

AutoZone Greater Memphis Area Grant Application

Welcome to the FY22 AutoZone Greater Memphis Area Grant Application! Thank you for your interest in partnering with AutoZone. AutoZone is proud to support nonprofit organizations as our key company value is, "An AutoZoner Always... Cares About People." With the help of organizations like yours, we are able to target our key charitable giving priorities which include: Health & Wellness, Education & Youth Development, Economic & Community Development, Diversity & Inclusion and the Arts. The purpose of this application is to understand and document your organization's purpose, projects, efforts and needs. AutoZone will use this information to strategically identify the status of your request in relation to our charitable priorities. If you have any questions, please contact Jill Coleraine Maness and Stacey Bowers at Community.Relations@AutoZone.com.

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ORGANIZATION INFORMATION

Other name or acronym organization operates under, if applicable:

State of Incorporation: *

Select one

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District Of Columbia
- Federated States Of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico

- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Is the mailing address different? *

Select one

- Yes
- No

Year Founded/ 501(c)3 established: *

Phone: *

Website:

Contact Information

Are you the primary contact for the organization? *

Select one

- Yes
- No

Secondary Contact Information

Prefix:

First Name:

Last Name:

Position Title (CEO, Executive Director, etc.):

Phone:

Email

ABOUT ORGANIZATION

Has AutoZone or AutoZoners been involved with your organization in the past? *

Select one

Yes

No

What is your organization's annual operating budget? *

What is the mission of your organization? (800 character limit) *

What are your organization's top three (3) priorities? *

DEMOGRAPHIC INFORMATION

For this section below:

"Participant" refers to the estimated total number of individuals directly benefiting from your operations and program.

Important: Please note the percentage of total for your most recently completed fiscal year. If you do not track this information, please provide an estimate.

Enter zero (0) where N/A

Total Participants Served: *

Participants Under Age 18: *

Participants Who are White: *

Participants Who are Asian: *

Participants Of College Age (18 - 26): *

Participants Who are Black/African American: *

Participants Who are of Other Heritage: *

Participants Of Adult Age (26 and Older): *

Participants Who are Hispanic/Latinx: *

Participants Living in Poverty: *

GRANT INFORMATION

If you have multiple requests, please complete a separate application for each request. A maximum of two (2) requests will be accepted.

Project Title: *

Cash amount requested *

Total Budget for Project:

Project Description (800 character limit): *

If you receive this funding, how will it be used? (800 character limit) *

Is the program/project you are applying for at capacity? (800 character limit) *

How will this program be evaluated? Please include measurable short-term and/or long-term outcomes and how results will be measured. (800 character limit) *

Have you discussed this project with AutoZone Community Relations? *

Select one

- Yes
- No

Select the PRIMARY area your proposal will address: *

Select one

- Health and Wellness
- Education/Youth Development
- Community Development
- Diversity and Inclusion (includes military support)
- Arts and Culture (Capital campaign gifts only)

Project Start Date (if applicable):

Project End Date (if applicable):

AutoZone puts a strong focus on supporting programs as opposed to events.

Select the category that BEST describes the reason for this grant request: *

Select one

- Building Capacity
- General Operating
- Project
- Program
- Other

Please list other sources of funding for this project, confirmed and pending (400 character limit): *

Please list other project/program partners or collaborators (not including funding, but support): (400 character limit) *

What possible benefits will AutoZone or AutoZoners receive from your organization as a result of this grant (e.g., free admission, volunteer opportunities, special presentation, etc.): (800 character limit) *

How will you recognize AutoZone's involvement with your organization (e.g., program ad, naming rights, included in a list of supporters, etc.)? (800 character limit) *

DOCUMENTATION UPLOADS

Please include any attachments we might need to make decisions.

Required: Please attach your most up to date W-9 form: *

File upload (optional)

File upload (optional)

All fields denoted with a Red Astericks are required fields and must be populated for a succesful submission to occur.

If you press submit and do not get a succesful submission notification, please scroll to the top of the form. There will be an outline of the fields that were missed that needs to be populated. Along with this outline, all fields that were missed will be outlined in red.