

- THIS FORM WILL BE CONFIDENTIAL -



GRACE Fund Application Form

Name _____

Address _____

City/State/Zip _____

Phone 1 _____ Phone 2 _____

Email address _____ Website _____

Amount Requested (\$2,000 Maximum) _____ How have your circumstances changed to make your financial need an emergency? _____

Please note, applicants receiving fund will be required to submit their social security number in order to receive payments.

Local art and culture organization for which you worked (or displayed your work) in two of the most previous five years:

- 1) Please attach a letter from the local art and culture organization for which you worked or other proof (such as a 1099) demonstrating that you have been gainfully involved in two of the most previous five years.
- 2) Please attach a description of your intended usage of the GRACE funds. The Alliance will make payment out directly to the institution for which support is requested i.e. utilities, rent, prescription medication.
- 3) Please attach the invoice/bill referred to in item #2.
- 4) Please attach a W-9 form (see <https://www.irs.gov/forms-instructions>).

Please indicate if this is a referral by you on behalf of someone else:

Applicant referred by (optional) _____ Relationship with applicant _____

Please allow seven working days for processing of applications.

I, the undersigned, agree that the information above is true and give my permission for the administrators of the GRACE Fund to verify any information given above.

Applicant's Signature _____

Date _____

Please submit your application and accompanying materials to:
GRACE Fund c/o Arts & Culture Alliance, PO Box 2506, Knoxville, TN 37901 or info@knoxalliance.com
Questions: (865) 523-7543