

**CITY OF KNOXVILLE OTHER NON-PROFIT GRANT
APPLICATION FOR FUNDING
COMMUNITY AGENCY GRANTS PROGRAM
(FUNDING PERIOD: JULY 1, 2010 – JUNE 30, 2011)**

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
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City of Knoxville	_____
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Knox County (outside city limits)	_____
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Adjoining counties	_____
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TOTAL	_____
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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 2005.** (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 12, 2010 . 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**

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 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 to 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

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