Arts & Culture Alliance American Rescue Plan RENEWAL Fund **ORGANIZATION APPLICATION for Companies domiciled within the City of Knoxville OR outside of the City but within Knox County**

Organization domicile: Within City of Knoxville Outside City but within Knox County **Confirm using physical address at https://www.kgis.org/ **Organization Name: Physical Address:** City: Zip code: County: Phone: Fax: Website: **Primary contact name:** E-mail: Phone: **Executive Director name (if different):** E-mail: Phone: **Board President name:** E-mail: Phone: **UEI Number:** Organization's Total Operating Budget for Calendar Year 2022? What percentage of your budget accounts for arts-related programming? % What amount of funding do you request? Organizations may request \$1,000 - \$40,000. Round to the nearest \$50. Which ACA ARP Fund application deadline are you applying for?



April 16, 2023 (Round 2)





| Is your organization registered with to nonprofit corporation and in complication requirements? | | | YES | NO |
|--|------------------------|----------|--------------|------------|
| Is your organization currently, or has e receiving City, County, or federal funds | | rom | YES | NO |
| Do you have a Board of Directors that i | meets on a regular ba | sis? | YES | NO |
| Have you received American Rescue Pl other federal relief (PPP, SVOG, EIDL) f | • | - | etention Cı | redits, or |
| YES NO If YES, p | olease list: | | | |
| Does your organization have an establi without regard to race, color, religion, activities and services? YES | | = | | |
| Does your organization comply with fa | ir labor standards? | YES | NO | |
| Can you certify that your organization | is a drug-free workpla | ace? | YES | NO |
| Are your programs accessible per Title | VI? YES | NO | | |
| What was the total number of artists we include volunteers and independent cobut do not include your organization's particular and independent cobut do not include your organization's particular and independent cobust do not include your organization's particular and independent cobust do not include your organization. | ntractors, | our orga | ınization in | 2022? |

Provide the organization's mission statement:

| What was the total number of audience members that were served by your organization in 2022? |
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| Of the total number of audience members above, how many were adults (age 18 or above)? |
| Describe the demographics of your audience (may include age, sex, education, nationality, ethnicity, religion, residency, economic status, etc.): |
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| Describe the impact the pandemic has had on your organization's operations and budget. |
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| Describe how grant funds will mitigate the negative economic impacts the pandemic had on your organization. |
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| Describe how you will involve local/regional artists. |
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| Describe how grant funds will allow your organization to amplify the presence of the art in rural and/or urban communities, expand the public's accessibility to the arts, and strengthen the economic benefits that arts and cultural events provide. (This is the heart of your application; describe your project here.) |
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| Include a list of those with whom you will be working (organizations, partners, communities, audiences). |
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| Describe how you plan to accomplish your goal(s) for your ongoing program(s) within the grant period and how you will measure your success. |
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| Briefly describe the roles and skills of both management and artistic teams. |
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| Provide a projected timeline for the progress of your ongoing program(s) within the grant |
| period (July 1, 2023 - June 1, 2025). |
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| What risks and/or challenges do you anticipate in the next 1-3 years? How do you plan to manage them? |
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| Please outline in detail the budget (how grant funding would be used). |
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RECORD YOUR BUDGET BELOW

| Salary Support: Include salaries, wages, and fringe benefits for pers paid on a salary basis. List each staff position separately. Do not com Expense Description | |
|--|----------------------|
| Total Salary Support Amount: | |
| Fees/Stipends for Artists and/or Contractual Personnel: List each | position separately. |
| Do not combine positions or use salary ranges. Expense Description | Cost |
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| Total Fee/S | Stipend Amount: |
| Facility Costs: Rent and utilities, e.g., electric, phone, gas bills. Expense Description | |
| Expense Description | Cost |
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BUDGET CONTINUED

| Direct costs and supplies associated with presentation and/or production of the project. | | | |
|--|---|------|--|
| Expense Description | | Cost | |
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| | Total Direct Supplies Amount: | | |
| Marketing and Promotional Materials Expense Description | | Cost | |
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| Add the totals of each budget catego | Marketing Amount: ory. TOTAL BUDGET AMOUNT: | | |

Additional Application Documents (required)

Organizational Budget and Actuals: Submit the board-approved annual operating budget for the current fiscal year, showing income and expense, compared next to actuals from the prior two fiscal years. File Size Limit: 1 MB

Form 990: Submit your organization's most recently filed Form 990. There are several options to be found online if you need to reduce the size of your file. File Size Limit: 3 MB

Financial Statement: Submit documentation of an audit or financial review/compilation by a CPA, completed within the past year. If not available, your organization may submit BOTH a balance sheet and a profit/loss statement signed by your Board president or treasurer. These documents should be merged into a single pdf file prior to uploading. File Size Limit: 2 MB

Roster of current Board of Directors: Provide names, affiliations, and years of service. Indicate officers. File Size Limit: 1 MB

Proof of Tax Exempt Status: Submit your organization's IRS Tax Exempt Determination Letter. File Size Limit: 1 MB

Work Samples (up to three total samples allowed): Submit a media sample, such as a musical recording, image of artwork, testimonial, short video clip, etc. Samples should demonstrate the kind of arts/culture programming that you do and/or its impact in the community. There are several options to be found online if you need to reduce the size of your file. If your file size remains too large, you may choose to upload the media to an external source, such as YouTube or Google Drive, and share the link in a pdf document. Ensure that appropriate viewing permissions are given. File Size Limit: 2 MB

Assurances

Do you agree to allow ACA access to your records and financial statements for the purpose of ensuring compliance with grant terms and conditions and to keep said records for at least three years following the submission of your final report? YES NO

- + Applicant has read, understands and accepts guidelines. They grant money will be used exclusively for payment of allowable expenses incurred for the services proposed in this application and administered by applicants.
- + Applicant will comply with all rules, regulations, laws, terms, and conditions in the guidelines.
- + I hereby certify that I am not suspended or disbarred from receiving Federal Funds.
- + I certify that all figures, statements, and representations made in this application including attachments are true and correct.

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Date:

Save the completed application and email, with attachments, to grants@knoxalliance.com. For any questions, please email LZ@knoxalliance.com (preferred) or call 865-523-7543.