



## AFA Bi-Annual Grant Criteria and Submission Directions

**Grant Request: \$6,000**

**Deadline: Spring (February 18, 2022)**

**Deadline: Fall (August 26, 2022)**

### About the AFA Bi-Annual Grant:

The Bi-Annual Grant seeks proposals from AFA's nonprofit member organizations for new or existing programs and services that improve the lives of those affected by Alzheimer's disease or a related dementia. All grant seekers must have been providing services for a minimum of one year and be in good standing (membership dues must be paid up-to-date). The amount to be awarded is \$6,000. This grant is offered bi-annually in the spring and the fall of each year.

***Organizations that have been awarded an AFA grant in the previous cycle must wait one calendar year before applying again for that particular grant.***

### Grants terms:

AFA funding is based on the premise that partnership and collaboration are the cornerstones of our efforts to achieve AFA's mission to provide support, education and research towards Alzheimer's and other dementia related brain diseases in our communities. AFA recognizes the rights and authority of Grantees, through their governing bodies, to determine their own policies and manage their own programs. As a result, AFA delineates the following grant conditions to be acknowledged by the Grantee as part of their obligation upon acceptance of grant funding.

- Recognize AFA as a funder and partner on the agency website and social media with a link, listing and/or logo.
- As appropriate
  - a. Acknowledgment in annual report .
  - b. AFA logo placement on funded program brochures, flyers and mailings.
- Grantee will "Like" AFA on Facebook and "Follow" on Twitter, if grantee has said social media accounts. As appropriate, Grantee will "Share" and/or "Like" AFA Facebook posts of relevant interest to their followers and "Favorite" and/or "Re-tweet" Twitter posts.
- Grantee will provide AFA with a full color EPS or high resolution (1-2MB) JPEG of the agency logo to be emailed to [Grants@alzfdn.org](mailto:Grants@alzfdn.org).
- Grantee will agree to advocate for and positively represent AFA to the general public.
- Use the AFA Grant funding for the sole purpose of the specified program outlined in this application.
  - a. Allowable Expenses include, but are not limited to:
    1. Administrative expenses
    2. Staff training
    3. Travel and transportation expenses
    4. Staff salary (inclusive of payroll taxes and benefits) for staff involved in program implementation
    5. Occupancy
    6. Supplies and equipment
  - b. Unallowable Expenses include:
    1. Costs that do not support or benefit the program, or are not necessary in carrying out the program.
    2. Salary increases as the single reason for increased request.
    3. Membership fees.
    4. Costs or expenses incurred outside the grant period.
    5. Expend grant funds not in accordance with the budget submitted, approved, and included as part of the submitted application.
  - c. Communicate in writing to AFA, as early as possible, whenever changes which may affect the outcome of the program have occurred, including key staff changes.

**Need assistance with the grant process?**  
**Call AFA at 866-232-8484 or email: [Grants@alzfdn.org](mailto:Grants@alzfdn.org)**



## What is AFA looking for in a Bi-Annual Grant proposal?

AFA seeks proposals that exhibit the following criteria:

**Clear and effective descriptions.** Proposals must clearly and effectively explain the program to be funded and its objectives. 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.
- **Creativity.** Proposals should exhibit a high level of creativity.
- **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.
- **A budget in sync with real costs.** Your budget should illustrate that this program, if awarded a Bi-Annual Grant, can realistically be accomplished by using AFA funds and other funds available to your organization and can be funded by your organization, or other support, in subsequent years.

## Who reviews the Bi-Annual Grant proposals?

Bi-Annual grant proposals are reviewed by AFA staff members.

## 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 five (5) being the highest possible score. Since there are five (5) criteria, proposals can receive a maximum total score of twenty-five (25) from each grant reviewer. Final scores are determined by averaging each grant reviewers' total score.

## How to submit your completed grant?

MAIL TO:  
Alzheimer's Foundation of America  
Attn: Bi-Annual Grant Proposal  
External Relations Department  
322 Eighth Ave, 16<sup>th</sup> Floor  
New York, NY 10001

E-MAIL TO:  
Grants@alzfdn.org  
With header  
Bi-Annual Spring Grant  
or  
Bi-Annual Fall Grant

**Spring Bi-Annual Grant applications must be received by Friday, February 18, 2022 at the end of the day.**

**Fall Bi-Annual Grant applications must be received by Friday, August 26, 2022 at the end of the day.**

**All grant applications must be typed. Handwritten grants will not be considered.**

## How will AFA Notify You?

If awarded, AFA will call your organization. If denied, AFA will notify your organization by mail.



