

## APDA WISCONSIN COMMUNITY GRANT PROGRAM

### The Opportunity

The American Parkinson Disease Association Wisconsin Chapter's Community Grant Program aims to help qualified professionals bring new Parkinson's-specific exercise and wellness programs to life. These grants are designed to remove financial barriers to launching classes that promote strength, mobility, balance, and overall well-being for people living with PD—helping them live more active, confident lives while expanding access to these critical services throughout Wisconsin.

The American Parkinson Disease Association Wisconsin 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 - \$2,000** 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 WI's 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 and program insurance 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 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 WI chapter **requires**:

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

Please note that your compliance with the above requirements will impact consideration given to any subsequent grant requests. For initial and subsequent grant requests, the APDA also expects to see efforts by the requester to eventually be fully self-sustainable.

## Application & Notification Process

**Please plan accordingly:**

- Grant requests are **ONLY** accepted two times a year and must be received by **June 1 and January 1**
- 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 WI chapter will evaluate and get back to you with a decision in approximately 45 days from the due date of the application.

Once an application is approved, it will take an additional 3-4 weeks for funding to be received. During this time, please 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 WI Chapter via email or mail at:**

APDA WI Chapter  
PO Box 14381  
Madison, WI 53708  
[apdawi@apdaparkinson.org](mailto:apdawi@apdaparkinson.org)

For questions, please call (608) 345-7938 or email [apdawi@apdaparkinson.org](mailto:apdawi@apdaparkinson.org).

**American Parkinson Disease Association WI Chapter 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 it were your first. Also, make sure you **DIRECTLY** answer the questions. An incomplete application will not be reviewed.

		Date: ____ / ____ / ____
<b>Name of Organization</b>		<b>FEIN #</b>
<b>Organization Website Address</b>	<b>Organization Social Media</b>	
	Linked In: _____	
	Instagram: _____	
	Facebook: _____	
<b>Location and Complete Address</b>		
<b>Name of Grant Request Contact</b>	<b>Grant Request Contact Co-Leader (if applicable)</b>	
<b>Email Contact</b>	<b>Email Contact</b>	
<b>Phone Contact</b>	<b>Phone Contact</b>	
<b>Which APDA WI events have your group participated in over the past 2 years?</b>		
<input type="checkbox"/> Optimism Walk – Madison <input type="checkbox"/> Optimism Walk – Green Bay <input type="checkbox"/> Half Marathon <input type="checkbox"/> Conference <input type="checkbox"/> Other		
If other, please elaborate:		
<b>Mission/Purpose of Organization:</b>		
<b>Size of the organization:</b>		
<b>Grant Program Name:</b>		

Description of the Proposed Exercise or Wellness:

**Grant Program Information**

Frequency of Program/Event: *(once, monthly, yearly):*

Length of Each Session:

Program Dates:

*Reminder: If your program spans multiple sessions over the next 12 months, please include ALL dates and apply in one application. 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:
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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 APDA.

**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 through 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 a link to APDA's Mission Statement for reference- <https://www.apdaparkinson.org/about-apda/>**

**Additional Information: Provide any additional information you feel would be beneficial for us to know.**

Strength in optimism. Hope in progress.

**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.)

<b>Amount of funding requested</b> (an amount MUST be specified):			
<b>Have you requested funds from APDA WI before?</b>			
<b>If you received funds previously, please provide the amount, date and name of the program(s)/ event(s). ALL past grants must be noted. 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.</b>			
<b>PAST FUNDING</b>			
Date	Program	Location (if applicable)	Amount
		<b>GRAND TOTAL</b>	
(add applicable year)		TOTAL BY YEAR	
<b>Will there be a fee for attendees?</b>		<b>How much?</b>	
<b>Are you requesting funds from any other source? If yes, please identify name, source and amount.</b>			
<b>If we can't give you the full amount requested, would you like to be considered for partial funding?</b>			
<b>How will the program be sustained once the funding cycle is complete?</b>			



**Check Information for if the application is approved:**

**Choose One:**

- Make the grant check payable to the organization's name.
- Make out the check payable to \_\_\_\_\_  
Please explain the name in relation to the program:

**Choose One:**

- Mail the check to the organization's mailing address provided on this application
- Mail the check to:

Date request received:

Date Approved:

Request Approved: Yes / No

Amount Approved: