

**City of Knoxville  
Arts & Culture  
Community Agency Grant Application  
Funding Period: July 1, 2016-June 30, 2017**

**DEADLINE: FRIDAY, FEB. 26, 2016 AT 4 P.M.**

**PART I. APPLICANT INFORMATION**

Agency/Applicant: \_\_\_\_\_

Funding Request: \$\_\_\_\_\_       Operating       Capital

Mailing Address: \_\_\_\_\_

City: Knoxville      County: Knox      State: TN      Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: Knoxville      County: Knox      State: TN      Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

EIN (Federal Tax ID) Number: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Chairman of Board/President Name: \_\_\_\_\_

Alternate Emergency phone # (Not the office number): \_\_\_\_\_

Staff Contact name, email, and phone (if not Director):

\_\_\_\_\_  
\_\_\_\_\_

Year organization founded: \_\_\_\_\_

**PART II. DEMOGRAPHICS**

- 1. RESIDENCE OF CLIENTS SERVED** NUMBER
- City of Knoxville \_\_\_\_\_
  - Knox County (outside city limits) \_\_\_\_\_
  - Regional: (Anderson, Blount, Campbell, Cumberland, Fentress, Loudon, Monroe, Morgan, Pickett, Roane, Scott, Sevier, and Union counties) \_\_\_\_\_
  - Beyond the Region \_\_\_\_\_
- TOTAL** \_\_\_\_\_

**2. PROGRAM ATTENDANCE**

*Note the following total attendance on ALL programs and activities, using **NUMBERS** not percentages. If you don't keep these numbers, explain how you will begin tracking audience attendance numbers in the future.*

<b>ALL Programs Presented or Produced by Your Organization</b>	<b>Actual FY 2015-2016</b>	<b>Projected FY 2016-2017</b>
Total Attendance at all events		
Total Children (under 18)		
Actual Total Participating Artists (Paid)		
Total Participating Artists (Unpaid)		
Total Volunteers		

Explain your tracking methods:

### **PART III. FINANCIAL INFORMATION**

#### **1. BUDGET**

Please attach a one-page copy of your organization's financial statement for FY 2015. Be sure that it is consistent with your most recent 990 and/or audit attached to this application.

#### **2. BUDGET NARRATIVE**

A. Is your organization carrying an accumulated deficit? If so, what specific steps is the organization taking to eliminate that deficit.

B. What organizational/program expenses will you use the City of Knoxville grant award to pay? Please be specific.

## PART IV. ORGANIZATIONAL INFORMATION

### 1. MISSION STATEMENT

### 2. PROGRAMMING

- A. List FY 2015-2016 Actual Programmatic Activities and FY 2016-2017 Projected Programmatic Activities on next two tables.

*Guide for tables on following two pages:*

**Dates** – Date or date range of activity

**Program** – Categorize the activity with a grant title, program name. i.e. “Masterworks Concert” or “Blue Plate Special”

**Title** – Include the specific title of event, activity, or program i.e. “An Evening of Mozart” or “Lone Mountain Rangers”

**Key Artists or Organizations** – Include specific individual or organizational names (up to three) or write the number of partners (ie, five organizations)

**Location** – Name of venue where activity took place or region for multiple locations (ie, Tennessee Theatre or Cedar Bluff Public Library)

**Attendance / % of capacity** – Include the actual attendance number as well as what percentage of the venue capacity that attendance number represents. If the event has not yet occurred, include your projected attendance.

**Ticket/fee income** – Money earned from the activity





B. What distinguishes your programming from that of other local organizations?

C. Do you engage in regular program and organizational evaluation? If so, give an example of how your programming improved as a result of your evaluation methods.

**3. MARKETING.** The city wants to see that your organization makes a significant, positive impact on Knoxville.

A. Which of your programs reach their highest potential for audience attendance?

B. Which of your programs has the most potential for growth in audience attendance?

C. Do you often program/perform at capacity? If not, what are you doing to increase your reach?

D. How do you market and promote your programs?

4. **ADVOCACY.** Because grant funds are supported through tax-payer dollars, it is important that the public understand the value of the city's investment in the arts.

What specific things does your organization do to communicate the value of the arts to the broader community?

5. **COMMUNITY VALUE**

- A) How often and in what ways do you partner with other local non-profit organizations to serve the community.

B) In what specific ways does your organization contribute to the quality of life for Knoxville residents, i.e. economic development, K-12 education, adult education, free public activities/presentations/performances? *Arts and cultural programming plays an important role in creating a sense of place, educating children and adults, contributing to economic development, and in providing opportunities for participation in community life through festivals, events and performances, interactive classes and workshops, and a variety of other activities.*

**PART V. CERTIFICATION**

*As the chief executive officer of this agency, I certify that the above information is true and complete to the best of my knowledge and belief; I further certify that this agency shall comply with the following applicable regulations: President’s Executive Order No. 11246 and 11375 which prohibit discrimination in employment regarding race, color, religion, sex or national origin; Title VI of the Civil Rights Act of 1964; Copeland Anti-Kick Back Act; the Contract Work Hours and Safety Standards Act, Section 402 of the Vietnam Veterans Adjustment Act of 1974; Section 503 of the Rehabilitation Act of 1973; and the Americans with Disabilities Act of 1990.*

*I further agree that any funds received in response to this grant application will be used for the purposes for which they were requested and that the donee organization will comply with the procedures and requirements set forth in this application. Any donated funds not used for their specified purpose must be returned to the City of Knoxville.*

Signature of Executive	Date
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Signature of Chair Or President of Board	Date
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**The deadline for submitting an application is Friday, February 26, 2016 at 4 p.m. Late applications will not be considered. BOTH A PRINTED AND AN ELECTRONIC VERSION MUST BE SUBMITTED.**  
If hand delivering please allow time to park and go through security.

