

EVELYN J. FRAZIER LEGACY FOUNDATION, INC .GRANT APPLICATION INFORMATION SHEET

The Evelyn J Frazier Legacy Foundation, Inc. was founded in October 2018 for the purpose of assisting women with establishing and maintaining profitable businesses in the Metro Atlanta area in particular within the city limits of Atlanta and Fulton County. It is also a goal of the foundation to provide information, exhibitions and group sessions highlighting contributions made by women including Evelyn Jones Frazier and other women of color to the growth and development of local Atlanta civil rights history. Evelyn J. Frazier's book "THE SILENT WARRIOR: AN AUTOBIOGRAPHY BY EVELYN J. FRAZIER AS TOLD TO PENNYE G. HICKS" will be used as one of the primary sources to facilitate this goal.

Evelyn Jones Frazier was a respected civic leader and business woman, who gave soul and body to her race, community and party (Republican) as quoted by Ms. Portia Scott of the former Atlanta Daily World Newspaper. Prior to her death in 2008 Evelyn Jones Frazier embarked on a journey for change not only for her life, but for the lives of others in the community where she lived and worked.

It was one of Evelyn Jones Frazier's last wish to help women (in particular, women of color) become and remain a force to be reckoned with in the business arena within the Metro Atlanta area.

The Evelyn J. Frazier Legacy Foundation , Inc is announcing an opportunity for women in business to apply for grants ranging from \$500.00 to \$2,500.00 which would assist them in operating their current business. This is a non-repayable cash grant opportunity which does require the recipient to pay forward some good deed(s) by assisting another or other individuals with their life challenges.

The application deadline is **Friday, October 18, 2019 at 12:00 am midnight** and all applications must be postmarked by this deadline. **NO EMAIL APPLICATIONS WILL BE ACCEPTED.**

The grant request package should be mailed to: **PENNYE CHAVIS TURNER, PO BOX 42716, ATLANTA, GA 30311. PLEASE NOTE "Attention/ EJFLF RELATED" IN THE LOWER LEFT CORNER OF YOUR ENVELOPE.**

Each application will be reviewed and scored on a rating scale with the possible highest score being 100%.

Please make every effort to complete the three page application in detail to receive the highest possible score.

Recipients of the grants will be contacted by **November 29, 2019** through use of the US Postal service and electronic email at which time a location of the award ceremony and other related details will be included.

Thank you for your interest in this opportunity.

Penny G. Chavis Turner

President/ CEO

Evelyn J. Frazier Legacy Foundation, Inc.

Contact information: 404-9095523

EVELYN J. FRAZIER LEGACY FOUNDATION, INC GRANT APPLICATION

CONTACT INFORMATION:

NAME _____

ADDRESS _____

(Physical location of business) including street, city, state, zip code and county

MAILING ADDRESS IF DIFFERENT THAN ADDRESS ABOVE

PRIMARY TELEPHONE NUMBER (_ _) (_ _) - (_ _ _)

BUSINESS INFORMATION:

BUSINESS NAME _____

WEBSITE _____

EMAIL ADDRESS _____

START OF BUSINESS DATE _____

(Attach a copy of the business license)

(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? IF NOT, LIST THE NAME(S), ADDRESS (ES), TELEPHONE NUMBER(S) AND EMAIL ADDRESS(ES) OF THE OTHER OWNER(S)

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

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.)

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

IS THIS BUSINESS ____ (FOR PROFIT) OR ____ (NOT FOR PROFIT)

HOW ARE SERVICES DELIVERED? USE THE SPACE PROVIDED TO ANSWER THE QUESTION.

WHAT POPULATION IS MOST IMPACTED BY THIS BUSINESS? (Example/adults, children, females)

IN WHAT COMMUNITY ACTIVITIES, CLUBS OR ORGANIZATIONS DO YOU PARTICIPATE?

DO YOU HOLD AN OFFICE IN ANY OF THE ABOVE? IF SO PLEASE LIST WHICH ONE(S) AND WHAT OFFICE.

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

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

INCLUDE DATES, DEADLINES AND ACTIVITIES IN YOUR ANSWER.

HOW MUCH SUPPORT ARE YOU REQUESTING? \$_____

HOW DO YOU PLAN TO GIVE BACK OR “PAY FORWARD” TO OTHERS AS REQUIRED OF RECIPIENTS FOR THE GRANT FUNDS? INCLUDE DATES, DEADLINES AND ACTIVITIES IN YOUR ANSWER.

APPLICATION COMPLETED BY _____ TITLE / DATE_____

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