



Knox County  
2009-2010 Grant Funding Request Package

## General Information

1. Each applicant must **submit one (1) application for each funding request**. Make sure the **REQUEST INTRODUCTION page is on the top** of each request – followed by the remaining sections – IN NUMERICAL SEQUENCE. **PLEASE NO COVER LETTERS. STAPLE OR CLIP REQUESTS ONLY.**
2. Each applicant **may only submit up to three (3) requests**. The **maximum amount per request is \$50,000. DO NOT COMBINE MULTIPLE REQUESTS. EACH REQUEST MUST BE INDIVIDUALLY PACKAGED.**
3. Submit **two (2) completed copies – including all sections AND six (6) copies** of the REQUEST INTRODUCTION and Sections 1, 2 & 3.
4. **The DEADLINE for submitting an application is Monday, February 9, 2009 at 4:30 p.m.** Requests submitted after this deadline will not be considered. 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. **EVERY applicant must attend a mandatory technical assistance workshop to be held Tuesday, January 13<sup>th</sup>, 2:00 p.m. at the John T. O'Connor Senior Center, 611 Winona Street. FAILURE TO ATTEND WILL RESULT IN APPLICATION REJECTION.**
6. 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.

## SCHEDULE

Grant Applications Released	December 23, 2008
<b>Mandatory</b> Technical Assistance Workshop	January 13, 2009
Grant Applications Due	February 9, 2009

REQUESTS MUST BE RECEIVED  
**NO LATER THAN 4:30 P.M. FEBRUARY 9, 2009**  
AT THE FOLLOWING LOCATION:

**GRANT REQUEST**  
Knox County Community Development  
400 Main Street, Suite 339  
Knoxville, TN 37902-2405  
(865) 215-3980

***PLEASE DO NOT BIND APPLICATIONS***



Knox County  
2009-2010 Grant Funding Request Package

**REQUEST INTRODUCTION**

NAME OF AGENCY/APPLICANT:

EIN (FEDERAL TAX I.D.) NUMBER:

ADDRESS:

AGENCY CHAIRMAN/BOARD PRESIDENT:

EXECUTIVE DIRECTOR:

PROJECT TITLE:

PROJECT CONTACT:

PHONE:

E-MAIL:

FAX:

FUNDING REQUEST: \$

AGENCY PROGRAM EFFICIENCY PERCENTAGE  
(Section 3, II - Budget Item 5E divided by Budget Item 4E)

Please check the funding category that applies to the program/project: (Choose One Only)

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

The following must be included in your completed application request (check when complete):

- Section 1:      Executive Summary
- Section 2:      Program/Project Definition & Performance Measures
- Section 3:      Community Support/Budget
- Section 5:      Attachments/Certification

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

Agency Chairman/Board President Signature: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_

Project Contact Signature: \_\_\_\_\_



Knox County  
2009-2010 Grant Funding Request Package

**SECTION 1: EXECUTIVE SUMMARY**

The Executive Summary is a comprehensive narrative that describes the program/project being proposed for funding. It should include a brief history of the agency/organization, address why the program/project should be funded by Knox County, and provide a snapshot of the program/project that highlights the key points necessary to communicate who benefits from the program/project and in what capacity.

**DO NOT EXCEED THE SPACE PROVIDED BELOW.**



Knox County  
2009-2010 Grant Funding Request Package

**SECTION 2: PROGRAM/PROJECT DEFINITION & PERFORMANCE MEASURES**

1. What community need does this program/project address?

2. Describe the key components/activities of the program/project.

3. Please estimate the number of individuals served annually in Knox County by this program/project:

	Most Recent Fiscal Year	Next Fiscal Year (Projected)
# of individuals that use or benefit from the project/program once annually (i.e., no double counting)		
# of individuals that use or benefit from the project/program multiple times annually		
<b>Total # of individuals served annually</b>		

4. Complete the following Performance Measures Chart.

**SECTION 2**

**KNOX COUNTY COMMUNITY GRANT REQUEST - DEFINITION/PERFORMANCE MEASURES FY 2010**

<b>AGENCY NAME:</b>		<b>FED TAX I.D.</b>		<b>REQUEST CATEGORY:</b>	Tourism/ Cultural		Health Services		Youth Services		<b>REQUEST AMOUNT</b>	
<b>AGENCY MAILING ADDRESS:</b>		<b>CITY, STATE ZIP CODE:</b>			Senior/Veteran Services			Social Services				
<b>PROGRAM OR PROJECT NAME</b>			<b>Project Contact Name:</b>						<b>Total Project/Program Budget</b>			
			<b>Phone and email:</b>						<b>Grant Request as a % of Total Project/Program Budget</b>			
									<b>Grant Request as a % of Total Agency Revenue (on last financial report)</b>			

