****

**Academy of Orthopaedic Physical Therapy Advocacy Grant Application**

**Purpose:** The Academy of Orthopaedic Physical Therapy (AOPT) of the American Physical Therapy Association (APTA) is committed to assisting its members and chapters with the financial costs of performing advocacy efforts.

Chapters may seek grant funding from the Academy of Orthopaedic Physical Therapy to assist with financial costs of defending the scope of current and emerging areas of orthopaedic physical therapist practice, and supporting legislative and regulatory efforts related to grass roots advocacy efforts.

By offsetting the expense of performing advocacy efforts via an Academy of Orthopaedic Physical Therapy Advocacy grant, the chapter will be able to use its own financial resources on other activities associated with legislative and regulatory efforts related to the promotion of issues in Physical Therapist Practice.

In situations in which a chapter seeks grant funding for support of advocacy efforts from the AOPT, the Practice Committee of the AOPT will use the following criteria to determine the need for assistance and make appropriate recommendations for approval to the Academy’s Executive Committee

**Criteria 1:**

Describe the financial commitment the chapter has made toward the stated advocacy effort.

*Description should include the following:*

* *Percentage of operating revenue budget (including financials and reserves of chapter and districts) that the chapter has devoted, or plans to devote, to the advocacy effort*
* *A detail of the advocacy effort in which the chapter is requesting funding, including the funds the chapter has or will be putting forward, estimated cost of lobbying efforts, estimated costs related to grass roots efforts and estimated costs for marketing and public relations*
* Total ANTICIPATED expenses/Funds Requested:

Describe in detail how these funds will be utilized:

|  |  |
| --- | --- |
| **Estimated itemized expenses**  | **Description of activities** |
| $ |  |
| $ |  |
| $ |  |

Granted funds must be used towards **future** political action efforts. Funds will not be granted to recuperate cost from previously completed activities.

**Criteria 2**

Please list the State legislative and regulatory goals:

**Criteria 3**

The Chapter has developed a legislative plan for the advocacy effort. *Describe the legislative plan to include*:

1. What is the chapter's legislative plan & timeline to address the issue?
2. Do you have any strategic alliances with other organizations? If so, who?
3. If other alternatives were considered, please describe and explain why a legislative or legal option was chosen now?
4. Grassroots plan-i.e. Does your chapter have plans for a lobbying effort?
5. Does the chapter have a state key contact program?

**Criteria 4**

The Chapter’s past efforts with this advocacy agenda if any. (If this is the chapter’s initial advocacy effort for this issue, please state NONE)

*Describe past efforts to include*:

1. How many years the chapter has introduced legislation for this particular advocacy effort
2. How far in the legislative process has the chapter’s advocacy advanced
3. Whether the bill was reported out of the committee in either body of the legislature and/or passed one body of the legislature

**Criteria 5**

* How do your goals align with AOPT’s positions/mission/strategic plan?
* A yearly report is due to the AOPT Scope of Practice Workgroup (1st report due 1 year after funds are distributed and each year thereafter if grant funds continue to be spent) that outlines the progress made toward the legislative goals.

Applicants may apply for additional grant funding in the future for same or other legislative efforts

**Please provide any additional comments or information that support your application. Include any additional materials or information that your chapter has produced for this advocacy effort.**

**Applications and materials should be mailed to the following address:**

**Academy of Orthopaedic Physical Therapy, APTA, Inc.**

**2920 East Avenue South, Suite 200 La Crosse, WI 54601-7202**

**Questions?** Contact Terri DeFlorian: tdeflorian@orthopt.org