



GENERAL FUND GRANT APPLICATION

(rev. 7/2023)

This Application is for the limited use by individuals who have survived an acquired brain injury (traumatic or non-traumatic), which is diagnosed as moderate to severe. The application is intended to be used to make a request for the funding from the Alamo Head Injury Association (AHIA) for specific goods or services. There must be an apparent need and targeted benefit by the survivor and/or their caregiver, and such request aligns with the intent of the AHIA Grant program.

The **General Fund Grant** is generally considered for special needs such as for medical related assistance, rehabilitation, special purpose equipment, transportation, educational classes, training, and social related items. This does not include exercise equipment, Uber-type services, ongoing or recurring charges, and technology that does not aid in improving basic ADL activities. The General Fund Grant limit is \$800 per twelve (12) month period. Pre-authorization is required.

AHIA will review and consider all reasonably completed applications. The General Fund Grant may have some similarities to the other two AHIA Grant categories; and may be more appropriate for special or certain circumstances, as solely determined by the Grant Committee. Decisions will be made based on the merits of the anticipated and targeted benefits to the applicant.

Completed applications should be emailed to AHIA@alamoheadinjury.org. You may instead mail the application to AHIA P.O. Box 29074 San Antonio, TX 78229-0074. Please contact AHIA at (830) 331-5686 for questions and assistance.

Please complete all items listed below to the best of your knowledge.

1. Applicant/Survivor Name: _____ Email: _____
2. Address: _____

_____ Phone #: _____
3. Medical Diagnosis: _____
4. Briefly explain what is being requested and how the item(s) or work will assist and provide benefits to the applicant and/or their caregiver:



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5. Describe in more detail the specific item(s) or specific work being requested; including any itemized cost and the estimated total cost, even if the total cost exceeds the grant limit:

6. List two (2) estimates/proposals obtained for the item(s) or work requested in this Application. It is also helpful if you can also provide copies of any proposals or pricing reference information with this Application.

a) Company/Vendor Name: _____ Pricing/Cost Estimate: _____

Contact Person (if known): _____ Phone#, email or website: _____

b) Company/Vendor Name: _____ Pricing/Cost Estimate: _____

Contact Person (if known): _____ Phone#, email or website: _____

Please advise if you anticipate any other company or entity will be providing any portion of the total cost:

By signing this General Fund Grant Application, I certify that the above information and any information provided with this Application, is true and accurate.

Applicant's Signature:

Date: _____

Sponsor or Family Member's Signature:

Date: _____

Sponsor, Family Member, or other Contact Information (optional): _____