



Rebuilding Together Grant Application

Date _____

Name: _____

Address: _____

Email address: _____

Phone Number(s): Hm _____ Cell _____

Person with Parkinson's (PwP) Name: _____

Process: *This application is for services through Rebuilding Together. If awarded you must contact Rebuilding Together (916) 455-1880 within three months of the award date. Failure to comply with these guidelines may result in a loss of grant funding. Applicants may apply every 12 months.*

1. Please provide via email or regular mail a physician's note stating the PwP has Parkinson's Disease.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a grant, I understand that false or misleading information in my application may result in denial or loss of funding.

Signature: _____

Date: _____