



## **GRANT PROGRAM AND GUIDELINES**

### **PURPOSE:**

Walk to Remember, Inc. strongly believes in developing and enhancing programs and services in the communities of the counties of Roseau, Lake of the Woods and Marshall in the State of Minnesota. Our goal is to improve the quality of life for individuals with Alzheimer's disease and the related dementias and their families. We will accomplish this through providing grants on an as needed basis. The Walk to Remember, Inc. board of directors and its officers will review all applications and distribute funds.

### **ELIGIBILITY:**

Individuals, their families, caregivers and non-profit 501©3 groups and organizations in the counties of Roseau, Lake of the Woods and Marshall in the State of Minnesota are eligible to apply for a Walk to Remember grant. Applications must clearly identify dementia specific uses, including but not limited to: care, support, medical needs, training/education, research, or equipment.

### **EVALUATION FACTORS:**

1. To be considered for a grant, there must be:
  - a. benefit to the individual, their family and/or their caregiver
  - b. level of support to the individual, their family and/or their caregiver
  - c. if an organization, the capability to deliver quality service or program

### **REQUIREMENTS:**

1. Completed application form
2. Detailed budget showing how requested funds will be spent. Grants may be awarded up to \$2,000 per application. Each applicant may apply only once per calendar year.

### **APPLICATION PROCESS:**

Complete application and budget and submit to the Walk to Remember, Inc. Board. Applications should be sent to:

Paula Peterson

Chief Vice President, Walk to Remember, Inc.

303B 9th Ave. SE

Roseau, MN 56751



**GRANT APPLICATION  
FOR INDIVIDUALS, THEIR FAMILIES AND CAREGIVERS**

Name of Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

**TELL US YOUR "STORY"**

How are you affected by dementia? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_

What do you hope to accomplish with this grant? \_\_\_\_\_  
\_\_\_\_\_

If you are rewarded a grant, how else can we be of help to you? \_\_\_\_\_  
\_\_\_\_\_

How did you find out about Walk to Remember, Inc.? \_\_\_\_\_

**CERTIFICATION:**

In submitting this application, the applicant agrees that it will spend funds solely for the purposes stated in the application and will refund the unexpended portion of such funds, if any.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_  
Relationship \_\_\_\_\_





**GRANT APPLICATION  
FOR NON-PROFIT GROUPS AND ORGANIZATIONS**

Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title/Position \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
What is your organization's mission? \_\_\_\_\_

**PROJECT/PROGRAM INFORMATION:**

What is your project? \_\_\_\_\_  
\_\_\_\_\_

What is the goal of your project? \_\_\_\_\_  
\_\_\_\_\_

Briefly describe how the funds will be used: \_\_\_\_\_  
\_\_\_\_\_

Amount requested: \_\_\_\_\_

Total project cost: \_\_\_\_\_

How did you find out about Walk to Remember, Inc.? \_\_\_\_\_

**CERTIFICATION:**

In submitting this application, the applicant agrees that it will spend funds solely for the purposes stated in the application and will refund the unexpended portion of such funds, if any.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_