ALZHEIMER'S FOUNDATION OF AMERICA

AFA Project Lifesaver International Grant Criteria and Submission Directions

Grant Request: $6,000
Deadline: Spring (May 1, 2026)
Deadline: Fall (November 13, 2026)

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 $6,000. This grant is offered 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.

What is AFA looking for in a PLI Grant proposal?

This grant is open to a variety of programming ideas that support in the recovery and safe return of an older adult living with Alzheimer's disease or another related dementia. 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.
- **Program Sustainability.** Proposals should address agency plans on how the program will be sustained after funding cycle ends.

Who reviews the PLI Grant proposals?

Grant proposals are reviewed by AFA 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 5 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.

How to submit your completed grant application?

E-MAIL TO:
Grants@alzfdn.org with header
Spring PLI Grant
or
Fall PLI Grant

All PLI Grant applications must be received NO LATER than 5:00pm EST on the deadline date.

Please do not submit proposals earlier than 30 days BEFORE the grant deadline.

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

How will AFA Notify You?

APA will notify grant winners by email ONLY. AFA will no longer be sending award letters or letters of declination by mail.

Need assistance with the grant process?

Call AFA at 866-232-8484 or email: Grants@alzfdn.org

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AFA Project Lifesaver International Grant Cover Sheet

Spring: ☐ **Fall:** ☐ **Year:** 2026

For Office Use Only: AFA Membership Number:_____

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

Have you applied for the Project Lifesaver Grant in the past? ☐ Yes ☐ No

Have you been awarded for the Project Lifesaver Grant in the past? ☐ Yes ☐ No

If Yes, what cycle and year? ☐ Spring ☐ Fall Year:_____

Name of project to be funded:_____

Brief description of program to be funded. *(250 words or less):*

Address of organization:_____

Telephone number:_____ **E-mail:**_____

Website: _____

Contact person and title:_____

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

If no, please explain:_____

Is your agency partnering with another organization to carry out this program? ◯ **Yes** ◯ **No**
If yes, please provide partnership agreement or M0U outlining delegation of responsibilities.

Please note: Both agencies must be members in good standing of AFA and/or PLI to qualify.

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Project International Lifesaver Grant Application

ORGANIZATIONAL HISTORY AND BACKGROUND

Year organization was founded: _____

Number of (organization wide) employees: ____ **Number of (organization wide) volunteers:** ____

Annual (organization wide) Budget: $_____

Organization's Mission: *Please attach additional documents if needed.*

Briefly describe your organization's services: *Please attach additional documents if needed.*

☐ New Program ☐ Continuing Program-Year Established ____

1. Brief overview of the program and how the program is being marketed to the community. *Please attach additional documents if needed.*

2. Objectives/goals of program: *Please attach additional documents if needed.*

3. Statement of need for this program: *Please attach additional documents if needed.*

4. Brief description of how funds will be used: *Please attach additional documents if needed.*

5. Criteria used to determine client eligibility: *Please attach additional documents if needed.*

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) overseeing this program: *Please attach additional documents if needed.*

10. How will you evaluate the effectiveness of this program?: *Please attach additional documents if needed.*
** Please note that grant reporting will require agencies to provide names and diagnosis for all consumers benefiting from AFA funding support**

11. What is your plan for the program's financial sustainability and continuity once the AFA grant has been fully expended? *Please provide a separate attachment if additional space is needed.*

12. List current funding sources for this program:

Source	Amount
	$
	$
	$
	$
	$

13. Should 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:

Note: Please provide the program budget only (not organization budget) and specify the exact use of AFA grant funds in the center column labeled "Funded by AFA Grant- if Awarded".

	Total Budget	Funded by AFA Grant *if Awarded*	Other Sources
Personnel-Salary			
Personnel-Fringe Benefits			
Rent			
Telephone			
Supplies			
Equipment			
Advertising			
Printing			
Insurance			
Transportation			
Other			

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Grant 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 Grantee as part of their obligation upon acceptance of grant funding.

- Recognize AFA as a funder and partner on the agency website with a link, listing and/or logo.
- As appropriate
  a. Acknowledgement 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.
- 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. Supplies and equipment.
   4. Community education & outreach.

b. Unallowable expenses include:
   1. Costs that do not support or benefit the program, or are not necessary in carrying out the program.
   2. Salaries as the single reason for increased request.
   3. Membership fees.
   4. Costs or expenses incurred outside the grant period.
   5. Travel.
   6. Expending 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.

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 above Grant Conditions and Publicity Waiver. ☐

Date:_____

Need assistance with the grant process?
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GRANT YEAR/CYCLE (SPRING OR FALL)	ORGANIZATION NAME	CURRENT NUMBER OF CLIENTS SERVED	DIAGNOSIS of CLIENTS in PROGRAM (Please list any neurocognitive diagnosis not noted)	AGE (35-50)	AGE (51-65)	AGE (66& 75)	AGE (75 & older)	UNMET NEED/ DEMAND
Spring 2026			FTD					
			Alzheimers					
			Parkinsons					
			Lewy Body					
			Downs Syndrome					
			MCI					