



Knoxville Fund Grant Application

The Knoxville Fund was established in 2017 to provide support of the charitable, scientific, or educational purposes to non-profit organizations including 501(c)(3) agencies who serve the citizens of the Borough of Knoxville, Tioga County, Pennsylvania.

This application will be reviewed by the Tioga County Advisory Board and approved by the CFTT Board of Directors. **Deadline is Thursday, September 26, 2024 at 5:00 pm** to be received at cfield@twintierscf.org

Applicants who have not submitted an evaluation form for previous Knoxville Fund grants by the grant deadline will not be considered for funding during this grant cycle.

Notification of awards will be early December. Organizations may apply annually for only one grant.

Date of Application: _____ Amount Requested: _____

Legal Name of Organization Applying: _____
(Should be same as on IRS determination letter and as supplied on IRS Form 990)

Alternate Name/Acronym: _____

Mission Statement: _____

Current Operating Budget: _____ Date of last audited or reviewed financial statements: _____

Is the organization tax-exempt under section 501(c) (3) of the Internal Revenue Code? Yes or No

Tax ID or EIN Number: _____ Year Founded: _____

If you are another qualifying entity, please indicate which of the following: School Governmental
 Church or Religious Organization for Community Benefit Project

President/Executive Director: _____ Email Address: _____

Contact Person: _____ Title: _____

Email Address: _____

Phone Number: (_____) _____

Address (Principal Administrative Office): _____

City/State/Zip: _____

Phone Number: (_____) _____ Fax Number (_____) _____

Website: _____



Project/Program Title: _____

Category That Best Describes Your Request: Education Health & Human Services Arts & Culture
 Civic Environment Recreation & Youth Other (Please Specify)

Purpose of Grant (One sentence): _____

Project Begin Date: _____ Project End Date: _____

Amount Requested: _____ Total Project Cost: _____

Geographic Area Served: _____ Number of People Served: _____

Type of Support Requested: New Program Existing Program Other (Please Explain)

Signature, President/Executive Director: _____

Printed Name and Title: _____ Date: _____



- Governing body that has approved the grant submission:

III. Why this project is being proposed: *This section should include an explanation of the problem that has created the need for the program that will be funded by the requested grant. It should also provide evidence that the problem or need exists.*

- Describe the problem or need. Include any data or other evidence that the need exists.



- Will the project or program have positive influence or repercussions elsewhere in the community? If yes, please explain.

IV. Project Description (Program Narrative): *The Project Description should include a detailed description of the program that will be funded by the requested grant. This description should include what products or services you promise to deliver to what population, and what results you expect to bring about. Explain the goals and activities of the project, how they will be achieved, and how success will be measured. The Project Description should include information about the staff who will work on the project and their experience and qualifications to perform the activities that will be funded.*

- Target population: What population will directly benefit from this project? Approximately how many people does this represent?
- Goals of the project: What are the desired results or outcomes? What specific products or services will this project deliver?



V. Budget: Complete the following budget table. Include categories of expenditures, including how much funding will come from the requested grant and how much funding will come from other sources.

Expenditure Category	(A) CFTT/Knoxville Fund Request	(B) Funds From Other Sources	Total Cost (A+B):
Salaries			
Equipment			
Rent/Mortgage			
Utilities			
Transportation			
Other (please list)			
Total			

Please ensure that "Other Funding" includes revenue from: • Grants/Contracts including local, state or federal government, Foundations (please itemize), corporations, and individuals. • Earned Income from events, publications, and projects. • Membership Income • In-Kind Support • Other (Please Specify)

Application Submitted By (Name and Title): _____

Date: _____

Applicant Contact Information:

E-mail: _____

Phone: _____



If you are selected for a grant award a report will be due to CFTT one year from the grant award date highlighting outcomes/successes.

If you have any questions about this application, please contact: Charity Field at 570.888.4759 or email: cfield@twintierscf.org

Electronic submission of the application is required. If other arrangements are needed, please contact: cfield@twintierscf.org