



2020 Healthier Neighbors Mini Grant Application  
***Complete if you are applying as:  
Business Start-up or Business Restructure***

**Business Name:** \_\_\_\_\_

**Name of Business Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact number to receive grant notifications:** \_\_\_\_\_

**Email to receive grant notifications:** \_\_\_\_\_

*A total of **up to 25 points** can be awarded to a mini-grant application. The application sections shows the possible points per application area.*

**Business Overview – 300 words or less (10 points)**

1. Describe the new business you are proposing or current business needing restructuring due to COVID-19 (include a timeline)
2. What evidence or proof do you have that this business is needed or wanted in the community?
3. Why are you the best person to implement this business?

**Outcomes – 200 words or less (5 pts)**

1. How will you know your business is successful?
2. What resources (*money, time, people-power, supplies, etc.*) are needed to ensure your business is a success? Include a budget.
3. How have you prepared yourself to start a new business (classes, certifications, mentorship, internship, research, etc.)?

**Community Impact – 200 words or less (5 pts)**

1. How can/will your business help the community?
2. What area or population of the community will benefit from your business (*e.g., a particular block, neighborhood, complex, congregation, etc.*)?
3. How many residents can benefit from your business?

**Priority Population – 100 words or less (5 pts)**

1. Explain how your business prioritizes racial equity and/or underserved populations (*e.g., youth, African Americans, seniors, residents where English is not the primary language, etc.*)

**THIS DOCUMENT MUST BE COMPLETED AND INCLUDED AS THE FIRST PAGE OF THE APPLICATION**

**A PALM HEALTH FOUNDATION PARTNERSHIP**