

FY21 AutoZone Greater Memphis Area Grant Application

Start of Block: Default Question Block

Q43 Welcome to the FY21 AutoZone Greater Memphis Area Grant Application!

Thank you for your interest in partnering with AutoZone.

AutoZone is proud to support non-profit 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 and Wellness, Education/Youth Development, Economic/Community Development, Human Services and Diversity 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 at Community.Relations@AutoZone.com.

This application will take about 15-30 minutes to complete. Once started, you will not be able to save and complete later, so please make sure you have time to finish in its entirety before you begin. Thank you for your time. Please click the arrow button to continue.

Page Break

Q59 Is your organization/project applying for located in Shelby County, Tennessee?

Yes (5)

No (6)

*Skip To: End of Survey If Is your organization/project applying for located in Shelby County, Tennessee?
= No*

Q1 Organizational Information

Q2 Legal Name of Organization

Q3 Other Name or Acronym Organization Operates Under (if applicable)

Q4 501(c)(3) Number

Q45 Year founded/501(c)(3) established

Q5 State of Incorporation (for legal document)

Q6 Mailing Address, City, State and Zip Code

Q10 Organization's Phone Number

Q11 Organization's Website

Page Break

Q12 Primary Contact Information

Q13 Prefix

▼ Mr. (1) ... Other (11)

Q14 First and Last Name

Q15 Position Title (CEO, Executive Director, etc.)

Q16 Primary Contact Phone Number

Q17 Primary Contact Email Address

Page Break

Q18 Secondary Contact Information

Q19 Prefix

▼ Mr. (1) ... Other (11)

Q44 First and Last Name

Q20 Position Title (CEO, Executive Director, etc.)

Q21 Secondary Contact Phone Number

Q22 Secondary Contact Email Address

Page Break

Q23 About Organization

Q24 Has AutoZone or AutoZoners been involved with your organization in the past?

- Yes (1)
 - No (2)
-

Display This Question:

If Has AutoZone or AutoZoners been involved with your organization in the past? = Yes

Q26 What type of support did you receive? (check all that apply)

- Financial (1)
 - Volunteer (2)
 - Board or Committee Members (If so, who?) (3)
-

Display This Question:

If What type of support did you receive? (check all that apply) = Financial

Q47 Past Financial Involvement (check all that apply and submit the amount in the editable box)

- FY20 (1) _____
 - FY19 (2) _____
 - FY18 (3) _____
 - FY17 (4) _____
 - FY16 (5) _____
-



Q27 What is the mission of your organization? (800 character limit)



Q28 **What is the target demographic and/or community that you serve?**

Please include the following information:

- *Number of Participants*
 - *Participant Demographics*
- (800 character limit)*

Q29 What are your organization's top three (3) priorities?

Q30 What is your organization's annual operating budget?

Page Break

Q32 Grant Information

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

Q34 Project Title

Q33 Amount Requested

Q37 Total Budget for Project



Q49 Project Description (800 character limit)

Q50 If you received this funding, how would it be used? (800 character limit)



Q56 Is the program/project you are applying for at capacity? (800 character limit)



Q58 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)

Q53 Have you discussed this project with AutoZone Community Relations?

Yes (23)

No (24)

Q35 Start Date *(if applicable)*

Q36 End Date *(if applicable)*

Q38 Check the PRIMARY area your proposal will address.

- Health and Wellness (1)
- Education/Youth Development (2)
- Community Development (3)
- Diversity and Inclusion (includes military support) (5)
- Arts and Culture (Capital campaign gifts only. Please refer to ArtsZone grants for annual funding.) (6)

Q39

Select the category that BEST describes the reason for this grant request.

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

- Building Capacity (3)
 - General Operating (5)
 - Project (6)
 - Program (7)
 - Other (8) _____
-

Q48 Please list other sources of funding for this project, confirmed and pending. (400 character limit)



Q57 Please list other project/program partners or collaborators (not including funding, but support). (400 character limit)



Q41 Please explain how AutoZone, AutoZoners and/or customers may become more engaged with or benefit from your organization because of this grant (e.g., free admission, volunteer opportunities, special presentation, etc.). (800 character limit)



Q42 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)

Page Break

Q51 Please include any attachments we might need to make decisions.

Q54 Please attached your most up to date w9 form.

Q52 **WARNING:** By clicking next, you will be ending the application.

DO NOT CLICK NEXT IF YOU HAVE NOT COMPLETED THE APPLICATION.

End of Block: Default Question Block
