**Mission Statement**

***Every day, we provide the support, education, and research that will help everyone impacted by Parkinson’s disease live life to the fullest.***

The American Parkinson Disease Association (APDA) is the largest grassroots network dedicated to fighting Parkinson’s disease (PD) and works tirelessly to help the approximately one million with PD in the United States live life to the fullest in the face of this chronic, neurological disorder. Founded in 1961, APDA has raised and invested more than $185 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. To join us in the fight against PD and to learn more about the support APDA provides nationally through our network of Chapters and Information & Referral (I&R) Centers, as well as our national Research Program and Centers for Advanced Research, please visit us at [www.apdaparkinson.org](http://www.apdaparkinson.org).

The Opportunity:

The American Parkinson Disease Association Connecticut Chapter’s Community Grant Program’s goal is to increase access and affordability of Wellness programs, Support Groups and Educational initiatives for people with Parkinson Disease within Connecticut. Our intent is to reach as many individuals from the PD community as possible throughout the state with quality programming.

Grant approval is subject to funds available.



Grant Composition:

A typical grant amount is $500 - $3,000 for a full-year program.

***Allowable Costs:***

* Instructor/Facilitator/Participant fees
* Facility costs (rent if incurred)
* Refreshments for participants

***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.

All Rock Steady Boxing grant requesters must first make sure they comply with our requirements specified in the “*APDA Rock Steady Boxing Program Guidelines” (Addendum A)*

APDA Supporting Role with Your Program:

By accepting a grant, you are also accepting the American Parkinson Disease Association Connecticut 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 Connecticut 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:

APDA **requires**:

* ***VISIBILITY:*** Recognition of the American Parkinson Disease Association Connecticut Chapter as your **program supporter** in **ALL** media (online, print, tv radio) and that you publish the link to our website: [www.apdaparkinson.org/ct](http://www.apdaparkinson.org/ct)  Please refer to our “*APDA Communication Guidelines for Community Grant Recipients*” document for further details (Addendum B).
* ***EVALUATION:*** Within 30 days of the program conclusion you will provide the APDA Connecticut Chapter:
	+ a list of all participants with contact information – email, address, telephone. If HIPAA laws constrain you from sharing this information, please inform 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
* If this is a grant for fitness, health or wellness, the instructor(s) must complete the APDA Parkinson’s Training for Fitness, Health and Wellness Professionals Online Training in order to be considered for this grant: <https://www.apdaparkinson.org/pd-fitness-training/>
* Any wellness and/or exercise program must have at least one certified fitness instructor, physical therapist, yoga or other accredited fitness professional present at every meeting in order to be considered for funding. A 1 to 7 teacher to student ratio is preferred.

Please note, your compliance with the above requirements will impact consideration given on any subsequent grant requests. For initial and subsequent grant requests, 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 three times per year and must be received by:

**March 1st, June 1st, and September 1st**

* Grants are awarded based on availability of funds, PD community needs and quality of program proposal. All applications are reviewed by the chapter grant committee.
* This program is subject to change or discontinuation with limited notice.
* 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 calendar 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.
* APDA 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 acceptance letter along with a W9. No checks will be disbursed without prior receipt of the signed letter of acceptance.

***Submit the fully completed application either via email or mail to:***

APDA Connecticut Chapter
PO Box 248
Shelton, CT 06484
apdact@apdaparkinson.org

For information about Parkinson disease and/or information and referrals to services in the community, please contact APDA’s Information and Referral Center at 860-734-6393.

For information about events and volunteer opportunities, please contact the Connecticut Chapter at 860-248-9200 or apdact@apdaparkinson.org.

**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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| **Name of Organization/Support Group** | **FEIN #** |
|  |  |
| **Organization/Support Group Website Address** | **Organization/Support Group Social Media** |
|  | Twitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instagram: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FaceBook: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Location and Complete Address of Support/Exercise Group** |
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| **Name of Grant Request Contact/Support Group Leader** | **Grant Request Contact/Support Group Co-Leader** |
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| **Email Contact/Support Group Leader** | **Email Contact/Support Group Co-Leader** |
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| **Phone Contact/Support Group Leader** | **Phone Contact/Support Group Co-Leader** |
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| **Mailing Address Contact/Support Group Leader** | **Mailing Address Contact/Support Group Co-Leader** |
|  |  |
| **Support Group Additional Information** |
| 1. Type of Group: ⬜ Support ⬜ Exercise ⬜ Other ⬜ N/A
2. Frequency of meetings (monthly, quarterly, etc.):
3. Approximate number of people who attend your meetings:
4. General geographic area your group serves:
5. Other pertinent information about your group:
 |
| **What APDA events does your group participate in?** ⬜ Optimism Walk ⬜ Symposium ⬜ OtherIf other, please elaborate:  |
| **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 the calendar year, 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 People with Parkinson’s and their care partners?** |
| **Who is/are the instructor(s) and what relevant certifications, qualifications do they bring to the program?**  |
| **If this is a grant for fitness, health or wellness, has the instructor(s) completed the APDA Parkinson’s Training for Fitness, Health and Wellness Professionals Training? Yes or No**If yes, please attach the certificate to this application. If no, training will need to be completed in order to be considered for this grant via our website: <https://www.apdaparkinson.org/pd-fitness-training/> **Note:** Any wellness and/or exercise program must have at least one certified fitness instructor, physical therapist, yoga or other accredited fitness professional present at every meeting in order to be considered for funding. A 1 to 7 teacher to student ratio is preferred.  |
| **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 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 will the program be sustained once the funding cycle is complete?** |

