

**CITY OF KNOXVILLE
APPLICATION FOR FUNDING
COMMUNITY AGENCY GRANTS PROGRAM
(FUNDING PERIOD: JULY 1, 2009 – JUNE 30, 2010)**

PART I: AGENCY INFORMATION

Agency Name: _____

Director: _____

Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

Legal Status: Private non-profit Community Association Other (Please explain in the space below)

Amount of City funds requested: Capital Operating \$ _____

(Note: If you are requesting both Capital & Operating funds, please complete two (2) separate applications.)

PART II: PROGRAM INFORMATION

A. Describe the overall or general purpose of your agency. (Please limit your response using only the space provided below.)

B. Provide the following information about your clients based on your most recent data. Information current as of (date) _____.

RESIDENCE OF CLIENTS SERVED	NUMBER
-----------------------------	--------

City of Knoxville	_____
-------------------	-------

Knox County (outside city limits)	_____
-----------------------------------	-------

Adjoining counties	_____
--------------------	-------

TOTAL	_____
-------	-------

C. Provide a name and address listing of your agency’s Board of Directors with their dates of appointment and length of term to be served as ATTACHMENT 1.

D. Provide the following information about your board of directors, staff and clients:

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

E. Identify specifically what you seek to accomplish with the requested funds and how this will help you achieve your organizational goals. (Please limit your response using only the space provided below.)

F. Describe the impact city funds would have on your organization. (Please limit your response using only the space provided below.)

G. Describe the impact your organization has on the quality of life for citizens of the City of Knoxville. (Please limit your response using only the space provided below.)

H. List grants received from the City of Knoxville since 2002. (Please include year and amount.)

PART III: FINANCIAL INFORMATION

A. List your agency’s principal sources of funding including corresponding percentages of Budget:

- United Way \$ _____ Amount _____ % of Annual Budget
- Knox County \$ _____ Amount _____ % of Annual Budget
- Foundation Monies \$ _____ Amount _____ % of Annual Budget
- Federal \$ _____ Amount _____ % of Annual Budget
- Grant Monies \$ _____ Amount _____ % of Annual Budget
- State of Tennessee \$ _____ Amount _____ % of Annual Budget
- Other General Sources of Funding \$ _____ Amount _____ % of Annual Budget
- Other County/City Departments \$ _____ Amount _____ % of Annual Budget

B. Provide the following budget expense information for the current year:

SALARIES _____ % of Annual Budget
FRINGE BENEFITS _____ % of Annual Budget
OPERATING EXPENSES _____ % of Annual Budget

- C. Include a copy of your agency’s budget for the current year as ATTACHMENT 2.**
- D. Include a copy of your agency’s most recent independent audit report as ATTACHMENT 3.**
- E. Include the Title VI Assurance of Compliance Form with authorized signature as ATTACHMENT 4.**
- F. Include the Title VI Sub-Recipient Survey with authorized signature as ATTACHMENT 5.**

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

Return completed application and all attachments to:

**CITY OF KNOXVILLE
OFFICE OF THE MAYOR
ATTN: CATHY CHESNEY
400 MAIN STREET
CITY COUNTY BUILDING
SUITE 691
KNOXVILLE, TN 37902**

CHECKLIST: Application and attachments must be **received** by 5 p.m. on Friday March 6, 2009 . This deadline is **firm**. **LATE** applications **will not** be considered. One additional copy is needed of the application and attachments.

- _____ **Completed application**
- _____ **Attachment 1 – List of Board Members: Include addresses, dates of appointment and length of term to be served**
- _____ **Attachment 2 – Current budget**
- _____ **Attachment 3 – Most recent independent audit**
- _____ **Attachment 4 – Title VI Assurance of Compliance Form**
- _____ **Attachment 5 – Title VI Sub-Recipient Survey**
- _____ **Additional copy of application and attachments**