



GENERAL GRANT APPLICATION FORM

(rev. 6/2023)

This Application is for the limited use by individuals who have survived an acquired brain injury (TBI or non-TBI), 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 Grant** funding 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, recurrent charges and technology that does not aid in improving basic ADL activities. Funding is not intended for ongoing and recurring expenses. The General Grant funding limit is \$800 per twelve (12) month period. Pre-authorization is required for any reimbursements.

AHIA will review and consider all reasonably completed applications. The General Grant category may have some similarities to the other two AHIA Grant categories; but 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 (210) 614-4323 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 service will assist and provide benefits to the applicant and/or their caregiver:

5. Describe in more detail the specific item(s) or specific work being requested:



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6. Provide any itemized cost and the estimated total cost, even if the total cost exceeds the grant limit.
7. List two (2) written estimates/proposals obtained for the item or service 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 Name: _____ Price Quote: _____
Contact Person: _____ Phone #: _____

b) Company Name: _____ Price Quote: _____
Contact Person: _____ Phone: _____

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

8. **By signing this 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 or Family Member Contact Information (optional): _____