### **Printed Submission:**

One original application with all attachments. 7 copies of application with Attachment 1 (FY 2015 Financial Statement) and Attachment 2 (Current Board Members). No staples, tabs, or spiral bindings.

Mail\* or Hand Deliver to:

City of Knoxville Mayor  
Attn: Indya Kincannon  
400 Main Street, Suite 691  
Knoxville, TN 37902

**\*If mailing, must be postmarked  
no later than Feb. 26, 2016**

### **Electronic Submission:**

Email application and all attachments to:

ikincannon@knoxvilletn.gov

We cannot receive attachments that exceed 12MB so it may be necessary to send multiple emails.

Notification:

We will make every effort to notify applicants upon receipt of an application, but ultimately it is the applicant's responsibility to confirm receipt before the deadline.

### Check List

- Completed Application
- Attachment 1: FY 2015 Financial Statement
- Attachment 2: Current List of Board Members
- Attachment 3: Articles of Incorporation (Charter)
- Attachment 4: 501(c)(3) Certificate
- Attachment 5: Most recent IRS 990
  - If organization is not required to file a 990 submit a letter explaining why
- Attachment 6: Most recent independent audit
- Attachment 7: Title VI Assurance of Compliance Form (included in packet)
- Attachment 8: Title VI Sub-Recipient Survey (included in packet)

# CITY OF KNOXVILLE

## Assurance of Compliance under Title VI of the Civil Rights Act of 1964

\_\_\_\_\_  
Name of Applicant

**HEREBY AGREES THAT** it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the City of Knoxville, and any directives or regulations issued pursuant to that Act and the Regulations, to the effect that, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Applicant received financial assistance from the City of Knoxville; and **HEREBY GIVES ASSURANCE THAT** it will immediately take any measures necessary to effectuate this agreement.

**This Assurance** is given in consideration of and for the purpose of obtaining any and all City administered federal financial assistance, grants and loans of City funds, reimbursable expenditures, grant or donations of City property and interest in property, the detail of City personnel, the sale and lease of, and the permission to use, City property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient or any improvement made with City financial assistance extended to the Applicant by the City.

**BY ACCEPTING THIS ASSURANCE**, the applicant agrees to compile data, maintain records, and submit reports as required to permit effective enforcement of Title VI. If there are any violations of this assurance, the City shall have the right to recommend corrective actions or seek administrative enforcement of this assurance, up to and including termination of federal funds.

This assurance is binding on the applicant, its successors, transferees, and assignees as long as it receives assistance from the City. In the case of real property, this assurance is binding for as long as the property is used for a purpose for which assistance was intended or for the provision of services or benefits similar to those originally intended. In the case of personal property, this assurance applies for as long as the recipient retains ownership or possession of the property. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the applicant.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
By

**THE CITY OF KNOXVILLE  
TITLE VI DOCUMENTATION**

**SUB-RECIPIENT SURVEY**

1. Date of Survey: \_\_\_\_\_

2. Type of Survey: Initial \_\_\_\_\_ Annual \_\_\_\_\_ Other \_\_\_\_\_

3. Sub-Recipient: \_\_\_\_\_

4. Sub-Recipient Director: \_\_\_\_\_

5. City of Knoxville Title VI Departmental Coordinator: Devin Lyon, 215-2633

6. Advisory Group or Advisory Board

a. Racial composition of the Advisory Group or Governing Board:

TOTAL: \_\_\_\_\_

Number of Whites: \_\_\_\_\_

Number of Blacks: \_\_\_\_\_ Hispanics: \_\_\_\_\_ Native Americans: \_\_\_\_\_ Others: \_\_\_\_\_

b. How are members selected? \_\_\_\_\_

c. Length of term members serve on the Advisory Group or Board?

\_\_\_\_\_

d. If no minorities are on the Advisory Group or Board and they represent at least 5% of the population in the geographical service area, what steps will be taken to obtain minority representation on the Advisory Group or Board?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does a written policy exist stating that services will be provided to all persons without regards to race, color, or national origin?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. **Posters:**  
**Are posters containing Title VI information prominently displayed within the Sub-Recipient facility?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Do the posters show the name of the Title VI Coordinator to whom complaints Should be referred?**

9. **Describe below any complaints received in this report period:**

Name of Complainant	Race	Charge	Findings

10. **Are permanent records kept of all Title VI Complaints?**

Yes \_\_\_\_\_ No \_\_\_\_\_

- a. **Has this sub-recipient been monitored for Title VI compliance by a state or federal agency?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes give date: \_\_\_\_\_ Results: Compliance \_\_\_\_\_ Non-compliance \_\_\_\_\_**

11. **Are applicants aware of their rights under Title VI, including the right to file a complaint?**

Yes \_\_\_\_\_ No \_\_\_\_\_

12. **Compliance Assurance: Do all contracts to provide direct services to clients contain a Title VI statement of compliance?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, attach a copy of the Title VI statement included in such contracts.**

13. **Are recipients and vendors, if any, aware of the City of Knoxville's commitment to Title VI?**

Yes \_\_\_\_\_ No \_\_\_\_\_

14. **Does the staff address individuals without regard to race, color, or national origin, in both oral and written communications?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Declaration of Department Coordinator: I declare that I have completed the data in this survey and to the best of my knowledge, it is correct and complete.**

\_\_\_\_\_  
Signature of person Completing Survey

\_\_\_\_\_  
Date

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**Declaration of Title VI Coordinator: I declare that I have reviewed and approved the information provided in this survey and to the best of my knowledge, it is correct and complete.**

\_\_\_\_\_  
Signature of Title VI Coordinator

\_\_\_\_\_  
Date