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**KNOX COUNTY COVID -19 RESPONSE FUND MINI GRANT APPLICATION**

**Phase 4 COVID-19 Mini Grant Requests**

**Total Funding Available for All Agencies Combined in Phase 4: $100,000**

New applications will be accepted for this phase. Previous applications no longer remain under consideration. Agencies that have applied and did not receive funding or agencies that applied and received funding for Phase 1-3, ARE ALL ELIGIBLE to submit new applications.

Application Submission Period: May 13-20, 2020

Committee Review Period: May 22-29, 2020

Award Notification and funding Released: June 2-5, 2020

**Phase 3 COVID-19 Mini Grant Requests**

**Total Funding Available for All Agencies Combined in Phase 3: $50,000**

**New** applications will be accepted for this phase.

In addition, applications that were submitted in Phase 1 or 2 and did not receive funding or received partial funding may remain under consideration for Phase 3. Previous applicants may elect to revise their application and resubmit.

Application Submission Period: April 15-April 22, 2020

Committee Review Period: April 27-May 4, 2020

Award Notification and Funding Released: May 4-8, 2020

\*Phase 3 is now closed

**Phase 2 COVID-19 Mini Grant Requests**

**Total Funding Available for All Agencies Combined in Phase 2: $50,000**

Applications that were submitted in Phase 1 and did not receive funding or received partial funding will remain under consideration for Phase 2.

Committee Review Period: April 7-13, 2020

Award Notification and Funding Released: April 14-17, 2020

\*Phase 2 is now closed

**Phase 1 COVID-19 Mini Grant Requests**

**Total Funding Available for All Agencies Combined in Phase 1: $50,000**

Application Submission Period: March 24-March 29, 2020

Committee Review Period: March 31-April 5, 2020

Award Notification and Funding Released: April 7-9, 2020

\*Phase 1 is now closed

If you are currently a UWGK funded agency partner, you are required to complete and submit the application by the deadline to be considered for a mini grant.

If you are not currently funded by UWGK, you are required to complete and submit the application by the deadline and submit the most recent 990 and audit for your organization.

To be considered for funding, organizations must have a recent audit prepared by an independent CPA if gross revenue is $500,000 or more. If gross revenue is less than $500,000, and the organization does not have audits, it may submit the most recent financial statement *accompanied by an independent CPA's review report instead.*

The services must be provided **in Knox County** and culturally sensitive and barrier free.

**Applications are to be submitted to:** **dancul@unitedwayknox.org**

Applicants who are awarded funding will be required to sign a funding agreement as well as submit a follow-up report on the use of funds.

**Due to time constraints, email notification of grant decisions will be made to award recipients only. Grants will be posted on our website following each phase of mini grants.**

Please select one of the following:

**\_\_\_\_ UWGK funded agency partner/financials on file with UWGK**

**\_\_\_\_ Not UWGK funded agency/financials accompany this application**

Please complete the following information:

**Date:**

**Agency:**

**EIN:**

**Program:**

**Application Contact Name:**

**Application Contact Email:**

**CEO/Executive Director Name:**

**CEO/Executive Director Email:**

**Phone Number:**

**Mini Grant Request Amount: $**

**Please Select Categories:**

|  |  |
| --- | --- |
|[ ]  **Food/Meals** |[ ]  **Childcare** |
|[ ]  **Housing/Shelter** |[ ]  **Basic Needs** |
|[ ]  **Rent Assistance** |[ ]  **Employment** |
|[ ]  **Utility Assistance** |[ ]  **Other Unmet/Emerging Need** |
|[ ]  **Healthcare Access, Prescriptions, Medical Supplies** |  |  |

1. **Please briefly describe the program and how the program addresses the needs of those who are impacted by COVID-19 (include the target population and the expected measurable impact):**
2. **Please describe how a mini grant will allow you to expand services or address unmet needs:**
3. **Please describe specifically how the funds will be used:**