



AFA Bi-Annual Grant Criteria and Submission Guidelines

Grant Request: \$6,000

Deadline: Spring (February 21, 2025)

Deadline: Fall (August 22, 2025)

About the AFA Bi-Annual Grant:

The Bi-Annual Grant seeks proposals from AFA 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 Bi-Annual Grant must wait one calendar year before re-applying. Funding will not be awarded for consecutive bi-annual grant cycles.

Grants Conditions:

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 of AFA in annual report.
 - b. AFA logo placement on funded program brochures, flyers and mailings.
- Grantee will 'like' AFA social media pages and 'like', 'follow', 'tag' and 'share' social media content where applicable.
- 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
- Grantee will agree to advocate for and positively represent AFA to the general public.
- Grantee will use 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. Staff salary (inclusive of payroll taxes and benefits) for staff involved in program implementation
 - 4. Occupancy
 - 5. 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



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 realistic outcomes.
- **Creativity.** Proposals should exhibit a high level of creativity. If the proposal is to expand a current program, describe how you plan to make the program new and improved to increase participant engagement.
- **Best practice.** Proposals should show how the program or service described is a best practice for people with Alzheimer's disease and related dementias, and/or their caregivers. Additionally, discuss how this program, if funded, will be implemented ongoing once the funding cycle ends.
- **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. Proposals submitted without a budget will not be considered.
- **Collaborations.** While not a pre-requisite for funding, AFA appreciates when non-profits collaborate with other agencies to share resources, fill gaps in care and design partner programs for a broader reach. NOTE: If your organization is partnering with another provider on a program that is requesting AFA funding, be sure to include a letter of intent or partnership agreement with your proposal outlining division of responsibilities and financial accountability.

Who reviews the Bi-Annual Grant proposals?

Bi-Annual Grant proposals are reviewed by AFA staff members, the AFA Board of Directors, the AFA Professional Leadership Council and/or community volunteers.

How is scoring determined?

Each of the criteria above will be scored on a scale of 1-5, one (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 application?

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

E-MAIL TO:

Grants@alzfdn.org
with header Bi-Annual Spring Grant
or Bi-Annual Fall Grant

All Bi-Annual Grant applications must be received NO LATER THAN 5:00pm EST on the deadline date.

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

How will AFA notify you?

AFA notifies all grant recipients initially by email then with a follow up letter sent by mail. If denied, AFA will notify your organization by mail.

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Proposal Format:

Please fill out the Bi-Annual Grant 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 hope to be achieved, and how the grant funds will be spent.

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(s).
3. Number of paid full-time staff, number of paid part-time staff, number of volunteers.

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

1. A statement of the 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
5. **W-9**
6. Any **RECENT ARTICLES** or **EVALUATIONS** of your organization, if available. Please no more than three (3) examples.



AFA Bi-Annual Grant Cover Sheet

Spring: ☐ Fall: ☐ Year: 2025

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

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

If Yes, when (cycle, year)? _____

Have you received any AFA grants in the past? ☐ Yes ☐ No

If YES, list all.

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 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: _____

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