



Knox County
2008-2009 Grant Funding Request Package

General Information

1. Each applicant must **submit one (1) application for each funding request**. Make sure **Section I: Knox County Grants Funding Request page is on the top** of each request – followed by Sections II & III – IN THE SEQUENCE LISTED. **DO NOT COMBINE MULTIPLE REQUESTS. EACH REQUEST MUST BE INDIVIDUALLY PACKAGED. PLEASE DO NOT BIND REQUESTS OR PLACE THEM IN A BINDER. STAPLE OR CLIP REQUESTS ONLY.**
2. Submit **two (2) completed copies**, which include Section I, II and III, AND **five (5) copies**, which includes Section I & II.
3. The application’s **submittal DEADLINE is Monday, December 3, 2007**. This submittal is mandatory for all those wishing to have requests considered for FY 2008/09 funding. Requests submitted after 4:30 p.m. on December 3, 2007 will not be considered.
4. If you are able to complete the application prior to the deadline, early submission is not only encouraged but will enable us to begin our review process sooner.
5. The number of requests funded will depend on the size, scope, feasibility and quality of the requests submitted for review and the amount of funding available.

SUGGESTED SCHEDULE

Grant Applications Released	October 16, 2007
Technical Assistance Workshop	November 7, 2007
Grant Applications Due	December 3, 2007

REQUESTS MUST BE RECEIVED
NO LATER THAN 4:30 P.M. DECEMBER 3, 2007
 AT THE FOLLOWING LOCATION:

GRANT REQUEST
 Knox County Community Development
 400 Main Street, Suite 345
 Knoxville, TN 37902-2405
 (865) 215-3980

PLEASE DO NOT BIND APPLICATIONS



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SECTION I: KNOX COUNTY GRANTS FUNDING REQUEST

NAME OF AGENCY/APPLICANT: _____

EIN (FEDERAL TAX I.D.) NUMBER _____

APPLICATION CONTACT PERSON: _____

PHONE: _____ E-MAIL _____ FAX: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

AGENCY CHAIRMAN/BOARD PRESIDENT: _____

EXECUTIVE DIRECTOR: _____

PROJECT CONTACT: _____

PHONE: _____ E-MAIL _____ FAX: _____

PROJECT TITLE: _____

FUNDING REQUEST: \$ _____

Please check the funding category that applies to the project: (Check One)

- Tourism/Cultural Health Services Youth Services
- Senior/Veteran Services Conference/Event Social Services

Funding request is what percentage of last financial reporting year's total revenue?

- 100%-75% 75%-51% 50%-26% 25% or less

I hereby certify that, to the best of my knowledge, the information submitted with this application is accurate.

Agency Chairman/Board President Signature: _____

Application Contact Person Signature: _____

Project Contact Signature: _____



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SECTION II: REQUEST NARRATIVE

Please provide the requested narratives. Responses should be as brief as possible not to exceed one page per question.

QUESTION I: Project/Program Description

Please provide a brief narrative that describes the project/program.

QUESTION II: Community Need

How many people (annually) will actually use or benefit directly from the proposed project/program? Please describe the need for the project/program as well as the impact it will have on the community.

QUESTION III: Funding Need

Please explain the need of funds from Knox County and include plans for prolonged sustainability.

QUESTION IV: Support And Commitment

Describe the support and commitment (e.g., matching funds, etc.) for the proposed project/program. Please list any additional funding sources.

QUESTION V: Timeline

Please provide a timeline including the start date, milestones, completion date and any anticipated "hold-ups."

QUESTION VI: Budget

Please complete the attached budget form.

SECTION III: REQUIRED ATTACHMENTS

Part I:

1. Charter Acknowledgement Letter from the Secretary of State
2. Letter of Exemption (if under \$30,000 per year) from the Division of Charitable Solicitations & Gaming
3. Letter of Registration from the Division of Charitable Solicitations & Gaming
4. 501 (c)(3) Certificate (or fiscal agent's certificate if applicable)
5. Current financial statement.

Part II:

1. Complete list of all fund raising activities that include event /table sponsorship requests (include projected event dates)
2. Complete list of current Board of Members
3. Completed Conflict of Interest Form
4. Complete salary information of the Chief Executive Officer and the next highest paid employee* Per Knox County Ordinance (Ord. No. O-92-5-102, § 1, 7-27-9