**Check Information**

**Choose One:**

**□** Make the grant check payable to the applicant’s name (attach a W9)

**□** Make the check payable to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (must explain the payable name in relation to the program and include a W9 for the payable)
 Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Choose One:**
**□** Mail the check to the mailing address provided on this application
**□** Mail the check to:

|  |
| --- |
|  **FOR APDA USE ONLY:**Date received: Application reviewed by grants committee: Yes or No Amount approved: $ Request approved by grants committee: Yes or No V2.0  |

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| --- | --- | --- | --- |
|  **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 GRANT** **(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. |  |

**ADDENDUM A**

**APDA Rock Steady Boxing Program Grant Guidelines**

In order to ensure the safety and comfort of all Rock Steady Boxing (RSB) program participants, the American Parkinson Disease Association has developed the following guidelines. Please read these stipulations in full. If you have any questions, contact please contact APDA’s Information and Referral Center at 860-734-6393 or the Connecticut Chapter at 860-248-9200 or apdact@apdaparkinson.org.

**RSB Grant:**

The APDA is proud to support Rock Steady Boxing. We invite RSB program directors to apply for a grant to subsidize participants per session (maximum of three sessions annually). The funds will be processed AFTER the class starts upon proof of class attendance and if all requirements are met.

**Before Applying:**

 No grant application will be considered if there aren’t qualified instructors listed. A person is considered a qualified instructor by having:

* RSB certification; and,
* Relevant prior experience as a fitness instructor, trainer or have in some way worked in a physical capacity with the PD community for a period of time.
* A 1 to 7 teacher to student ratio is required when considering class size and written into the grant request.
* Completed the APDA Parkinson’s Training for Fitness, Health and Wellness Professionals Training. (<https://www.apdaparkinson.org/pd-fitness-training/>)

**If Granted:**

 Program coordinators must ensure that the appropriate instructors from the application attend each class and that the required 1 to 7 teacher to student ratio is maintained. Other class helpers who may or may not be credentialed may assist in class activities.

 Three weeks into the class, submit all attendance records for office review and grant processing.

**ADDENDUM B**

**APDA Communication Guidelines for Community Grant Recipients**

If approved as a grant recipient, the following are guidelines to assist in publicizing the grant in every possible way.APDA must approve all materials referencing the American Parkinson Disease Association’s name and/or logo PRIOR TO RELEASE. Materials should be sent to apdact@apdaparkinson.org and we will make every effort to respond quickly to your deadline.

**Tips and Ideas for Communicating About Your APDA Community Grant:**

* **Marketing Collateral:** Please say: “**supported by a grant from the American Parkinson Disease Association Connecticut Chapter**” on all collateral.
* **Press releases:** Make sure to include that the program is supported by a granted from the American Parkinson Disease Association Connecticut Chapter in all press releases. Where possible, include the chapter website: apdaparkinson.org/ct. **Newspapers** **will most likely print what you send them.** Include a photo or a link to a video or website when possible. Remember to include your contact information, so the editor can reach you with any questions. Moving forward, press releases to your local media outlets on major milestones, impacts/outcomes, success stories, events are a great way to keep the press informed.
* **Newsletter:** If your organization publishes a newsletter either in print or online, please include the press release or a short write up about the grant. Again, please include mention that the program is supported by a grant from the American Parkinson Disease Association Connecticut Chapter and a logo if possible
* **Social Media:** If your organization is active on social media, please tag **@APDAParkinsons** on all posts and photos about your project. The American Parkinson Disease Association Connecticut Chapter is active on Facebook. The American Parkinson Disease Association does not need to pre-approve your posts.
* **Community Events:** Please let us know if you are planning a public community event to kick off your program or to mark a milestone. When possible, we would appreciate a short speaking role. Please take photos and share them with us.
* **Interviews:** If you are interviewed, please make sure to mention the American Parkinson Disease Association Connecticut Chapter in conversation.

Our office is happy to assist you on how to incorporate us in all of your media needs. Please reach out with any questions to apdact@apdaparkinson.org.