

**CITY OF KNOXVILLE  
ARTS & CULTURE  
COMMUNITY AGENCY GRANT APPLICATION  
FUNDING PERIOD: JULY 1, 2012-JUNE 30, 2013**

**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. PROGRAM INFORMATION**

**A. DEMOGRAPHICS**

RESIDENCE OF CLIENTS SERVED	NUMBER
City of Knoxville	_____
Knox County (outside city limits)	_____
Adjoining counties	_____
TOTAL	_____

*Complete the following total attendance on ALL programs and activities (if applicable), using NUMBERS not percentages. If you don't keep these numbers, explain how you will begin tracking audience attendance numbers.*

ALL Programs Presented or Organizationally Produced	FY 2012-2013 Target	FY 2011-2012 Projected	FY 2010-2011 Actual
Total Attendance at all events			
Total Memberships/subscribers			
Total Season Tickets			
Total Single Event Tickets			
Total Volunteers			
Total Children (under 18) Participants and/or attendees			
Total Participating Artists (Paid)			
Total Participating Artists (Unpaid)			
Total Knox County Artists			
Total People of Color Participants and/or attendees			
Total People with Disabilities Participants and/or attendees			
Total Senior Citizens (over 65) Participants and/or attendees			

Explain here:

## **B. ORGANIZATIONAL SUMMARY**

### **1. Mission Statement**

In the space below, provide your organization's mission statement.

### **2. Organization Description**

In the space below, provide an overall description of your organization.

- A. Address how your organization is fulfilling its mission with distinction.
- B. Address how the organization ensures the quality of the art form/event/work.
- C. Describe services and programs provided and how they are evaluated, and give at least one example of programming directly related to the evaluation process.

### **3. Marketing**

In the space below, describe how you market and promote your organization and its programs and the success of those marketing efforts.

### **4. Advocacy**

In the space below:

- A. Describe your organization's efforts to promote tourism/arts/culture in Knox County.
- B. Describe your efforts to show how City of Knoxville funding benefits the community through your organization.

## 5. Community Value

In the space below:

- A. Describe your organization's goals to better serve the Knoxville community.
- B. Include information on any outreach initiatives, strategies relating to retaining and/or development of audiences.
- C. Include information on any partnerships with other local organizations to serve the community.

## PART III. FINANCIAL INFORMATION

### Budget and Budget Narrative

- A. Attach a copy of your agency's budget for the current year. **Attachment 1**
- B. Complete the following using your most recent IRS 990 **Attachment 3** or financial statements:
  1. Total Agency Revenue \$ \_\_\_\_\_
  2. Total Agency Expenses \$ \_\_\_\_\_
  3. Total Agency Program Service Expense \$ \_\_\_\_\_
  4. Efficiency Percentage \_\_\_\_\_%  
(Total Agency Program Service Expenses divided by Total Agency Expenses)
  5. Grant Request as a percentage of Total Agency Revenue \_\_\_\_\_%

C. Explain how the way you spend money (your budget) reflects the priorities of your mission.

D. Describe the effectiveness of your fundraising efforts and address how your organization is working to increase its earned income.

E. If the organization has operated with a deficit, explain your plans to eliminate the deficit.

F. Explain how you plan to use the money, if awarded.

**PART IV. 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 **Thursday, March 1, 2012 at 4:30 p.m.** Late applications will not be considered. If hand delivering, please allow 15-20 minutes to park and stop at the security check point.

**Two copies** of the application should be submitted:

1. The signed original document must be mailed **or** hand delivered to our office by March 1, 2012.
  - i. Hand deliver to:  
OFFICE OF THE MAYOR  
JACQUELINE CLAY-WIMBLEY  
400 MAIN STREET, SUITE 691  
KNOXVILLE, TN 37902
  - ii. Mail to:  
OFFICE OF THE MAYOR  
c/o JACQUELINE CLAY-WIMBLEY  
P.O. BOX 1631  
KNOXVILLE, TN 37901
2. An electronic copy (including all attachments) must **also** be submitted by March 1, 2012 to:  

jwimbley@cityofknoxville.org

### **CHECKLIST**

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Attachment 1 - Articles of Incorporation (Charter)
- \_\_\_\_\_ Attachment 2 - 501 (c)(3) Certificate
- \_\_\_\_\_ Attachment 3 - Current Budget
- \_\_\_\_\_ Attachment 4 - Most recent IRS 990  
If the organization is not required to file a 990 submit a letter stating the reason why
- \_\_\_\_\_ Attachment 5 - Most recent independent audit
- \_\_\_\_\_ Attachment 6 - Current List of Board Members- include addresses, dates of appointment and length of term to be served
- \_\_\_\_\_ 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: Joshalyn Hundley, 215-3867

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