

### ***Community Grant Mission***

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

### ***Community Grant Timeline***

Applications are due at **5 pm on Wednesday, March 1, 2026.**

Awardees should expect to receive a notification in early April, 2026.

Progress reports will be due as stated in your grant award letter.

### ***APDA Minnesota Contact Information***

Please submit your application to:

Anthony Tolfree, Programs Director at APDA - MN

[ATolfree@apdaparkinson.org](mailto:ATolfree@apdaparkinson.org)

### **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 \$282 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/MN](http://www.apdaparkinson.org/MN).

### **The Opportunity:**

**The American Parkinson Disease Association Community Grant Program's goal is to increase access and affordability of Wellness programs, Support Groups, Educational and other initiatives for people with Parkinson Disease. 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.

### **APDA Supporting Role with Your Program:**

By accepting a grant, you are also accepting the American Parkinson Disease Association as a **program supporter**, and agree to prominently publicize APDA's support of your program in all of the program's materials and communications consistent with the APDA Communication Guidelines for Community Grant Recipients.

### **Program Requirements:**

- 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 approved 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.
- Provide your plan to assure that the program will become self-sustaining. Please also include a timeline for reaching a self-sustaining level.

## Application & Notification Process

- Grants are awarded based on the degree of support of the APDA Community Grant Program's goal, availability of funds, PD community needs, and quality of the 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 by the published deadline, in full and include a detailed budget and a timeline. An incomplete application will not be reviewed.
- 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. We prefer to pay via ACH. Upon approval of the grant request, we will provide you with an ACH authorization form.

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

<b>Name of Organization/Support Group</b>		<b>FEIN #</b>
<b>Organization/Support Group Website Address</b>	<b>Organization/Support Group Social Media</b>	
	Twitter: _____ Instagram: _____ Facebook: _____	
<b>Location and Complete Address of Organization/ Support/Exercise Group</b>		
<b>Name of Grant Request Contact/Support Group Leader</b>	<b>Grant Request Contact/Support Group Co-Leader</b>	
<b>Email Contact/Support Group Leader</b>	<b>Email Contact/Support Group Co-Leader</b>	
<b>Phone Contact/Support Group Leader</b>	<b>Phone Contact/Support Group Co-Leader</b>	
<b>Mailing Address Contact/Support Group Leader</b>	<b>Mailing Address Contact/Support Group Co-Leader</b>	
<b>Support Group Additional Information</b>		

1. Type of Group: <input type="checkbox"/> Support <input type="checkbox"/> Exercise <input type="checkbox"/> Education <input type="checkbox"/> Wellness <input type="checkbox"/> Health <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>What APDA events does your group participate in?</b> <input type="checkbox"/> Optimism Walk <input type="checkbox"/> Symposium <input type="checkbox"/> Other  If other, please elaborate: (E)
<b>Mission/Purpose of Organization:</b>
<b>Grant Program Name:</b>
<b>Brief Description of the Proposed Grant Program (Project Narrative and Timeline):</b> We want to get to know more about your organization and program. In a separate document (no more than <b>three pages</b> , please) tell us the following: <ul style="list-style-type: none"> <li>• How does the proposed grant program support the mission of APDA and the Community Grant Program goal;</li> <li>• How will this program benefit people with Parkinson's and their care partners;</li> <li>• How long has the organization been in existence;</li> <li>• Is the proposed grant program new or existing, and if previously offered, what were the results;</li> <li>• How will the program be publicized to attract participation;</li> <li>• From what geographic area is it likely to draw;</li> <li>• Who do you anticipate to be the persons who will benefit from this program;</li> <li>• What are your plans to make the program self-sustaining after completion of the funding cycle;</li> <li>• How will you measure the program's success;</li> <li>• What have we forgotten to ask that makes your program important for APDA to fund</li> </ul> <p>On the header of each page, please include organization/group name, contact person and contact information (email and phone number).</p> <p>On an <b>additional page</b>, please add an expected <b>timeline</b> of your program, including major milestones.</p>

**Grant Program Information**

<b>Program Dates:</b> <i>(If your program has multiple sessions for the calendar year, please include ALL dates and apply in one application.)</i>			
<b>Program Location:</b>			
<b>Frequency of Program/Event:</b>			
<b>Expected number of:</b>	<b>Participants:</b>	<b>Instructors:</b>	<b>Assistants:</b>
<b>Who is/are the instructor(s) and what relevant certifications, qualifications do they bring to the program?</b>			
<p><b>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</b></p> <p>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: <a href="https://www.apdaparkinson.org/pd-fitness-training/">https://www.apdaparkinson.org/pd-fitness-training/</a></p> <p><b>Note:</b> 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.</p>			

**Budget/Funding Information**

Please complete the budget worksheet at the end of this form.

<b>Amount of funding requested</b> (an amount MUST be specified) : \$
<p><b>Have you requested funds from APDA before? Yes</b></p> <p><i>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.</i></p>
<p><b>Will there be a fee for attendees?</b></p> <p><b>How much?</b></p>

Example BUDGET WORKSHEET  
(Another similar format is okay)

PROGRAM ITEMS	REQUEST FROM APDA	OTHER FUNDERS	TOTAL COST
<b>TOTAL PROGRAM EXPENSE</b>			
<b>AVERAGE COST PER PARTICIPANT* / SESSION if applicable</b>			
<b>% of FUNDING FROM APDA GRANT (amount requested / total expense)</b>			
<b><i>For Programs You Will Host:</i></b>			
Attendee Costs:			
Estimated # of Attendees*:			
<b><i>Total Estimated Program Revenue:</i></b>			

## **ADDENDUM**

### **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. Please contact the APDA-MN chapter for further instructions. 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 Minnesota Chapter**” on all collateral.
- **Press releases:** Make sure to include that the program is supported by a grant from the American Parkinson Disease Association in all press releases. Where possible, include APDA's website: [apdaparkinson.org/mn](http://apdaparkinson.org/mn).
- **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 and a logo if possible
- **Social Media:** If your organization is active on social media, please tag us on ALL social media accounts below on ALL posts and photos about your project. The American Parkinson Disease Association does not need to pre-approve your posts.
  - On Instagram: **@APDAMN**
  - On Facebook: **APDA - Minnesota Chapter**
- **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 in conversation.

Our office is happy to assist you on how to incorporate us in all your media needs. Please reach out with any questions at [APDAMN@apdaparkinson.org](mailto:APDAMN@apdaparkinson.org).