ARTS & CULTURE

City of Knoxville Community Agency Grant Application Funding Period: July 1, 2024 - June 30, 2025 DEADLINE: THURSDAY, FEB. 15, 2024 AT 4 P.M.

(Late applications will not be considered.)

--- INSTRUCTIONS ---

BOTH A PRINTED AND AN ELECTRONIC VERSION MUST BE SUBMITTED

If hand delivering, please allow time to park and go through security.

PRINTED SUBMISSION:

Submit one printed copy of Application with Attachments 1, 2, and 3. Submit Attachments 4, 5, 6, 7, 8 and 9 in digital format only. NO STAPLES OR SPIRAL BINDINGS.

Mail* or hand deliver to:

City of Knoxville Mayor Attn: Jennifer Searle 400 Main St., Suite 691 Knoxville, TN 37902

* If mailing, must be postmarked no later than Feb. 15, 2024.

ELECTRONIC SUBMISSION:

Email Application and ALL Attachments to: JSearle@KnoxvilleTN.gov

We cannot receive attachments that exceed 35 MB. 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.

CHECKLIST:

Completed Application

Attachment 1: Profit and Loss Statement as of 12/31/2023

Attachment 2: Operating Budget for current year and Programmatic Budget File if applicable

Attachment 3: Current List of Board Members including terms and number of years served.

Attachment 4: List of Key Staff working on program or project. (Digital format only)

Attachment 5: Articles of Incorporation - Charter (Digital format only)

Attachment 6: 501(c)(3) Certificate (Digital format only)

Attachment 7: Most recent IRS 990 (Digital format only)

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

Attachment 8: Most recent independent audit (Digital format only)

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

Attachment 9: Programmatic Activities List Spreadsheet (Digital format only)

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PART I. APPLICANT INFORMATION

Agency/Applicant:						
Fundi	ng Request: \$		Operating	Capital		
Note:	Note: If you are requesting both Capital & Operating funds, please complete two (2) separate applications					
Mailii	ng Address:					
City:	Knoxville	County: Knox	State: TN	Zip:		
Physic	cal Address:					
City:	Knoxville	County: Knox	State: TN	Zip:		
Phone): :	Ema	il:			
Webs	ite:					
EIN (Federal Tax ID)	Number:				
Charitable Organization Number (State of TN):						
Executive Director:						
Alternate Emergency phone # (Not the office number):						
Staff Contact name, email, and phone (if not Director):						
Year organization founded:						
Year 501c3 status granted (must be a minimum of five years ago)						

PART II. CLIENT INFORMATION

STEWARDSHIP IS A CORE VALUE OF THE CITY OF KNOXVILLE

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

AREA	NUMBER	If your organization gathers information	
		by zip code instead, please enter it here.	
City of Knoxville			
Knox County (outside city limits)			
Regional & Beyond			
TOTAL			

EQUITY, DIVERSITY, AND INCLUSION ARE CORE VALUES OF THE CITY OF KNOXVILLE B. How does your organization ensure marginalized individuals in our community have access to your services. This may include clients' gender, race, ethnicity, disability, or socioeconomic status.

PART III. ORGANIZATION INFORMATION

A. Mission Statement

EQUITY, DIVERSITY AND INCLUSION ARE CORE VALUES OF THE CITY OF KNOXVILLE B. How does your organization prioritize these values with regard to your board and staff.



C. Programming

1. List All Programmatic Activities from July 1, 2023 to June 30, 2025, actual and planned, on the Programmatic Activities List. You can download the Programmatic Activities List Excel file at https://KnoxvilleTN.gov/ProgramActivities.

Guide for filling out Excel spreadsheet:

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)

LEARNING AND IMPROVING IS A CORE VALUE OF THE CITY OF KNOXVILLE

2. 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.

D. Community Value

COLLABORATION IS A CORE VALUE OF THE CITY OF KNOXVILLE

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



SERVICE AND RESPECT ARE CORE VALUES OF THE CITY OF KNOXVILLE

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? How do those activities etc. align with the 2024-2025 Community Agency Grants Goals and Priorities?



PART IV. FINANCIAL INFORMATION

INTEGRITY IS A CORE VALUE OF THE CITY OF KNOXVILLE

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

STEWARDSHIP IS A CORE VALUE OF THE CITY OF KNOXVILLE

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

3. List all grants received from the City of Knoxville for the past 5 years.

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	
Signature of Chair		
Signature of Chair Or President of Board	Date	

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 fo
Date
Applicant Name Printed
Applicant Signature