2023 EmPOWERED to Serve Business Accelerator™

National Application

First and Last Name

Email

Phone Number

I am applying as

- ○ Individual
- For- Profit Company
- ◉ Organization/Non-Profit

What is the name of your organization/business?

Are you applying with an idea or are you applying as an established organization?

- ○ Idea
- ○ Established Organization

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.)

What do you or your organization do?

Does your organization serve communities in the United States? Yes/No

What cities/states does your program/project impact?

Where is your headquarters or main office located?

_____ (city and state)

What is your business model?

_____

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?

What makes you believe you will 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 health gap/disparity are you addressing?

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

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

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

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.

[____]

Company 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

[____]

LinkedIn

[____]

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

Does your organization have volunteer opportunities?
- ○ Yes
- ○ No

Please share the volunteer opportunities.

[____]

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
Indicate 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