APDA MA PROGRAM GRANT APPLICATION

Applications are **ONLY** accepted 3x/year and are due by one of the following times:

**January 2, 2018**

**April 30, 2018**

**August 31, 2018**

All program questions should be directed to: (800) 651-8466 or email apdama@apdaparkinson.org.

The Opportunity:

The American Parkinson Disease Association Massachusetts Chapter’s Grant Program supports both individuals’ and organizations’ Wellness programs, Support Groups and Educational initiatives within Massachusetts. The program’s goal is to reach as many individuals from the PD community as possible throughout the state with quality programming. While we focus on the above-mentioned initiatives, the APDA reserves the right to consider programs outside of their focus.

Grant approval is subject to funds available.

APDA MA’s Supporting Role with Your Program:

By accepting a grant, you are also accepting the APDA MA chapter as a **program supporter**. In addition to the financial contribution, as a supporter the APDA incurs additional costs relative to your program including administrative costs as well as program insurance costs required for all APDA programs and activities. (Please note, this insurance does NOT substitute for your program insurance.) In addition, as a program supporter the APDA MA chapter will:

* make necessary connections and actively promote the program through all appropriate means, but you are ultimately responsible for its overall promotion
* share relevant past program learnings to help your program achieve its maximum level of success

Program Requirements:

The APDA MA chapter **requires**:

* ***VISIBILITY:*** Recognition of the APDA MA Chapter as your **program supporter** in **ALL** media (online, print, tv radio) and that you publish the link to our website: [www.apdama.org](http://www.apdama.org). Please refer to our “*APDA MA Communication Guidelines for Program Grant Recipients*” document for further details.
* ***EVALUATION:*** Within 30 days of the program conclusion you will provide the APDA MA chapter:
	+ a list of all participants with contact information – email, address, telephone.
	+ a post program summary evaluation measured against your pre-program success criteria
		- The report should outline how the program went, how the funds were allocated, and the impact the program had on the Parkinson’s community.
	+ copies of your program participant evaluations
	+ copies of any media that the event received

Please note, your compliance with the above requirements will impact consideration given on any subsequent grant requests. For initial and subsequent grant requests, the APDA also expects to see efforts by the requester to eventually be partial or self-sustainable.

Timing:

***Please plan accordingly:***

* Grant requests are ONLY accepted the following three times a year.

**January 2, 2018**

**April 30, 2018**

**August 31, 2018**

* Funds are **NOT RETROACTIVE** and only cover services **AFTER** the date on your letter of acceptance.
* The APDA MA chapter will evaluate and get back to you with a decision in approximately 30 days.
* Once approved it will take an additional 3-4 weeks until you will receive the funding. During this time, please make sure you send back a signed copy of the program’s MOU (Memorandum of Understanding). No checks will be disbursed without prior receipt of the signed MOU.

To apply for a grant, please submit the fully completed form to the APDA MA Chapter via fax, email or mail at:

APDA MA Chapter

72 East Concord Street, C3

Boston, MA 02118

Fax: (617)-638-5354

 apdama@apdaparkinson.org

For questions, please call (800) 651-8466 or email apdama@apdaparkinson.org.

**Background Information**

[**The American Parkinson Disease Association (APDA)**](https://www.apdaparkinson.org/about-apda/) is the largest grassroots network dedicated to fighting Parkinson’s disease (PD) and works tirelessly to assist the more than 1 million Americans with PD live life to the fullest in the face of this chronic, neurological disorder. Founded in 1961, APDA has raised and invested more than $170 million to provide outstanding patient services and educational programs, elevate public awareness about the disease, and support research designed to unlock the mysteries of PD and ultimately put an end to this disease.

**American Parkinson Disease Association MA Chapter Program Grant Request Form**

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. If you have applied before, do not assume the review panel “knows” your program. Each application MUST be completed thoroughly as if this is your first application. Also make sure you DIRECTLY answer the questions. An incomplete form will delay review of your request.**

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| --- |
| **Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** |
| **Organization / Individual Name:**   |
| **Website Address:**  |
| **Grant Request Contact:**   **Phone:**  |
| **Position / Title:** **Email:**   |
| **Street Address:**   |
| **City:**  **State:**   **Zip:**   |
| **Fax:**   |
| **Organization Social Media Accounts: Twitter:**   **Instagram:**   |
|  **Other:**   |
| **IRS Federal Tax Exempt ID #:**   |
|  |
| **Mission/Purpose of Organization**:  |
| **Program Name:**  |
| **Brief Description of the Program:** |

**Program Information**

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| **Program Dates: *(If your program is multiple sessions for 2018, please include ALL dates and apply in one application.)***    |
| **Program Location:**   |
| **Frequency of Program/Event: *(once, monthly, yearly):***  |
| **Expected number of: Participants:** **Instructors**: **Assistants:**  |
| **How will this program benefit the Parkinson community?** |
| **Who is/are the instructor(s) and what, if any relevant certifications, qualifications do they bring to the program?** |

**Budget/Funding Information**

Please be aware that only **DIRECT PROGRAM**costs will be considered for a grant.  Direct costs can include items such as instructor fees & room rentals but does not include mileage, pre-class training, etc…

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| **Amount of funding requested (an amount MUST be specified) :**  |
| **Have you requested funds from APDA MA before?** |
|  *If yes, please provide the amount, date and name of the program(s)/event(s) for which you  previously received funding – ALL past grants must be noted.* |
| **Will there be a fee for attendees?** **How much?** |
| **Are you requesting funds from any other source? If yes, please identify name, source and amount.** |
| **How do you intend to measure the program’s success?** |
| **Additional Information: Provide any additional information you feel would be beneficial for us to know.** |

**Check Information**

**□** Please make out the grant check to the organization’s name.

**□** Please make out the check to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Please explain the name in relation to the program.

**□** Mail the check to organization’s mailing address provided on this application

**□** Mail the check to:

Date request received: Date Approved:

Request Approved: Yes / No Amount Approved:

|  |  |  |  |
| --- | --- | --- | --- |
| **GRANT BUDGET WORKSHEET****PROGRAM NAME:** |  |  |  |
| **GRANT AMOUNT REQUESTED (an amount MUST be specified): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
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| Of the funds you are requesting, please specify below how they will be used. Remember, the expenses listed below MUST equal the amount you are requesting. |
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| **YOUR EXPENSES:** |   |  |  |
| *EXAMPLE: Room Rental* | *$200* |  |  |
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| **TOTAL PROGRAM EXPENSE** | $0 |  |  |
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| ***For Programs You Will Host:*** |   |  |  |
| Attendee Costs: |   |  |  |
| Estimated # of Attendees\*: |   |  |  |
| ***Total Estimated Program Revenue:*** | **$0** |  |  |
|  |  |  |  |
| \* Even if you are not charging a fee, an estimated attendee count must be provided. |  |