

CTVU('EWNVWTG

City of Knoxville Community Agency Grant Application

Funding Period: July 1, 2021-June 30, 2022

DEADLINE: THURSDAY, FEB. 25, 2021 AT 4 P.M.

(Late applications will not be considered.)

INSTRUCTIONS

NOTE: All grants need to be submitted electronically this year. Hard copies are not required.

Submissions may be subject to public inspection pursuant to the Tennessee Open Records Act, TENN. CODE ANN. § 10-7-503, *et seq.*

Electronic Submission:

Email Application and ALL Attachments to: jsearle@knoxvilletn.gov

We cannot receive attachments that exceed 12MB so it may be necessary to send multiple emails. Please include your organization's name on all digital file names.

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: *(Submit digital copies only. Hard copies are not required.)*

Completed Application

Attachment 1: Most Recent One Page Financial Statement

Attachment 2: Operating Budget for Current Year

Attachment 3: Current List of Board Members

Attachment 4: Articles of Incorporation (Charter)

Attachment 5: 501(c)(3) Certificate

Attachment 6: Most recent IRS 990

If organization is not required to file a 990, submit a letter explaining why.

Attachment 7: Most recent independent audit

If organization has not conducted such an audit, submit a letter explaining why.

ARTS & CULTURE
City of Knoxville Community Agency Grant Application
Funding Period: July 1, 2021-June 30, 2022

DEADLINE: FRIDAY, FEB. 25, 2021 AT 4 P.M.
(Late applications will not be considered.)

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

A. RESIDENCE OF CLIENTS SERVED

Provide the following information about your clients based on your most recent data.

Information current as of (date) _____.

AREA **NUMBER**

City of Knoxville

Knox County (outside city limits)

Regional & Beyond

TOTAL

B. INFORMATION ABOUT YOUR BOARD OF DIRECTORS, STAFF & CLIENTS

Distribution	Female		Male		African American		Caucasian		Hispanic		Native American		Other	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Total Number (#) Percent (%)														
Board														
Staff														
Clients														

PART III. ORGANIZATIONAL INFORMATION

A. MISSION STATEMENT

B. PROGRAMMING

1. List All Programmatic Activities from July 1, 2019 to June 30, 2021, actual and planned, 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)

Programmatic Activities List for (org name) _____

<u>Dates</u>	<u>Program</u>	<u>Title</u>	<u>Key Artists or Organizations</u>	<u>Location</u>

Programmatic Activities List for (org name) _____

<u>Dates</u>	<u>Program</u>	<u>Title</u>	<u>Key Artists or Organizations</u>	<u>Location</u>

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

3. 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.

C. COMMUNITY VALUE

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

2. 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 certify that, if this agency is a religious organization, this agency shall not use grant funds to engage in any of the following activities: (1) perform inherently religious activities such as worship, religious instruction, or proselytization; (2) acquire, construct, or rehabilitate structures or properties that shall be used for inherently religious activities, including sanctuaries and chapels; and (3) discriminate against any beneficiary or prospective beneficiary of the grant on the basis of religion or belief.

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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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 Name Printed

Applicant Signature