## Proposal Format:

Please fill out the Bi-Annual Application Cover Sheet and follow the proposal format below, answering all of the questions in the order listed and using headings as provided.

### I. PROPOSAL SUMMARY: One-half page maximum.

Please summarize in a short paragraph the purpose of your agency. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the grant funds.

### II. NARRATIVE: Five pages maximum.

A. Background: Describe the work of your agency, addressing each of the following:

1. A brief description of its history and mission.
2. The need or problem that your organization works to address, and the population that you agency serves, including geographic location, socio-economic status, race, ethnicity, gender, sexual orientation, age, physical ability, and language.
3. Number of paid full-time staff, number of paid part-time staff, numbers of volunteers.

B. Funding Request: Please describe the program for which you seek funding including:

1. A statement of its primary purpose and the need or problem that you are seeking to address.
2. The population that you plan to serve and how this population will benefit from the project.
3. Strategies and timeline that you will employ to implement your project.
4. Proposed staffing pattern for the project and the names and titles of the individuals who will direct the project.
5. Anticipated length of the project.
6. How the project contributes to your organization's overall mission.

C. Evaluation: Please explain how you will measure the effectiveness of your program. Describe your criteria for a successful program and the results you expect to achieve by the end of the funding period.

### III. ATTACHMENTS: Please label all attachments to correspond to **THE BOLD FACED CAPITALIZED ITEMS below**. Any grant proposal missing the required attachments will not be considered.

A. Financial Information: Please provide the dates that each document covers.

1. Most recent **FINANCIAL STATEMENT**, audited if available. This statement should reflect actual expenditures and funds received during your most recent fiscal year.
2. Aligned side by side on the same page, your **OPERATING EXPENSE BUDGETS** for the current and most recent fiscal year.
3. Aligned side by side on the same page, a list of foundation and corporate **SUPPORTERS** and all other sources of income, with amounts, for your current and most recent fiscal year.
4. Please list the foundations, corporations, and **OTHER FUNDING SOURCES** that you are soliciting for and, to the best of your knowledge, the status of your proposal with each.
5. If project funding is requested:
  - a. **A CURRENT EXPENSE BUDGET FOR THE PROJECT**. List each staff line separately and include % of time spent on project. Indicate the specific uses of the requested grant, if possible.
  - b. A list of all **SOURCES OF INCOME** toward the project, actual and prospective with amounts.

B. Other Supporting Materials

1. A list of your **BOARD OF DIRECTORS**, with their affiliations.
2. A copy of your most recent **IRS LETTER OF DETERMINATION** indicating your agency's tax exempt status, or, if not available, an explanation.
3. One-paragraph **RESUMES OF KEY STAFF**, including qualifications relevant to the specific request.
4. Most recent **ANNUAL REPORT**, if available.

No more than three (3) examples of **RECENT ARTICLES** or **EVALUATIONS** of your organization, if available.



## AFA Bi-Annual Grant Application Cover Sheet

Spring:       Fall:       Year: \_\_\_\_\_

For Office Use Only: AFA Membership Number: \_\_\_\_\_

**Name of organization to which grant would be paid. Please list exact legal name.**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email Contact:** \_\_\_\_\_

**Project:**  
**Name:** \_\_\_\_\_

**Brief Description and overview of the Project/Activity: (250 words or less.)**



Is your organization an IRS 501(c) (3) not-for-profit?:  Yes  No

If no, please explain:

Have you applied for the AFA Bi-Annual Grant in the past?  Yes  No

If Yes, when (cycle, year)? \_\_\_\_\_

Total organizational budget (for current year):\$ \_\_\_\_\_

Dates covered by this budget (mo/day/year): \_\_\_\_\_ to \_\_\_\_\_

Total project budget (if requesting project support): \$ \_\_\_\_\_

Dates covered by project budget (mo/day/year): \_\_\_\_\_ to \_\_\_\_\_

**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's publicity and fundraising opportunities, including printed articles and press releases.

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

By checking this box, I acknowledge the Grant Terms & Publicity Waiver Clause.

Date: \_\_\_\_\_