



AFA Project Lifesaver International Grant

About the Project Lifesaver International Grant

The Project Lifesaver International Grant program, exclusive to AFA's Project Lifesaver International members in good standing, helps fund wandering prevention programs and other public safety initiatives designed to protect individuals living with dementia-related illnesses such as Alzheimer's disease. All public safety agencies that are members of AFA and Project Lifesaver International (PLI) are welcome to apply for grant funding. The amount to be requested is \$5,000. This grant is offered in the spring (deadline July 1) and the fall (deadline November 15) of each year.

What is AFA looking for in a PLI Grant proposal?

This grant is open to a variety of programming ideas and supportive services. AFA seeks proposals that exhibit high scores within the following criteria:

- **Clear and effective descriptions.** Proposals must clearly and effectively explain the program to be funded and its objectives. Pay attention to grammar, spelling, etc. Please be as detailed as possible.
- **High community demand.** Proposals need to clearly exhibit a high level of need for this program or service in the community, and show that it will serve a significant number of clients and achieve other outcomes.
- **Best practice.** Proposals should show how this program or service is a best practice that deserves to be expanded for people with Alzheimer's disease and related dementias, and/or their caregivers.

Who reviews the PLI Grant proposals?

Grant proposals are reviewed by AFA's staff.

How is scoring determined?

Each of the criteria above will be scored on a scale of 1-5, 1 being the lowest possible score and 5 being the highest possible score. Since there are five criteria, proposals can receive a maximum total score of 25 from each grant reviewer. Final scores are determined by averaging each grant reviewers' total score. If denied, AFA will mail a letter to your organization. If awarded, AFA will call your organization directly. Funding from AFA must be allocated within the 6 month period of receiving the grant.

For more information, please contact the Membership Team at 866-232-8484 or membership@alzfdn.org.



ALZHEIMER'S FOUNDATION OF AMERICA

Project Lifesaver International Grant

Please complete this form in its entirety and mail, fax or email to:

Alzheimer's Foundation of America

322 Eighth Avenue

New York, NY 10001

Attn: Project Lifesaver International Proposal

Phone: 866-232-8484

Fax: 646-638-1546

Email: membership@alzfdn.org

Deadlines: Spring: (received by) July 1st Fall: (received by) November 15th

Repeated Submission
(for same program)

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Web site _____

Contact Person _____ Title _____

E-mail address: _____

Is Your W-9 Form Attached? Yes No

(a copy of your organizations W-9 form is required when submitting your grant application for consideration)

BACKGROUND

Organization's mission:

Briefly describe your organization's services:

Year organization was founded: _____

Number of employees: _____

Number of volunteers: _____

Annual budget: _____

PROGRAM SUMMARY

Name of Program to be funded: _____

New Program Continuing Program—Year Established _____

1. Brief overview of the program:

2. Objectives/goals of the program:

3. Statement of need for this program:

4. Brief description of how funds will be used:

5. Criteria used to determine client eligibility:

6. Number of clients currently served by this program: _____

7. Number of additional clients served by this program if grant is awarded: _____

8. Locations currently served by this program and new locations served if grant is awarded:

CITY	COUNTY	STATE	CURRENT	FUTURE

9. Qualifications of the person(s) administering this program:

10. How will you evaluate the effectiveness of this program?

11. What is your plan for the program’s financial sustainability and continuity once the AFA grant has been fully expended?

12. List current funding sources for this program:

SOURCE	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$

13. If you receive this grant, will there be a fee for the program?

Yes No

If yes, what is the amount? \$ _____

Daily Weekly Monthly Annually

ANNUAL PROGRAM BUDGET

	Total Budget	Funded by Grant	Other Sources
PERSONNEL-Salary			
PERSONNEL-Fringe			
RENT			
TELEPHONE			
SUPPLIES			
EQUIPMENT			
ADVERTISING			

PRINTING			
TRAVEL			
INSURANCE			
OTHER			
TOTAL			

PUBLICITY WAIVER

I understand that should my organization's grant proposal be approved, information about our program and/or service may be used during various Alzheimer's Foundation of America publicity and fundraising opportunities, including printed articles and press releases.

Contact Person: _____ Title: _____

Signature: X _____ Date: _____