



## CO-VENTURE PROPOSAL QUESTIONNAIRE

After you have reviewed the co-venture guidelines, please complete this questionnaire and return to the American Parkinson Disease Association (APDA). If applicable, submit a sample of your product, drawing or photos of your product if it is still in development. In addition, feel free to include press materials, brochures or promotional information on your organization, product or service. Please send to: APDA, attention: Nancy Braun, 135 Parkinson Avenue, Staten Island, NY 10305. You may also email to [nbraun@apdaparkinson.org](mailto:nbraun@apdaparkinson.org).

### YOUR ORGANIZATION

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please give a brief description of your organization: types of products or services you provide; number of years in existence; description of consumer base:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PROPOSED CO-VENTURE PRODUCT/SERVICE

Briefly describe product/service you propose to sell to raise funds for APDA: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How and where will these products/services be marketed and sold? \_\_\_\_\_

\_\_\_\_\_

What is the price of the product/service? \_\_\_\_\_

What is the amount (\$/%) of each sale that will be donated to APDA? \_\_\_\_\_

What minimum total donation will you guarantee to APDA? \_\_\_\_\_

What is the estimate maximum total donation? \_\_\_\_\_