



Application for Recognition

The

(NAME OF YOUR ORGANIZATION)

hereby applies for recognition by the City of Knoxville's Office of Neighborhood Empowerment as a qualified neighborhood organization with appropriate benefits such as a listing in the Knoxville Neighborhood Directory and eligibility to apply for competitive grant funding.

We certify that our organization has completed the following steps toward becoming organized (please check all that apply). *Groups formed before 2018 should contact the Office of Neighborhoods for assistance in filling out this form.*

Boundaries

We have defined our boundaries, and our neighborhood does not overlap any other organized neighborhood.

OR

We have defined our boundaries. Our neighborhood does overlap the territory of another organized neighborhood. We have reached agreement with that neighborhood about the overlap. That agreement is attached to this application.

Outreach to the Neighborhood

We distributed a flier door to door in the neighborhood announcing a community meeting for the purpose of forming a neighborhood organization. This flier was distributed at least one week in advance of the meeting date.

Key Decisions by the Community

At this meeting, and/or at any subsequent neighborhood-wide meetings, a majority of those present approved:

- Formation of the neighborhood organization
- The final boundaries of the organization
- The name of the organization
- A mission statement (may be preliminary)
- A description of who can be a member of the organization
- Election of a leadership team to serve until bylaws are written and/or formal elections are held.

Public Contact Information

This is the contact information that will appear in the [Knoxville Neighborhood Directory](#) and in the [Knoxville Neighborhoods Map](#). Personal information can be used. Some groups use group contact information to extent possible. Please notify us of any changes in your contact information.

Contact Person: _____

Mailing Address: _____ Zip: _____

E-Mail: _____

Phone: _____

Website: _____

Facebook: _____

Other Social Media: _____

Information about Your Neighborhood Organization

1. Neighborhood Meetings

When (e.g. 7 p.m. first Mondays): _____

Where: _____

2. Please provide the boundaries of your neighborhood as determined by your group. Use specific streets or other geographical boundaries. If you can, send us a simple map showing your boundaries.

North: _____

South: _____

East: _____

West: _____

Other: _____

Other: _____

3. Please provide your mission statement. (For new groups, we recognize that this may be a preliminary statement.) Use separate sheet if necessary.

4. Do you have a newsletter? YES NO

If so, please add our office to your mailing list: neighborhoods@knoxvilletn.gov.

5. Please list any **training** or **other assistance** you would like from the Office of Neighborhoods.

6. Use this space to ask questions or to offer comments and suggestions.

Leadership Team

We the undersigned members of the leadership team (up to four individuals) certify that the information contained in this Application is correct. We understand that electronic signatures have the same weight as signatures signed in ink.

Name: _____ Title: _____

Address/Zip: _____

E-Mail: _____

Phone: _____

Signature _____

Name: _____ Title: _____

Address/Zip: _____

E-Mail: _____

Phone: _____

Signature _____

Name: _____ Title: _____

Address/Zip: _____

E-Mail: _____

Phone: _____

Signature _____

Name: _____ Title: _____

Address/Zip: _____

E-Mail: _____

Phone: _____

Signature _____

Mail to: Office of Neighborhoods, City of Knoxville, P.O. Box 1631, Knoxville, TN 37901. Or download from www.knoxvilletn.gov/neighborhoods, fill out, save, and e-mail to dsharp@knoxvilletn.gov.