

**CITY OF CHATTANOOGA ART OF CHANGE FUND**  
**APPLICATION FOR EMERGENCY, SHORT-TERM FUNDS**  
**FY 2008-2009**

*This fund is limited to one-time emergency needs. Applicants must provide a receipt for all funds expended under this program.*

Applicant: \_\_\_\_\_ 501(c) 3 Organization  Yes  No

Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax #: \_\_\_\_\_ Duns# \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Contact Person and Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of Request and Target Populations: \_\_\_\_\_

1. Reason for the request: \_\_\_\_\_

\_\_\_\_\_

2. Briefly describe the project request and explain how the funds will be used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Project Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

4. Identify and Describe Project Funding Sources after this award:

\_\_\_\_\_

\_\_\_\_\_

5. Please identify the primary beneficiaries this project will serve and the number to be served:

\_\_\_\_\_ Homeless Individuals

\_\_\_\_\_ Homeless Families

\_\_\_\_\_ Homeless Youth

Total Number expected to Serve: \_\_\_\_\_

Please identify source of the estimate of persons to be served:

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6. Previous Experience

Has the organization carried out homeless people before, or attempted it before? \_\_\_\_\_ Yes

\_\_\_\_\_ No

Do you currently help homeless people? \_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, what kind of help do you currently provide?

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7. Are you aware of services or activities similar to the proposed project provided by other organizations in the City of Chattanooga? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how will you avoid duplication of services?

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*Note: If you expect to provide more than \$1,200 per year in assistance, you should consider applying for the Art of Change Grant.*

# BOARD OF DIRECTORS AUTHORIZATION

## Certifications

I (We) certify that \_\_\_\_\_, the Applicant, provides services in compliance with Title VI of the Civil Rights Act of 1964, and will document compliance at the United Way's request.

I (We) certify to the United Way of Greater Chattanooga that the Board of Directors of the organization identified in this application has authorized the submission of this request for funding support. I (We) certify that the information contained in this proposal is true and complete to the best of my (our) knowledge.

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**Signature of Authorized Official**

**Date**

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**Signature of Authorized Official**

**Date**

(Please do not include a copy of these Instruction Pages in the Application.)

**APPLICATION INSTRUCTONS FOR ART OF CHANGE**  
**EMERGENCY, SHORT-TERM FUNDS**

**Narrative Section**

Please be brief and concise in your responses to the following items. Organize your responses according to the headings below. **Your application (excluding attachments) should not exceed two (2) pages. Please do not rearrange the order of information as requested.**

**A. Need for the Request**

Describe the need which the proposed request is designed to meet, or the problem that it is designed to solve. Describe how the need for this service was determined and how the proposed request will meet the identified needs. Provide evidence of the need or problem.

**B. Proposed Activities**

Describe your plan for the use of the funds:

- Who will benefit from the project and how?
- How will you coordinate this project with others in the community? Explain any efforts to solicit neighborhood, community or target group input.
- Describe specific geographic location of proposed activities.

**C. Applicant Description**

Provide a brief description of the organization; its mission, accomplishments and funding sources.

**D. Management**

How will the proposed funds be managed? Describe the process whereby it will be decided who gets assistance and who doesn't. Who will make those decisions? How will you make sure that the funds go to the appropriate place?

**E. Application Attachments**

Include **one copy** of the following documents with the original application:

1. Internal Revenue Service proof of 501 (c) (3) designation, in existence for at least one year.
2. List of the Board of Directors and ethnicity of Members.
3. Board of Directors authorization to submit application (application package).

Include **six (6) copies** of the application without the attachments for the review panel. Do not bind or staple. Copies should be three-hole punched separated by a colored sheet. The original and 6 copies should be bound together with a rubber band.

**Failure to include the above documents will forfeit the application and will not be considered for funding.**