



EVELYN J. FRAZIER LEGACY FOUNDATION, INC.

\$5,000, NON-REPAYABLE GRANT APPLICATION 2021

CONTACT INFORMATION: (AS IT APPEARS ON YOUR AMSC APPLICATION)

NAME _____

ADDRESS _____

CITY _____, ZIP CODE _____

PRIMARY TELEPHONE NUMBER (____) (____) - (____)

BUSINESS INFORMATION:

BUSINESS NAME _____

ADDRESS _____

CITY _____, ZIP CODE _____

(Above is the physical address of intended __ or __ existing home-based business. Check one)

WEBSITE _____

EMAIL ADDRESS _____

BUSINESS START DATE _____ NUMBER OF EMPLOYEES _____

(ATTACH A COPY OF THE BUSINESS LICENSE IF THE BUSINESS CURRENTLY EXIST)

IF A NEW BUSINESS ENTER THE PROJECTED DATE OF STARTING? _____

EIN NUMBER _____ DUNS NUMBER _____

BUSINESS NAME AND ADDRESS VERIFICATION:

(Attach a copy of the top section of your business bank statement showing the business name and address on the account.) DO NOT INCLUDE ANY FINANCIAL RECORDS.

* GRANT FUNDS AWARDED FROM THE FOUNDATION WILL BE WRITTEN TO THIS ACCOUNT

ARE YOU THE SOLE OWNER OF THIS BUSINESS? YES ___ NO ___ IF NOT, LIST THE NAME(S), ADDRESS (ES), TELEPHONE NUMBER(S) AND EMAIL ADDRESS(ES) OF THE OTHER OWNER(S)

EVELYN J. FRAZIER LEGACY FOUNDATION, INC APPLICATION (PG 2)

WHAT IS YOUR PERCENTAGE OF OWNERSHIP AND TITLE? _____

WHAT ARE YOUR RESPONSIBILITIES? _____

*IN REVIEWING THIS REQUEST, THE FOUNDATION MAY CONTACT ANY ADDITIONAL OWNER(S) OF THIS BUSINESS TO CONFIRM THEIR KNOWLEDGE OF THIS GRANT REQUEST.

BUSINESS PURPOSE:

WHAT IS THE PURPOSE OF THIS BUSINESS? Please attach an additional sheet for your answer with the heading "PURPOSE OF THIS BUSINESS."

(Attach a copy of your business plan. If you do not have a business plan, please check (___) no plan.)

IS THIS BUSINESS INTENDED ___ (FOR PROFIT) OR ___ (NOT FOR PROFIT) PLEASE CHECK ONLY ONE

HOW ARE SERVICES/PRODUCTS CURRENTLY DELIVERED? USE THE SPACE PROVIDED TO ANSWER THIS QUESTION.

WAS THE BUSINESS IMPACTED BY THE PANDEMIC? IF YES, HOW WAS THE BUSINESS IMPACTED? USE THE SPACE PROVIDED TO ANSWER THIS QUESTION

EVELYN J FRAZIER LEGACY FOUNDATION, INC APPLICATION (PG 3)

HOW HAS THE BUSINESS CONCEPT CHANGED BECAUSE OF THE PANDEMIC? USE THE SPACE PROVIDED TO ANSWER THIS QUESTION. IF THERE WAS NO CHANGE IN THE BUSINESS CONCEPT INDICATE THIS IN THE SPACE BELOW.

WHAT POPULATION IS MOST IMPACTED BY THIS BUSINESS? (Example/mothers, heads of households, children, females, males)?

IN WHAT WAYS DO YOU BELIEVE THIS BUSINESS IS CRITICAL TO THE NEIGHBORHOOD? USE THE SPACE PROVIDED TO ANSWER THIS QUESTION

PLANS TO USE GRANT FUNDS:

HOW DO YOU PLAN TO USE THE GRANT FUNDS TO PROMOTE OR IMPROVE THIS BUSINESS?

INCLUDE DATES, DEADLINES AND ACTIVITIES IN YOUR ANSWER. USE THE SPACE PROVIDED TO ANSWER THIS QUESTION.

PLANS FOR GIVING BACK AND INVOLVEMENT WITH AMSC:

HOW DO YOU PLAN TO GIVE BACK OR “PAY FORWARD” TO OTHERS, PARTICULARLY WOMEN HEAD OF HOUSEHOLDS AS REQUIRED OF RECIPIENTS FOR THE GRANT FUNDS? INCLUDE DATES, DEADLINES AND ACTIVITIES IN YOUR ANSWER. USE THE SPACE PROVIDED TO ANSWER THIS QUESTION.

AS AN ALUMNA OF AMSC AND A FUTURE AWARDEE OF THE EVELYN J. FRAZIER FOUNDATION SCHOLARSHIP, HOW DO YOU PLAN TO GIVE BACK OR “PAY IT FORWARD” TO OTHERS AS REQUIRED OF RECIPIENTS? WILL YOU BE AVAILABLE AS A MENTOR OR EVENT SPEAKER? LIST ACTIVITIES WHERE YOU CAN BE HELPFUL TO OTHERS IN YOUR COMMUNITY. (15 POINTS)

APPLICATION COMPLETED BY _____ TITLE / DATE _____

All recipients agree to provide a follow up report outlining the outcome of their project success to AMSC by the anniversary date of receiving any grant funds. Recipients may from time to time be asked to participate in other award activities sponsored by the foundation or AMSC.