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

NEW APPLICATION AND INFORMATION – December 2020

**FINAL PHASE - Phase 9** COVID-19 Mini Grant Requests

**\*\*PHASE 9 WILL PRIORITIZE: VACCINE EDUCATION FOR TARGETED, VULNERABLE POPULATIONS\*\***

In addition, weighted priority will be given to applicants considered “new, developing, or grassroots organizations” doing proven direct work in their communities or neighborhoods to address and mitigate the impact of COVID-19 on individuals and families.

Financial requirements that have previously posed a barrier to organizations without a formal audit or financial review have been adjusted to be more affordable and accessible, but still allow for thorough accountability of organization’s ability to manage granted funds. Financial requirements for applicants are as follows:

1. Applicant must be a 501(c)3 organization
2. IRS 990
3. Internal financial statement and annual budget
4. Organization must be up to date on payroll taxes

If an organization is having difficulty meeting these financial requirements, please reach out for further guidance.

**The funded services must be provided in KNOX COUNTY and culturally sensitive and barrier free.**

**Applications are to be submitted to:** [**grants@unitedwayknox.org**](mailto:grants@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. Documentation of funding will be required (receipts, payroll, etcetera) and must accompany the report.**

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.

**Phase 9 Timeline**

Application Submission Period: December 18 – December 28, 2020

Committee Review Period: December 29 – January 5, 2021

Award Notification and Funding Released Period: January 6 – January 15, 2021`

**PHASE 9 APPLICATION FORM**

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:

Application Contact Phone:

CEO/Executive Director Name:

CEO/Executive Director Email:

CEO/Executive Director Phone:

**Grant Request Amount: $**

Please Select Categories:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Vaccine Education (Priority) |  | Access to basic needs |
|  | Access to mental healthcare |  | Access to financial stability |
|  | Access to stable housing |  | Access to healthcare |
|  | Access to childcare |  | Access to food |

1. 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. Describe how a mini grant will allow you to expand services or address unmet needs:
3. Describe *specifically* how the funds will be used. In addition, please include a breakdown of the requested funds (know that receipts will be requested at the end of the grant period – 90 days from receipt of funding):
4. If your agency has received a Knox County COVID-19 Response Fund grant in any of the previous funding phases: Has the entire grant allocation been used? If not, what percentage has been used and what is the timeline for using the remainder?