

## APDA MASSACHUSETTS COMMUNITY GRANT PROGRAM

### The Opportunity:

The goal of the American Parkinson Disease Association (APDA), Massachusetts Chapter's Community Grant Program is to increase access and affordability of Wellness Programs, Support Groups and Educational Initiatives for people with Parkinson's disease (PD) across Massachusetts. 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, APDA reserves the right to consider programs outside of this focus.

The APDA Massachusetts 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.

**UPDATE FOR SUMMER 2026:** Starting in Summer 2026, participants in grant-funded programs will not be eligible to apply to the APDA Massachusetts Financial Hardship Fund <<https://form.jotform.com/APDAHome/mafinancialhardship>> for costs associated with those grant-funded programs. However, all individuals may continue to apply for assistance with other expenses that support improving the quality of life of a person living with Parkinson's disease.

\*\*Grant approval is subject to funds available.

### Grant Composition:

A typical grant amount is \$500 - \$4000 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, depreciations and other overhead expenses
- Travel
- Snacks

### APDA Massachusetts Chapter's Supporting Role with Your Program:

By accepting a grant, you are also accepting the APDA Massachusetts Chapter as a **program supporter**. In addition to the financial contribution, as a supporter APDA incurs additional costs related 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 Massachusetts 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 Massachusetts Chapter **requires**:

- **PROMOTION:** Inclusion of the APDA Massachusetts Community Program Badge on ALL promotional materials (online, print, etc.) When the badge cannot be included (TV, radio, etc.), inclusion of “Program supported by the American Parkinson Disease Association (APDA), Massachusetts Chapter” and link to our website <[www.apdama.org](http://www.apdama.org)>. Please refer to our “APDA Massachusetts Communication Guidelines for Program Grant Recipients” document for further details.
- **EVALUATION:** Within 30 days of the program conclusion, you will provide the APDA Massachusetts Chapter:
  - 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
  - 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, your compliance with the above requirements will impact consideration given on any subsequent grant requests. For initial and subsequent grant requests, the APDA Massachusetts Chapter 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 a year and must be received by:

**January 30, 2026**  
**July 31, 2026**

- 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 Massachusetts Chapter will evaluate and get back to you with a decision in approximately 45 days

Once approved, please allow an additional 3-4 weeks to receive funding. During this time, please make sure you 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.

***Please submit your completed application:***

**ONLINE (preferred):**

<https://www.apdaparkinson.org/community/massachusetts/about-ma/community-grant-program/>

**EMAIL:** [apdama@apdaparkinson.org](mailto:apdama@apdaparkinson.org)

**MAIL:** APDA | 15 S Main Street, PO Box 272 - Sharon, MA 02067

For questions, please call (800) 651-8466 or email [apdama@apdaparkinson.org](mailto:apdama@apdaparkinson.org).

## Background Information:

### Mission Statement

***Every day, we provide the support, education, research, and community that helps 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 assist the more than 1 million Americans with PD live life to the fullest in the face of this chronic, neurological disorder. Founded in 1961, APDA has raised and invested more than \$185 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.

**APDA MASSACHUSETTS COMMUNITY GRANT PROGRAM  
 SUMMER 2026 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 this is your first application. Also make sure you **DIRECTLY** answer the questions. An incomplete application will not be reviewed.

**Organization Information**

		Date: ___ / ___ / ___
<b>Name of Organization</b>		<b>FEIN #</b>
<b>Website Address</b>	<b>Social Media</b>	
	LinkedIn: _____	
	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>What APDA Massachusetts events has your group participated in over the past two years?</b>		
<input type="checkbox"/> Massachusetts Optimism Walk <input type="checkbox"/> Cape Cod Optimism Walk <input type="checkbox"/> Magic of Hope Gala <input type="checkbox"/> Dopa Golf  <input type="checkbox"/> Symposium <input type="checkbox"/> Other		
If other, please elaborate:		
<b>Mission and Purpose of Organization:</b>		

<b>Size of Organization:</b>
<b>Grant Program Name:</b>
<b>Brief Description of Proposed Grant Program:</b>

**Grant Program Information**

<b>Frequency of Program (<i>once, monthly, yearly</i>):</b>				
<b>Length of Each Session:</b>				
<b>Program Dates:</b> <i>Note: 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.</i>				
<b>Program Location:</b>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b>Expected number of:</b></td> <td style="width: 25%;"><b>Participants:</b></td> <td style="width: 25%;"><b>Instructors:</b></td> <td style="width: 25%;"><b>Assistants:</b></td> </tr> </table>	<b>Expected number of:</b>	<b>Participants:</b>	<b>Instructors:</b>	<b>Assistants:</b>
<b>Expected number of:</b>	<b>Participants:</b>	<b>Instructors:</b>	<b>Assistants:</b>	
<b>How will this program benefit the Parkinson’s community?          Please provide specific information and justification.</b>				

**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 the office.

**What are the program's goals?  
How will you measure goals and demonstrate success?**

**Describe the participants and community groups that you hope to engage 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.  
How will your organization address diversity, equity and inclusion?**

**Please provide any additional information you feel would be beneficial for us to know.**

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**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.)

<p><b>Amount of funding requested</b> (an amount MUST be specified):</p>			
<p><b>Upon funding, will you be able to set up ACH payment processing?</b> Yes or No</p>			
<p><b>Have you requested funds from APDA Massachusetts before?</b> Yes or No</p>			
<p><b>How many times have you received funding from APDA Massachusetts (as organization or individual)?</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 from the <b>previous 5 YEARS</b> must be noted. If the APDA MA 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.</i></p>			
Date	Program	Location (if applicable)	Amount
		<b>GRAND TOTAL</b>	
		<b>TOTAL BY YEAR</b>	
(add applicable year)			
<p><b>Will there be a fee for attendees?</b> Yes or No <span style="float: right;"><b>How much?</b> _____</span></p>			
<p><b>Are you requesting funds from any other source?</b> Yes or No</p> <p>If yes, please identify name, source and amount.</p>			

How will the program be sustained once the funding cycle is complete?

**Check Information:**

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

Date request received:

Date Approved:

Request Approved: Yes / No

Amount Approved:

