

Ohio Parkinson Foundation Northeast Region Request for Project Funds

Project Name: _____

Date Submitted: _____

PROJECT DESCRIPTION & IMPACT

Project Background & Objectives *[Describe the overall program along with the specific project or activity the requested funds will support]*

Anticipated Impact *[Describe the anticipated impact the requested funds will have. Quantify the impact and be specific as possible]*

Additional Comments for Reviewers *[Provide any additional comments, references, examples or background information you would like the reviewers to consider]*

BUDGET

Provide a table of the categories of expenditures to be funded by the requested grant. Indicate how much funding will come from OPFNE and show funding provided from other sources,

Expenditure Item(s)	OPFNE Requested Funds	Funds from Other Sources	TOTAL
TOTALS	0	0	0

APPLICANT

Applicant information

Applicant Name

Applicant Email

Organization or
Company
Represented

Applicant Telephone

Project Start Date

Project Duration

Time Project is
Ready for
Review

Instructions: Complete the form by entering the requested information. The typical project duration is six months and funds requested are typically less than \$5K. Submit the completed funds request form to fmdiscenzo@gmail.com. Requests for project funds will be reviewed quarterly by the OPFNE Grants Committee. Requestors will be notified following funding approval by the OPFNE Board.