

About the American Parkinson Disease Association

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 \$226 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 apdaparkinson.org](http://apdaparkinson.org).

The Opportunity:

The American Parkinson Disease Association Wisconsin 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 Wisconsin. 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.

As part of our current Strategic Plan, the American Parkinson Disease Association Wisconsin Chapter's goal is to expand constituent-centric, evidence-based, and impactful programs, services, and research that improves quality of life throughout the disease continuum; cultivate partnerships and collaborations to expand and elevate mission delivery to meet Parkinson community needs; and expand reach to under-served, under-studied and under-represented communities to promote health equality and access to care, and provide education and support. As such, all funded organizations must demonstrate a commitment to diversity, equity and inclusion and applicants who provide programs to members of underserved, understudied and underrepresented communities (based on factors such as, but not limited to, ethnicity, geography, socioeconomic conditions, and gender) will receive greater weight in the evaluation process.

Grant approval is subject to funds available.

Grant Composition:

A typical grant amount is \$500 - \$5,000 for a full-year program.

Allowable Costs:

- Instructor/Facilitator/Speaker fees (cannot exceed 20% of total budget)
- Facility costs (rent if incurred) (cannot exceed 20% of total budget)
- Marketing/Printing
- Virtual meeting platform subscription fees used to offer virtual options
- Refreshments for participants

Prohibited Costs:

- Individual/staff memberships, accreditations, Instructor training programs and/or licensing
- Purchase or rental of equipment.

- Administrative costs such as utilities, insurance, depreciations and other overhead expenses.
- Travel for staff/facilitators
- Salary costs for individuals already employed by their organization

APDA WI Supporting Role with Your Program:

By accepting a grant, you are also accepting the American Parkinson Disease Association Wisconsin 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 WI 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 [INSERT CHAPTER] requires:

- **VISIBILITY:** Recognition of the American Parkinson Disease Association Wisconsin Chapter as your **program supporter** in **ALL** media (online, print, tv, radio, social media, etc.) and that you publish the link to our website: <https://www.apdaparkinson.org/community/wisconsin/>. 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 WI 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
- Any funded program must adhere to federal, state, and local COVID-19 guidelines to ensure the safety and well-being of all participants.
- At least one site visit per year by an APDA representative. We will schedule the visit during the grant period.

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 two times per year and must be received by:

June 15th and January 15

- 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 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 and a copy of your W9.

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

APDA WI Chapter
PO Box 14381, Madison, WI, 53708
apdawi@apdaparkinson.org

For questions, please call 608 345 7938 or email apdawi@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 answer the questions.** An incomplete application will not be reviewed.

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| | | 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 Co-Leader | |
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| Phone Contact Leader | Phone Contact Co-Leader | |
| | | |
| Mailing Address Contact Leader | Mailing Address Contact Co-Leader | |
| | | |
| If a Support Group, provide the following additional information | | |
| 1. Type of Group: <input type="checkbox"/> Support <input type="checkbox"/> Exercise <input type="checkbox"/> Other <input type="checkbox"/> 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 Wisconsin event(s) does your group participate in? | | |
| <input type="checkbox"/> Optimism Walk <input type="checkbox"/> Symposium <input type="checkbox"/> 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

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.)*

Frequency of Program/Event *(one-time, weekly, monthly, annually):*
Length of Each Session *(one hour, two hours, etc.):*

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 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 Certification? Yes No

If yes, please attach the certificate to this application.

If no, certification will need to be completed to be considered for this grant via our website:

<https://www.apdaparkinson.org/pd-fitness-training/>

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. Refer to our Mission Statement and Opportunity at the beginning of this application.

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 WI before? Yes No

If yes, how many times have you received funding from APDA WI, either as an individual or organization? _____

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 [INSERT CHAPTER] 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 |
|--------------------|---------|--------------------------|--------|
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| | | | |
| GRAND TOTAL | | | |

| (add applicable year) | TOTAL BY YEAR |
|-----------------------|---------------|
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Will there be a fee for attendees? Yes No **If yes, 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?

Payment Information:

Choose One:

Make the grant check payable to the organization's name on the application (attach a W9)

Make the check payable to _____

- Please explain the payable name in relation to the program and include a W9 for the payable: _____

Choose One:

Mail the check to the applicant's name and mailing address provided on this application

Mail the check to (include name and full address):

FOR APDA USE ONLY:

Date received:

Date Approved or Denied:

Request Approved: Yes No

Amount approved: \$

Revised January 2022

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, please contact the APDA Wisconsin Chapter at apdawi@apdaparkinson.org or call 608 345 7938.

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 Certification. (<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

Congratulations on being named a recipient of an American Parkinson Disease Association Community Grant! **As a grantee, we expect you to publicize the grant to your community in every possible way.** We are here to help you if needed.

When we send out the letter of agreement, we will provide you with our logo for your marketing needs.

Please note that any use of the American Parkinson Disease Association name and/or logo needs to be approved **PRIOR TO RELEASE**. Send what needs to be approved to apdawi@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 [INSERT CHAPTER] Chapter**” on all collateral.
- **Press releases:** Make sure to include that the program is supported by a grant from the American Parkinson Disease Association WI Chapter in all press releases. Where possible, include the chapter website: apdaparkinson.org/wi. 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 [INSERT CHAPTER] Chapter and a logo if possible
- **Social Media:** If your organization is active on social media, please tag **@APDAWI** on all posts and photos about your project. The American Parkinson Disease Association Wisconsin Chapter is active on Facebook and Instagram. 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 Wisconsin 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 apdawi@apdaparkinson.org.