



Wisconsin Physical
Therapy Fund

Guidelines for Completing The Lynn Phillippi Geriatric Advocacy Grant Application

Type all the requested information following the application format.

Sections A and B: Use these sections to briefly describe the project/program for which funding is requested. The grant requires that you incorporate some measure of whether the proposed project was successful in achieving its goals. Do not exceed 2 pages for Sections A and B.

Section C: Provide complete contact information regarding the individual or organization requesting the funding.

Section D: On the Budget Form, clearly itemize how the grant money will be used.

Attachments: Note the content of the necessary attachments to the application.

Grants are awarded for a maximum of 12 months and are not renewable.

Please mail completed application materials to:

Wisconsin Physical Therapy Association
Lynn Phillippi Grant
P.O. Box 341
McFarland, WI 53558

Or submit application electronically to: aptawi@aptawi.org

B. Evaluation of Project:

1. Description of how the success of the funded program will be defined and measured (i.e., specific outcome measures, method of measurement):

C. Grant Application (individual or organization):

1. Name: _____ Title: _____

Address: _____

Phone:() _____ - _____ Fax:() _____ - _____ e-mail: _____

Contact person: _____

Phone:() _____ - _____ Fax:() _____ - _____ e-mail _____

Address, if different from above: _____

2. Relationship of applicant to project:

3. Prior grants received:

Title: _____

Funding source: _____

Date: _____

Amount: _____

Attachments:

1. A **brief** resume (maximum of one page) of each individual involved in the proposed project (include name, current mailing address and phone, educational and employment background which is pertinent to accomplishing the proposed project.
2. Justification of budgeted permanent equipment and other items where need is not apparent.
3. Any supplemental materials the applicant considers relevant to the project.

D. Budget Form

Detailed Budget From (month/date/year) __/__/__ through __/__/__

Personnel (List all personnel for whom money is requested) \$ _____

Subtotal \$ _____

Permanent Equipment (Justification to be attached) \$ _____

Subtotal \$ _____

Consumable Supplies \$ _____

Subtotal \$ _____

All other expenses \$ _____

Subtotal \$ _____

Budget Summary

Personnel \$ _____

Permanent Equipment \$ _____

Consumable Supplies \$ _____

Other Expenses \$ _____

Total \$ _____

Other potential sources for funding for proposed project: _____
