

# OPIOID ABATEMENT GRANT

## City of Knoxville 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 and 8 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.

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.

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### PART I: AGENCY INFORMATION

Agency Name:

Executive Director:

Mailing Address:

Physical Address:

Phone:

E-Mail:

Alternate phone number (not the office number):

Person completing application:

Email:

EIN (Federal Tax ID) Number:

State of Tennessee Charitable Organization #:

Amount of City funds requested:    ☐ Capital    ☐ Operating    \$

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

Staff contact name, email and phone (if not Director):

Year Organization Founded:

Year 501c3 status granted (must be a minimum of two years ago):

## **PART II. 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.**

## **PART III. 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)**

<b>RESIDENCE OF CLIENTS SERVED</b>	<b>NUMBER</b>	<b>If your organization gathers information by zip code instead, please enter it here.</b>
City of Knoxville		
Knox County (outside city limits)		
Adjoining counties		
TOTAL		

**EQUITY, DIVERSITY, AND INCLUSION ARE CORE VALUES OF THE CITY OF KNOXVILLE**

**C. 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.**

**INTEGRITY IS A CORE VALUE OF THE CITY OF KNOXVILLE**

**D. Identify specifically what you seek to accomplish with the requested funds.**

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

**E. How do you measure the success of your program?**

**SERVICE IS A CORE VALUE OF THE CITY OF KNOXVILLE**

**F. Describe the impact your organization and programs identified in section C have on the quality of life for residents of the City of Knoxville. How do these outcomes align with the 2025 Community Agency Grants Goals and Priorities?**

**COLLABORATION IS A CORE VALUE OF THE CITY OF KNOXVILLE**

**G. How often and in what ways do you partner with other local non-profit organizations, schools, etc. to serve the community?**

## H. Funding

1. List all grants received from the City of Knoxville in the last five years.

2. List other opioid settlement funds your organization has applied for or received. Please include the amount, programmatic activity and duration.

### PART IV: FINANCIAL INFORMATION

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

- |  |          |        |                          |
|--|----------|--------|--------------------------|
| <input type="checkbox"/> United Way                          | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> Knox County                         | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> Foundation Monies                   | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> Federal                             | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> Grant Monies                        | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> State of Tennessee                  | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> Other General<br>Sources of Funding | \$ _____ | Amount | _____ % of Annual Budget |
| <input type="checkbox"/> Other County/City<br>Departments    | \$ _____ | Amount | _____ % of Annual Budget |

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

PERSONNEL (SALARIES/BENEFITS)	_____ % of Annual Budget
OPERATIONS (RENT, UTILITIES, SUPPLIES, MAINT.)	_____ % of Annual Budget
PROGRAMS	_____ % of Annual Budget
OTHER	_____ % of Annual Budget

#### 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 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.

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Signature of Executive

Date

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Signature of Board President or Chair

Date



## CITY OF KNOXVILLE

### Assurance of Compliance under Title VI of the Civil Rights Act of 1964

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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.

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Date

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Applicant Name Printed

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Applicant Signature