents:

\_\_\_ We are attaching a statement explaining why these documents are not available.

**or**

\_\_\_ *We are a start-up organization as defined in Page 3 of the Program Guidelines and therefore have not yet generated these documents.*

*Due to COVID-19, we have the ability to be more flexible with project goals and outcomes. Speak to someone in the ONE to see if your proposal will qualify.*



Application Form  
Micro Grants Program

**Organization Profile**

Organization \_\_\_\_\_

Contact Person for This Application \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you a start-up group? YES \_\_\_ NO \_\_\_ (See Item 3e of the Application Guidelines.)

Neighborhood Boundaries (for newly forming groups only)

North \_\_\_\_\_

South \_\_\_\_\_

East \_\_\_\_\_

West \_\_\_\_\_

Does your organization have a checking account? YES \_\_\_ NO \_\_\_

*An organizational checking account is not needed to apply for the grant,  
but it will be needed to receive the funds.*

**Project Profile**

Project Name \_\_\_\_\_

Amount Requested: \$\_\_\_\_\_ (up to \$500 maximum)

Project Starting Date \_\_\_\_\_ (*approximate date*)

Project Ending Date \_\_\_\_\_ (*approximate date*)

## Your Project

### **Describe in detail the project or activities for which you are requesting funding.**

Address these questions: What is the project? What do you hope to achieve or accomplish by doing this project? How will it improve the neighborhood? How will your project connect and engage residents in your neighborhood? What are your anticipated expenses? **Use one additional sheet if necessary.**

### **Where will your project/event be located?**

#### **Submission Information**

Applications submitted via email, mail, or in person.

- No application will be accepted by fax.
- No application will be accepted written in pencil.

By email to:           Debbie Sharp  
[dsharp@knoxvilletn.gov](mailto:dsharp@knoxvilletn.gov)

By mail to:           Office of Neighborhood Empowerment  
City of Knoxville  
P.O. Box 1631  
Knoxville, TN 37901

By hand to:           Office of Neighborhood Empowerment  
Room 546  
City County Building  
400 Main Street  
Knoxville, TN 37902

