

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:

- Recognize APDA Northwest as a program sponsor on all print and on-line program marketing materials and communications.
- Track class attendance using the APDA attendance forms and APDA sign in sheets.
- Display APDA Northwest materials (provided) at class location.
- Submit a program progress report (provided) to APDA Northwest.
- Use the time allotted for the program only for the specified activity.
- 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

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