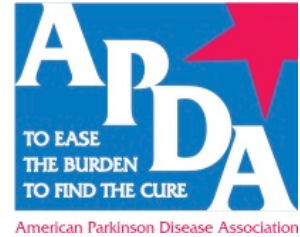


**American Parkinson Disease Association
Northwest Chapter**

150 Nickerson Street, Suite 100, Seattle WA 98109
206-695-2905 / fax 206-455-8980 / info@APDAnorthwest.org



GRANT APPLICATION

Date _____

ORGANIZATION INFORMATION

Organization Name _____

Tax ID# _____

Tax Status _____

Contact Person _____

Mailing Address _____

Phone Number _____

Fax _____

Email _____

How many other grants has your organization submitted to the APDA NW in the past 12 months?

How many of these applications were granted funding? _____

Total dollar amount granted in past 12 months by APDA NW? _____

What proportion of your annual grant funding comes from/is expected to come from the APDA NW?

PROGRAM INFORMATION

Describe event (ex: exercise class, educational program):

Program /Class Title: _____

Start Date: _____

End Date: _____

Number of Attendees (can be anticipated, if yet to occur): _____

Intended audience:

Program Objectives:

How will this program serve the Parkinson disease community?

Faculty involved (name, credentials, experience, please attach resume/CV if available):

Location:

Will there be other financial supporters of the program?

Will the Washington APDA be credited with sponsoring the event? If so, how?

FINANCIAL INFORMATION

Organization Name:

Make check payable to: _____

Mailing address:

Funds requested: _____

Total amount needed for program: _____

Please list/attach detailed budget for program:

REQUIRED: Please enclose proof of General Liability and Professional Liability Insurance.

I agree that I am authorized to submit this application on behalf of the requesting organization. I certify that all information and responses on this application are complete, accurate, and truthful.

Print name of applicant

Signature of applicant

Date

APDA Internal Use: Approval / Denial of Grant Request

Signature _____ Date _____

Amount _____