ROYAL NEIGHBORS FOUNDATION
Know Your Worth®

Know Your Worth® Grant Application

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
Note: Required fields are marked with an asterisk (*).

Application process opens September 1
Application postmark deadline November 30

Strong applications include the following:

- Clear description of the nominee's desire to start or improve a business
- Clear description of the business plan, including the mission and goals
- How the nominee, through the business, contributes to the community
- Detailed plan for how the $10,000 award will be spent
- Expected outcomes from this Know Your Worth grant. Examples include: the number of people impacted, number of additional staff that will be hired, equipment that will be purchased, facility that will be built or rented, specific improvements/expansion of program, etc.

Questions 1-4 should be answered by the nominee. Questions 5-8 may be answered by the nominator and/or the nominee.

Women selected for this award will be asked to sign an agreement that specifies how the grant will be used to support their business endeavor.

NOMINEE INFORMATION

Nominee's Name* _____ **Self-Nomination?*** ☐ **Yes** ☐ **No**

Is the nominee 18 years of age or older?* ☐ **Yes** ☐ **No**

Nominee's Address* _____ **Nominee's City*** _____

Nominee's State* _____ **Nominee's Postal/ZIP Code** _____

Nominee's Email Address (If known) _____ **Nominee's Phone* (** _____ **)** _____

NOMINATION DETAILS

1. How will the $10,000 grant be used?* This award is meant to support the nominee's efforts to improve or begin her business venture. More details on how the dollars will be used make a stronger nomination. (Attach a separate page, if necessary. Word count: 250 min./1,000 max.)

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2. What financial efforts have been made to accomplish the business goals? (Examples include financial institution loans, private financial support, grants, etc.)* (Attach a separate page, if necessary.)

3. Provide a business plan outline. (Attach a separate page, if necessary.)

4. Provide a cost analysis-competitive scan. (Attach a separate page, if necessary.)

5. What are the nominee's areas of expertise? (Attach a separate page, if necessary.)

6. Describe the passion the nominee has for her business venture.* (Attach a separate page, if necessary. Word count: 250 min./1,000 max.)

7. Describe the nominee's strengths related to this award and history of community service.* (Attach a separate page, if necessary. Word count: 250 min./1,000 max.)

8. Describe how nominee will support future winners by passing on lessons learned in the new business venture.* (Attach a separate page, if necessary.)

NOMINATOR INFORMATION (If not self-nomination)

Nominator's Name _____

What will you do to help promote this award if your nominee is selected? How will you help promote this award through Facebook, Twitter, local media contacts, prospective customers (if you are an agent), and other media and community channels?

_____

_____

Nominator's Address _____ **Nominator's City** _____

Nominator's State* _____ **Nominator's Postal/ZIP Code** _____

Nominator's Email Address _____ **Nominator's Phone** (Please use best number for us to reach you.) **(** _____ **)** _____

How do you know the nominee?

_____

_____

Electronic Signature

NOTE: By signing below, I give permission to the Royal Neighbors Foundation to use this entry along with my name, hometown, likeness, photograph, and statements in whatever manner, form, or medium the Royal Neighbors Foundation chooses as part of the Know Your Worth® Program. Nominee must be willing to undergo an information verification process.

The Royal Neighbors Foundation and its judges have the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of the Royal Neighbors Foundation.

The Royal Neighbors Foundation reserves the right to review the conditions and procedures of this program; to make changes at any time, including termination of the program; and to determine whether the grant will be awarded.

I acknowledge decisions are final. I certify the nominee meets eligibility requirements of the program as described in the guidelines and information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any award granted. The Royal Neighbors Foundation also reserves the opportunity to review and validate the information provided.

*By typing in your name and the date, you agree that Royal Neighbors may use this as your electronic signature and acknowledgement.

Nominee Signature* _____ Date _____

Nominator Signature* _____ Date _____

Submit all signed materials by mail to: The Royal Neighbors Foundation, 230 16th St., Rock Island, IL, or to foundation@royalneighbors.org.