<b>PROGRAM OR PROJECT MISSION STATEMENT:</b>	
--	--

#	RESULT/OUTCOME	OUTCOME INDICATOR	TYPE	GOAL	POPULATION SERVED		% OF GRANT REQUEST REQUIRED	RATIO OF \$ TO POPULATION	COMMENTS
					Number	Description			

- Indicator Type**
- 1 - Percent
  - 2 - Average
  - 3 - Median
  - 4 - Ratio
  - 5 - Total Count

Agency Chairman/Board President Signature: \_\_\_\_\_ Date \_\_\_\_\_

Project Contact Signature \_\_\_\_\_ Date \_\_\_\_\_



Knox County  
2009-2010 Grant Funding Request Package

**SECTION 3: COMMUNITY SUPPORT/BUDGET**

**I. Community Support/Collaboration**

1. Describe community support and collaboration efforts, listing all partners. **USE THIS SPACE:**

2. If partnerships and collaboration efforts reduce costs, describe how. **USE THIS SPACE:**

3. Please list any additional funding sources with amounts for the program/project.

SOURCE	AMOUNT



Knox County  
2009-2010 Grant Funding Request Package

**II. Program/Project Budget**

	A	B	C	D	E
	Current Fiscal Year (Planned)	Next Fiscal Year (Proposed)	Difference (\$ Amount)	Difference (Percentage)	Last 990/Financial Report
<b><u>1. Public Support &amp; Revenue</u></b>					
a. Contributions					
b. Special Events					
c. Knox County Grant(s)					
d. Other Government Grant(s)					
e. Program Fees					
f. Sales					
g. Other					
h. Other					
<b>Total Program Revenue</b>					
<b><u>2. Expenses</u></b>					
a. Salaries & Benefits					
b. Professional Fees					
c. Supplies					
d. Utilities					
e. Insurance					
f. Travel					
g. Other					
h. Other					
i. Other					
<b>Total Program Expenses</b>					
<b><u>3. Total Agency Revenue</u></b>					
<b><u>4. Total Agency Expenses</u></b>					
<b><u>5. Total Agency Program Expenses</u></b>					

List complete salary information of the Chief Executive Officer and the next highest paid employee as Per Knox County Ordinance (Ord. No. O-92-5-102, § 1, 7-27-9).

Position Title	Amount



Knox County  
2009-2010 Grant Funding Request Package

**SECTION 4: REVIEW**

It is the responsibility of each applicant to review the application for clarity and completeness. A checklist is provided on the Introduction page. When all items have been accounted for, it is strongly suggested the application is reviewed to ensure the information submitted provides a clear picture for those who will review and make recommendations regarding funding.

As a suggestion, check to ensure the following questions are adequately addressed in the Executive Summary and/or the Definition/Performance Measures Sections of the application. These will be discussed in depth at the **mandatory** technical assistance workshop.

- ❖ What is the target population and service area? It may be helpful to describe the demographic profile of the target population currently being served (e.g., age, gender, race, income levels)
- ❖ What are the overall goal(s) of the program?
- ❖ Are volunteers involved with this program/project – if so, how many?
- ❖ Are fees charged for services? Why or why not? If so, how are fees determined?
- ❖ What are the unique features of the program/project that distinguish it apart from other similar programs in the community?
- ❖ Explain any potential scenarios in which Knox County funds may be matched or leveraged.
- ❖ Reasoning why the requested program/project should receive County tax dollars.



Knox County  
2009-2010 Grant Funding Request Package

**SECTION 5: REQUIRED ATTACHMENTS**

**PROVIDE THE ATTACHMENT NUMBER IN THE UPPER RIGHT CORNER ON THE FIRST PAGE OF EACH ATTACHMENT IN BOLD LETTERING. SEPARATE EACH ATTACHMENT WITH A NUMBERED TAB.**

1. Charter Acknowledgement Letter from the Secretary of State
2. 501 (c)(3) Certificate (or fiscal agent's certificate if applicable)
3. Current financial statement.
4. Complete list of current Board Members
5. Certification that the agency has complied with applicable local, state and federal requirements\*
6. Completed Conflict of Interest Form\* (if applicable)

**\* Copies available at the County's web site, [www.knoxcounty.org/communitydevelopment](http://www.knoxcounty.org/communitydevelopment)**