

EmPOWERED to Serve Business Accelerator™ - Faith Based

Name of Organization (Faith Site or Business Entity)

First and Last Name

Email

Phone Number

Office location (address)

I am applying as

- Organization

Are you applying with a new idea or are you applying with an established business model (program(s) you are already running)?

- Idea
- Established Organization

Membership Size:

0-10 Members

11-50 Members

51-200 Members

200 + Members

How many paid staff do you employ?

0-10

11-50

51-200

200 +

Organization Website- enter a valid website URL for example <http://www.google.com>

Please share your social media platform URL's and followers. (example <https://www.facebook.com/EmPoweredToServe/> 1000 followers)

- Facebook

- Twitter
- Instagram
- Linked In

How many people will participate on your team for the business training?

\_\_\_\_\_ (open ended)

What is the name of the program or project you are submitting to the accelerator? (If you have a large organization, choose one program that you would like to focus the training and grant dollars towards.)

Explain what your program does to impact the health of your community?

What cities or areas does your program/project impact?

How does your program/project currently help improve the health of the communities in which it reaches?

What makes you passionate about your submission and why are you personally committed to its success?

How does your background or journey relate to your work?

How do you know this is going to be successful?

Estimate the impact of your project using a combination of numbers and descriptors (ex: how many people it reaches, health impact data, amount of food rescued, etc.).

What's new or interesting about what you are doing?

What gap are you addressing?

Who else is doing something similar? Where and how are they missing the mark?

What do you understand about this project and community that other people don't get?

Does your organization have volunteer opportunities?

- Yes
- No

Please share the volunteer opportunities.

Video Submission

While a video is optional, it maybe influential in our decision-making.. Please consider submitting a video. Enter the URL of a one-minute, unlisted (not private) YouTube video introducing yourself and your team and a brief synopsis of your project

Have you worked in any capacity with the American Heart Association (AHA) and/or received prior funding from the AHA? If so, please describe

Does your concept/submission have a patent?

- Yes
- No

Is your patent currently being challenged or are you in current litigation with other organizations or entities?

- Yes
- No

Request for Award Terms and Conditions Please click on this hyperlink to find our Terms and Conditions. Then indicate below that you have read, reviewed and accepted the Request for Award Terms and Conditions. By checking the box you are agreeing to be bound to the terms and conditions of this grant award if selected by AHA.

- Yes
- No

Gender

- Female
- Male
- Transgender Female
- Transgender Male
- Non- Binary
- Other
- Prefer not to answer

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White
- Other
- Prefer Not to Answer

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

Would you like to be informed when other EmPOWERED to Serve opportunities are available through the e-newsletter?

- Yes

- No

How did you hear about applying to the EmPOWERED to Serve Business Accelerator?

- Website
- Social Media
- AHA Website
- AHA staff (blank box)
- Other Website
- Friends or Family
- Other