American Parkinson Disease Association Northwest Chapter

150 Nickerson Street, Suite 100, Seattle WA 98109 206-695-2905 / fax 206-455-8980 / info@APDAnorthwest.org



GRANT APPLICATION

| Date |
|---|
| ORGANIZATION INFORMATION |
| |
| Organization Name |
| Tax ID# |
| Tax Status |
| Contact Person |
| Mailing Address |
| Phone Number |
| Fax |
| Email |
| How many other grants has your organization submitted to the APDA NW in the past 12 months? |
| How many of these applications were granted funding? |
| Total dollar amount granted in past 12 months by APDA NW? |
| What proportion of your annual grant funding comes from/is expected to come from the APDA NW? |
| PROGRAM INFORMATION |
| Describe event (ex: exercise class, educational program): |
| |
| |
| Program /Class Title: |
| Start Date: |
| End Date: |
| Number of Attendees (can be anticipated, if yet to occur): |

| Intended audience: | | | |
|---|--|--|--|
| | | | |
| Program Objectives: | | | |
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| | | | |
| | | | |
| How will this program serve the Parkinson disease community? | | | |
| | | | |
| | | | |
| | | | |
| Faculty involved (name, credentials, experience, please attach resume/CV if available): | | | |
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| | | | |
| | | | |
| Location: | | | |
| Will there be other financial supporters of the program? | | | |
| | | | |
| | | | |
| Will the Washington APDA be credited with sponsoring the event? If so, how? | | | |
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FINANCIAL INFORMATION

| Organization Name: | | | |
|--|------------------|------|--|
| Make check payable to: | | | |
| Mailing address: | | | |
| | | | |
| Funds requested: | | | |
| Total amount needed for program: | | | |
| Please list/attach detailed budget for program: | | | |
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| | | | |
| | | | |
| REQUIRED: Please enclose proof of General Liability and Professional Liability Insurance. | | | |
| | | | |
| 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 | |
| ADDA Internal Lieu Approval / Denial | of Grant Poquest | | |
| APDA Internal Use: Approval / Denial Signature | • | | |
| Amount | | | |