This PDF application should be used to help you gather your application responses. All applications must be filled online through the application link provided on the website.

1. First and Last Name

2. Email

3. Phone Number

4. I am applying as
   o Individual
   o Organization

5. Are you applying with an idea or are you applying as an established organization?
   o Idea
   o Established Organization

6. What is the name of your organization/business?

7. 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. If you are applying your organization/business and not a specific program, just repeat your business name.)

8. What do you or your organization do?

9. Does your organization serve a community/ies in Minnesota?
○ Yes
○ No

10. What cities does your program/project impact?

11. Do you operate in other states/cities?

12. What is your business model?

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

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

15. How does your background or journey relate to your work?

16. How do you know this is going to be successful?

17. 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.).

18. What’s new or interesting about what you are doing?

19. What gap are you addressing?

20. What organizations are doing something similar? What new angle or extra support are you bringing to the issue?

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

22. If you were to receive the grant funding, what would you use it for?

23. Company Website - enter a valid website URL for example http://www.google.com
24. Please share your social media platform URL's/handles and followers. (example https://www.facebook.com/EmPoweredToServe/ 1000 followers)

Facebook
Twitter
Instagram
LinkedIn

25. What is the size of your organization?
   o 0-10 Employees
   o 11-50 Employees
   o 51-200 Employees
   o 200 + Employees

26. Does your organization have volunteer opportunities?
   o Yes
   o No

27. Please share the volunteer opportunities.

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

29. Does your concept/submission have a patent?
   o Yes
   o No

30. Is your patent currently being challenged or are you in current litigation with other organizations or entities?
   o Yes
   o No

31. Gender
   o Female
   o Male
   o Transgender Female
   o Transgender Male
   o Non-Binary
   o Other
   o Prefer not to answer
32. Race
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White
- Other
- Prefer Not to Answer

33. Ethnicity
- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

34. Would you like to be informed when other EmPOWERED to Serve opportunities are available through the e-newsletter?
- Yes
- No

35. 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
- Colleague/professional network
- Other

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

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.