



Application Contents Checklist Neighborhood Small Grants Program (NSGP)

To make sure your Application is complete, please check (✓) the items below that you are including in this package. **Some items are required.** Include this page 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.*)

___ Any price quotes, news articles, design plans, photographs and other supporting documents (if applicable). (*All attachments must be 8.5x11 in size and suitable for copying.*)

___ A letter of support from each partner organization (see guidelines for further explanation, if applicable)

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

___ Your organization's two most recent treasurer's reports and/or bank statements.

___ 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.*

Application Submission and Deadline

Applications submitted via email, mail, or in person must be received no later than **4:30 p.m. Monday, Sept 21, 2020.**

- No application will be accepted beyond this deadline.
- No application will be accepted by fax.
- No application will be accepted written in pencil.
- No application will be accepted with missing documents

If you wish for the Office of Neighborhoods to review your application for completeness, you may turn in your application no later than 4:30 p.m. Monday, July 20.

By email to: Eden Slater
eslater@knoxvilletn.gov

AND

Debbie Sharp
dsharp@knoxvilltn.gov

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

By hand to: Office of Neighborhoods / Community Development Dept.
Room 546
City County Building
400 Main Street
Knoxville, TN 37902



Application Form
Neighborhood Small Grants Program
(NSGP)

Application Deadline: **4:30 p.m. Monday, Sept 21, 2019**

A. Organization Profile

Organization _____

Contact Person for This Application _____

Mailing Address _____ Zip _____

Phone _____ Email _____

Are you a start-up group? YES ___ NO ___ (See Page 3 of the Application Guidelines.)

Neighborhood Boundaries

North _____

South _____

East _____

West _____

Approximately how often did your neighborhood group meet in the last 12 months?

8-12 times ___ 3-7 times ___ 2 times ___ 1 time ___ no meeting ___

On average, how many members/neighbors attend each meeting? _____

Do you have by-laws or operating rules? YES ___ NO ___

How often do you elect new leaders? _____

Does your organization have a checking account? YES ___ NO ___

Name of Your Treasurer _____

Phone _____ Email _____

Treasury

- Please attach your two most recent treasurer's reports and/or bank statements to this Application. (Do NOT submit your annual budget.)
- Please provide your total cash on hand as of the date of this application.

\$ _____

(Include funds in checking & savings accounts and any other funds at your disposal.)

If your total cash on hand exceeds the amount of your request, please explain 1) how you intend to use your cash on hand and 2) why they cannot be used for this project.

Describe your neighborhood and its residents.

For example, you may wish to describe the diversity of people who make up your neighborhood. Use one additional sheet if necessary.

Tell us about your neighborhood organization.

Include how your organization currently conducts outreach to your neighbors. Use one additional sheet if necessary.

B. Grant Request

Project Name _____

Project Coordinator _____

Phone _____ Email _____

Amount Requested \$_____ (\$500 minimum to \$3,000 maximum)

This amount should equal the figure on top line of Page 9 and top line of Page 10.

Please Note: Dollars you receive from the Neighborhood Small Grants Program must be matched on a dollar-for-dollar basis with other contributions.

Project Starting Date _____ (approximate date)

Project Ending Date _____ (no later than January 31, 2022)

_____ represented our group at the Pre-Application Workshop.

Fiscal Sponsorship

City grants can be made only to tax-exempt organizations with 501(c)(3) status. See Page 4 of the Application Guidelines.

Please check the choice that applies to your organization:

_____ Our group has a valid 501(c)(3) determination letter from the IRS and will receive funds directly rather than use a fiscal sponsor.

_____ We will use East Tennessee Community Design Center as our fiscal sponsor.

The Design Center provides this service under contract with the City.

_____ We will use the following 501(c)(3) organization as our fiscal sponsor:

Name _____

Address _____

Contact Name _____

Phone _____ Email _____

C. Your Project

Describe the project or activities for which you are requesting funding and support.

Address such questions as: How was the project selected? Who will carry it out? What do you hope to achieve or accomplish by doing this project? How will it improve the neighborhood? (Please attach a sketch of the proposed design of physical projects, such as parks, signs, and major landscaping projects.)

How will your project connect and engage residents in your neighborhood?

D. Measure the Results

What are your project goals? How will you measure your success?

Measurable goals could be things like frequency of a particular activity (potluck supper), number of residents participating in a social event, number of residents reached in a door-to-door survey, and percentage of those residents who get involved in the organization in some way.

You can also measure success with more subjective evidence, such as testimonials, first-hand accounts, and narratives of the impact of your project.

E. Project Work Plan and Timeline

Please complete the following Project Work Plan and Timeline. Chronologically and separately list each key step or task that will be necessary to carry out your project; name the actual person(s) in charge of carrying out each task (DO NOT name “Board” or “Committee”); and indicate with a check mark in which quarter the task is to be completed.

Project Work Plan & Timeline

Project Tasks	Person(s) Responsible	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct-Dec 2021

F. Proposed Project Budget – Income and Expenses Will Be Equal

Estimated Cash Income

Total Cash Income includes the amount of your request from NSGP, your group’s cash contribution, cash contributions from others, and project income.

Source	Amount
Neighborhood Small Grants Request	\$
	\$
	\$
	\$
	\$
Total Estimated Cash Income	\$

***** Total Cash Income **must equal** Total Cash Expenses. *****

Estimated Cash Expenses

Item	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Estimated Cash Expenses	\$

G. Matching Contributions – Need To Be Equal or Greater Than Grant Request

The money you receive from the Neighborhood Small Grants Program must be matched on a dollar-for-dollar basis with the total value of volunteer labor; donated goods and services; and any non-NSGP, non-City-of-Knoxville cash income dedicated to the project. **The total of your matching contributions must equal or exceed the amount requested from NSGP.**

At least one third of the match must be in the form of volunteer labor provided by **three or more** residents.

Funds from other City of Knoxville sources, such as City Council 202 funds, can be used in an NSGP-funded project, but they cannot be used for the match.

For volunteer labor, calculate the value based on \$15/hour. Labor donated for specific professional services can be charged at that professional’s rate, which should be specified in a letter to you and attached to this Application.

Neighborhood Small Grants Request	\$
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Matching Contributions

Type and Source	Value
Volunteer Labor	
	\$
	\$
	\$
	\$
Cash Income (other than NSGP or City of Knoxville)	
	\$
	\$
	\$
Donated Goods & Services (list separately)	
	\$
	\$
	\$
	\$
	\$

Total Estimated Matching Contributions	\$
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H. Budget Narrative

Some line items in your project budget and matching contributions may need an explanation. If so, use this space to elaborate.

How will the project or improvements be maintained after the grant ends? Have you been able to identify other possible sources of funding?

If you receive some funds, but not the total amount you requested, how would you modify your project?

Authorization

Please Note: Three signatures are required.

We the undersigned are the duly authorized representatives of the Applicant Organization. We confirm that we have read all terms and conditions listed in the Application Guidelines of the Neighborhood Small Grants Program, and that if funded our organization will comply with the stated guidelines for the use of city funds, save all receipts, and account for all expenditures.

1. _____
Print Name Title

Signature Date

2. _____
Print Name Title

Signature Date

3. _____
Print Name Title

Signature Date

Applications submitted by email must include these signatures. Please submit the original of the signature page by scanning it and including it with your Application. Or you can send the original signature page via mail **no later than 4:30 p.m. on Monday, Sept 21, 2020.**