AMERICAN PARKINSON DISEASE ASSOCIATION
VIRGINIA CHAPTER
Strength in optimism. Hope in progress.

APDA VA WINTER 2026 COMMUNITY GRANT PROGRAM

The Opportunity:

The American Parkinson Disease Association Virginia 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 Virginia. 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.

The American Parkinson Disease Association Virginia Chapter intends to foster more diverse, equitable, and inclusive community programming. As such, applicants providing programs to members of underserved communities (based on factors such as ethnicity, geography, socioeconomic conditions, and gender) receive greater weight in the evaluation process.

Grant approval is subject to funds available.

Grant Composition:

A typical grant amount is $500 - $1500 for a full-year program.

Allowable Costs:

- Instructor fees
- Facility costs (rent if incurred)

Prohibited Costs:

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

APDA VA's Supporting Role with Your Program:

By accepting a grant, you are also accepting the American Parkinson Disease Association Virginia 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 VA 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 VA chapter **requires**:

- ***VISIBILITY:*** Recognition of the American Parkinson Disease Association Virginia Chapter as your **program supporter** in **ALL** media (online, print, tv radio) and that you publish the link to our website: http://www.apdaparkinson.org/va. Please refer to our "*APDA VA Communication Guidelines for Program Grant Recipients*" document for further details.

- ***EVALUATION:*** Within 30 days of the program conclusion, you will provide the APDA VA 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 two times a year
- 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 12 months following your submission, please submit for all sessions on one application.
- All applications must be completed in full and include a detailed budget. An incomplete application will not be reviewed.
- The APDA VA 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 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 and a copy of your W9.

Submit the fully completed form to the APDA VA Chapter via fax, email, or mail at:

APDA VA Chapter
APDA Virginia Chapter
P.O. Box #4162
Virginia Beach, VA 23451
apdavirginia@apdaparkinson.org

For questions, please call 757-495-3062 or email apdava@apdaparkinson.org.

Background Information

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 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 $338 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.

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American Parkinson Disease Association VA Chapter 2026 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.

Date: _____/_____/_____	
Name of Organization	**FEIN #**
Organization Website Address	**Organization Social Media**
	Twitter: _____ Instagram: _____ Facebook: _____
Location and Complete Address	
Name of Grant Request Contact	**Grant Request Contact Co-Leader (if applicable)**
Email Contact	**Email Contact**
Phone Contact	**Phone Contact**

What APDA VA events have your group participated in these past two years?

☐ Optimism Walk ☐ Symposium ☐ Other

If other, please elaborate:

Mission/Purpose of Organization:

Size of the organization:

Grant Program Name:

Brief Description of the Proposed Grant Program:

Grant Program Information

Frequency of Program/Event: ***(once, monthly, yearly):***
Length of Each Session:
Program Dates: ***(If your program is multiple sessions for the next 12 months, please include ALL dates and apply in one application REMINDER: Grants are NOT retroactive and no dates prior to the date of your letter of acceptance will be funded.)***
Program Location:
Expected number of: Participants: Instructors: Assistants:

How will this program benefit the Parkinson community? Please provide specific information and justification.
Who is/are the instructor(s) and what, if any relevant experience, training, certifications, qualifications do they bring to the program?
If you are a first-time applicant and 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 Certification? Yes or No

If yes, and you are awarded a grant, your MOU will require that all instructors take the online certification course, https://www.apdaparkinson.org/pd-fitness-training/ , and present the Certificate to the office.
What are the program's goals? How do you measure goals and demonstrate success? **Describe the participants and community groups that you hope to be engaging with this program. Describe any plans to broaden or diversify your participant-base, any additional efforts to reach those that lack access to PD programs, services, or resources, or how your organization is addressing diversity, equity and inclusion. Here is link to APDA Mission Statement for reference-** https://www.apdaparkinson.org/
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.)

Amount of funding requested (an amount MUST be specified)**:**

Have you requested funds from APDA VA before? _____

Home many times have you received funding from APDA VA? _____
(As organization or individual)

*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. If the APDA VA pays against invoice, please only provide a total sum by year, by program and/or by location. Please also include with this application a one-page summary of your most recent program, addressing the goals and objectives that you stated in your previous application.*

Date	Program	Location (if applicable)	Amount
		GRAND TOTAL	

	TOTAL BY YEAR
(add applicable year)	

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 organization's name.

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□ Make out the check payable to _____

Please explain the name in relation to the program

Choose One:

□ 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:

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GRANT BUDGET WORKSHEET

PROGRAM NAME:
GRANT AMOUNT REQUESTED (an amount MUST be specified): _____

YOUR BUDGET:	
EXAMPLE: Room Rental	*$200*
TOTAL PROGRAM EXPENSE	$
AVERAGE COST PER PARTICIPANT* per SESSION (total program expense / average number of attendees)	
% of FUNDING FROM APDA Virginia GRANT (amount requested / total expense)	%

For Programs You Will Host:	
Participant Fee:	$
Estimated # of Participants*:	
Total Estimated Program Revenue: (Participant fee * Estimated # of Participants)	**$0**

* For past participants, please use an average number of attendees. For new applicants, please use your targeted number of participants.