

OHIO PARKINSON FOUNDATION NORTHEAST REGION LIMITED-SCOPE PROGRAM REQUEST FOR FUNDS

FUNDING REQUEST TEMPLATE

Please use the following template to request financial support for operating expenses or limited-scope programs that promote the mission of OPFNE to support the local Parkinson’s community. **Funding requests must not exceed \$500.00.** Text should be no smaller than 11-pt font and the total length should not exceed 2 pages, **exclusive of optional references** (e.g. price quotes or drawings). You may delete this template description and the instructional text in each box below to save space.

Project Title:	
Applicant Name:	Date Submitted:
Contact email:	Date Funds Needed:
Contact telephone #:	Organization Name:
Entity to Receive Funds:	Amount Requested:
Mailing Address for Payment:	Expected Completion Date:

I. PROGRAM DESCRIPTION	Describe the specific program or service the requested funds will support. Note that this form is to request fund support less than or equal to \$500. Include detail such as what the funds will pay for and what entity will ultimately receive the funds.
II. HOW WILL THE FUNDS BE USED?	Outline the program and how it will be administered. Identify the recipient(s) of the funds (e.g. exercise instructors, instructional media company, facility name, ...). Attach a quotation if outside expense are incurred.
III. HOW WILL THIS PROGRAM HELP THE PARKINSON COMMUNITY?	Succinctly summarize the benefits from the proposed program. Identify new capabilities, services, information or support this program will provide and what population will benefit such as a specific support group, multiple support groups, caregivers or the local Parkinson community for example. Be sure to mention if the benefits received are sustainable and will likely continue well after the funds are expended.
IV. ALTERNATIVES TO RECEIVING FUNDING FROM OPFNE	If applicable, identify other potential sources of funding or options for a scaled-down program or elimination of a needed program if funds are not provided by OPFNE.
V. DESCRIBE RISKS, IF ANY	Describe any risks in executing the proposed program and realizing the anticipated benefits (e.g. lack of participation, costs exceeding estimates, lack of a facility or equipment, lack of instructor).

