

Bijou Community Outreach Grant

FY 2020 Application

The Bijou Theatre Foundation serves to enhance the cultural development of Knoxville by providing all-inclusive access to the arts and creating a gathering place for all. In an effort to further this mission, the Bijou is donating the use of the theatre and staff to a Knox County non-profit for the presentation of an event or program. To qualify for this grant the event must offer free admission, be open to the general public, and take place on a mutually agreeable date subject to the availability of the theatre. The Bijou Theatre Foundation will select at least two organizations' events to be produced at the theatre: one during the period of January 1–June 30, 2020 and one during the period of July 1-December 31, 2020. Applicant non-profits may request only one grant. The costs associated with these events related to the use of theatre (rent, staffing, in-house production, etc.) will be covered by this grant. Other production costs (artist fees, hospitality, travel, advertising, etc.) if applicable, will remain the responsibility of the producing non-profit.

Deadline: November 15, 2019

Awards will be made the second week of December 2019

Applicant Information:

Organization Name:			
Mailing Address:			
City:	_ County:	State:	Zip:
Phone:		Website:	
EIN #:		Year Organization Founded: _	
Staff Contact Name:			
Phone:	_ Email: _		
Organization's Mission Stateme	ent:		

2018 Demog	grap	hics:												
1. Residence	of Cli	ents S	Serve	ed							Nu	mber		
	•	Cit	y of I	Knox	ville									
	•	Kn	ox Co	ounty	7									
	•	Re	giona	al & E	Beyon	d								
	•	то	TAL											
2. Information	n abo	ut yo	ur B	oard	of Dir	ectors	, Staff	& Clie	ents					
Distribution			M	ale	African American		Caucasian		Hispanic		Native American		Other	
Total	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Board														
Staff														
Clients														
Event Inforr	natio	on:												
1. Will your e general publi		offer	free	admi	ssion	and be	e oper	ı to th	e] Y	es [No
2. Which half be presented)20 w	ill yo	our ev	ent/		Jan.	– June	e, 202	0 [J	uly – D	ec., 2	020
3. List your to choices in ord	-				1									
CHOICES III OI (ici Ol	prei	CI CIII	LE.	2 3.									
					3. <u> </u>									

4. Has your organization presented this event before?

Yes

Event Information (continued): 5. If so, please provide the following from the past three presentations: Date: _____ Place: _____ Attendance #: _____ Date: _____ Place: _____ Attendance #: _____ Date: Place: Attendance #: 6. Please provide a brief description of the event you're applying for: 7. How will the use and financial support of the Bijou help strengthen your organization's Impact within our community?

8. The Bijou Theatre serves to enhance the cultural development of Knoxville by providing all-inclusive access to the arts and creating a sense of place. How does your event further access to the arts within our community?
9. Please give a brief description of how you plan to market this event to the general
public. Note that your event will be included on the Bijou's website, newsletter and social media; other advertising costs such as print, radio, or television (if needed) will remain the responsibility of the presenter.

Event Information (continued):

Event Information	(continued):							
10. Does your event require rehearsal time in addition to the $\hfill\Box$ Yes $\hfill\Box$ No performance day?								No
11. If so, will you be able to secure rehearsal space Yes No N/A outside of the Bijou Theatre?								
12. Please provide a tentative <i>Day of Event Schedule</i> for your presentation. Be sure to indicate description such as: venue access, crew call/load in, sound check/tech rehearsal, doors open, performance start, intermission, performance end, and load out.								
Start Time	End Time			Descr	iption			
Financials:								
1. Dates of Your Fisc	al Year:							
2. Total Operating Budget for Current Fiscal Year:								
3. As of the date of the			Committ	ted Fund	ds: _			
do you have commit	ted to the event? Un	nunaea?	Uncomm	nitted Fu	ınds: _			

Financials (continued):

4. Program Budget – please list expenses associated with the presentation you're applying for. Expenses covered by this grant are listed in the "Bijou" column.

Expe	enses	Bijou Theatre	Applicant
Advertising:			
Newsletter		\$150	
Social Media		\$250	
• Print		1-55	
Radio			
• Other			
Artist /Talent Fees			
Cleaning Fee		\$300	
Equipment Rental		7500	
Hospitality			
Hotels			
House Manager		\$350	
Insurance		\$385	
Performing Rights	Organization Fees	\$150	
Police Officer		\$185	
Rent		\$1,250	
Security		\$400	
Sound & Lighting S	ystem	\$1,000	
Sound Engineers		\$800	
Stagehands		\$300	
Technical Director		\$350	
Travel / Transport	ation		
Ushers		\$150	
Video Projector		\$650	
Miscellaneous 1:			
Miscellaneous 2:			
Miscellaneous 3:			
Miscellaneous 4:			
Miscellaneous 5:			
Miscellaneous 6:			
Miscellaneous 7:			
Miscellaneous 8:			
Miscellaneous 9:			
Miscellaneous 10:			
TO'	ΓAL	\$6,670.00	

Certification:

As the chief executive officer of this organization, I certify that the above information is true and complete to the best of my knowledge and belief; further I certify that this agency does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

I further agree that this event shall not discriminate against an employee or client on the grounds of race, creed, color, national origin, age, sex, marital status, veteran status, sexual orientation, gender-identity, or the presence of any disability. Nor shall the event promote hate or intolerance of any kind.

Executive Director:
Signature:
Printed Name:
Date:
Board President:
Signature:
Printed Name:
Date: