**APDA MA PROGRAM GRANT APPLICATION**

The Opportunity:

The American Parkinson Disease Association Massachusetts Chapter’s Grant Program’s goal is to increase access and affordability of Wellness programs, Support Groups and Educational initiatives for people with Parkinson Disease within Massachusetts. Our intent 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.

All Rock Steady Boxing grant requesters must first make sure they comply with our requirements specified in our “*2019 APDA MA Rock Steady Boxing Guidelines*” as posted on our website.

Grant approval is subject to funds available.

Grant Composition:

A typical grant amount is $500 - $4000 for a full-year program.

***Allowable Costs:***

* Instructor fees
* Facility costs (rent if incurred)
* Participant scholarships

***Prohibited Costs:***

* Instructor training programs or licensing fees.
* Purchase or rental of equipment.
* Administrative fees such as advertising, printing, postage, depreciations and other overhead expenses.
* Travel
* Salary costs for staff who are already employed full time by their organization.
* Snacks

APDA MA’s Supporting Role with Your Program:

By accepting a grant, you are also accepting the American Parkinson Disease Association Massachusetts 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 American Parkinson Disease Association Massachusetts Chapter as your **program supporter** in **ALL** media (online, print, tv radio) and that you publish the link to our website: [www.apdaparkinson.org/ma](http://www.apdaparkinson.org/ma). 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. If HIPAA laws constrain you from sharing this information, please advise us in advance and we will work out an alternative solution.
  + 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 partially or eventually fully self-sustainable.

Application & Notification Process

***Please plan accordingly:***

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

**January 2, 2019**

**June 30, 2019**

* Funds are **NOT RETROACTIVE** and only cover services **AFTER** the date on your letter of acceptance.
* If your program will run multiple times within the 2019 year, please submit for all sessions on one application.
* All applications must be completed in full and included a detailed budget. An incomplete application will not be reviewed.
* The APDA MA chapter will evaluate and get back to you with a decision in approximately 45 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.

***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) 638-7758

[apdama@apdaparkinson.org](mailto:apdama@apdaparkinson.org)

For questions, please call (800) 651-8466 or email [apdama@apdaparkinson.org](mailto: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 2019 Community Grant Application**

**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 application will not be reviewed.**

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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**: |
| **Grant Program Name:** |
| **Brief Description of the Proposed Grant Program:** |

**Grant Program Information**

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| **Program Dates: *(If your program is multiple sessions for 2019, 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?** |
| **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.** |

**Budget/Funding Information**

Please complete the budget worksheet at the end of this form. (Refer to the “Grant Composition” section for all allowable and prohibited costs.)

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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.** |
| **If requesting funds for scholarships, please explain how you will determine who will receive these funds.** |
| **How will the program be sustained once the funding cycle is complete?** |

**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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| **YOUR BUDGET:** | | |  |  |  |
| *EXAMPLE: Room Rental* | | | *$200* |  |  |
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| **TOTAL PROGRAM EXPENSE** | | | $0 |  |  |
| **AVERAGE COST PER PARTICIPANT\* / SESSION** | | |  |  |  |
| **% of FUNDING FROM APDA MASSACHUSETTS GRANT**  **( total program expense - amount requested)/total expense)** | | |  |  |  |
|  | | |  |  |  |
| ***For Programs You Will Host:*** | | |  |  |  |
| Attendee Costs: | | |  |  |  |
| Estimated # of Attendees\*: | | |  |  |  |
| ***Total Estimated Program Revenue:*** | | | **$0** |  |  |
|  | | |  |  |  |
| \* For past participants, please use an average number of attendees. For new applicants, please use your  targeted number of participants. | | | | |  |