

Purpose:

Increase access and affordability of exercise and wellness programs for people with Parkinson's disease. Successful applicants will be able to demonstrate a viable wellness program that provides a valuable benefit to members of the Parkinson's community.

Application & notification process:

Organizations or individuals interested in submitting an application may apply for a grant of up to \$2000 per six month cycle. Funds may support existing or new programs. *Typical grant amount is \$500-2000*

Grant deadlines: Dec 31st and June 30th

All applications must be completed in full and include a detailed budget and clear objectives. An incomplete application will not be reviewed. Grants will be reviewed by the APDA Programs Committee and grantees will be notified of their status within 4-6 weeks of application deadline.

Allowable Costs:

- Instructor fees
- Participant scholarships (not to exceed \$100/person)
- Facility costs (rent)

Prohibited costs:

- Cost of instructor training programs or licensing fees.
- Purchase or rental of equipment.
- Administrative fees, such as advertising, printing, postage, depreciation and other overhead expenses.
- Salary costs for staff who are already employed full time by their organization.

Grantee Requirements:

- Provide proof of adequate liability insurance to APDA Northwest.
- Track class attendance using the APDA attendance form and submit it to APDA monthly.
- Recognize APDA Northwest as a program sponsor on all print and online program marketing materials and communications.
- Display APDA Northwest materials (provided) at class location.
- Submit a program summary report (provided) to APDA Northwest.
- Use the time allotted for the program only for the specified activity, all other announcements or discussions should take place outside of designated class time.
- Must provide services within APDA Northwest's territory of Washington, Oregon, Idaho, Montana or Alaska.

GRANT APPLICATION

Date _____

ORGANIZATION INFORMATION

Organization Name _____

Tax ID# _____

Tax Status _____

Contact Person _____

Mailing Address _____

Phone

Number _____ Email _____

Website _____

Check should be made out to: _____

CLASS SUMMARY

Title of Exercise and/or Wellness Class to be funded: _____

Location: _____

Is the class new or existing? _____

How many times does this class meet per week? _____

How many people with Parkinson's attend this class? _____ If class is new, estimate attendees based on committed attendance figures.

CLASS INFORMATION/NARRATIVE (can be submitted on a separate page)

Please describe the class objectives and how it will benefit the Parkinson's disease community:

Faculty involved (name, credentials, experience, please attach resume/CV if available):

Is this program/project a new one or existing one? _____

If existing please describe your current program funding structure. Please include average number of participants & participant fees currently charged: _____

Will there be/are there other financial supporters of the program?

How do you intend to recognize APDA Northwest for its sponsorship?

How will the program/project be sustained once the funding cycle is complete?

FINANCIAL INFORMATION

Funds requested: _____

Total amount needed for program: _____

Please list/attach a detailed budget for program. (See allowable and prohibited costs):

Please specifically address:

- Average cost per participant per session
- If requesting funds for scholarships, please explain how you will determine who will receive those funds.
- What proportion of your total funding will come from APDA Northwest Grant.

I agree that I am authorized to submit this application on behalf of the requesting organization. I certify that all information and responses on this application are complete, accurate, and truthful.

Print name of applicant

Signature of applicant

Date

NORTHWEST CHAPTER

150 Nickerson Street, Suite 100, Seattle WA 98109 | 206-695-2905 | www.apdaparkinson.org/Northwest