

Traumatic and Acquired Brain Injury (TABI) Mini-Grant Program
Timeline and Requirements

❖ **Applications will be reviewed on the 3rd Friday of each month.**

- Please submit all materials to the regional agency applicable. These 4 regional agencies submit complete applications to the Division of Senior and Disability Services on your behalf. Have the agencies help you with any questions.
- If you live in:
 - 1) Anchorage/Eagle River/The Valley**
the grant contact is Daybreak, Inc. The mini grant coordinator is Guylene Derry.
 - Email: guylene@daybreakmhsc.com
 - Phone: (907) 390-0981
 - 2) Anchorage/Eagle River/Girdwood + Fairbanks/Surrounding Area**
please contact Bridgit Barstad at Access Alaska, Inc.
 - Email: bbarstad@accessalaska.org
 - Phone: (907) 248-4777
 - 3) Northwest Arctic Region**
please contact Kim Bebout with Maniilaq, Inc.
 - Email: Kimberly.Bebout@maniilaq.org
 - Phone: (907) 442-7887
 - Cell: (907) 947-0047
 - 4) Southeast**
the contact is Deb Etheridge at Southeast Alaska Independent Living (SAIL) Inc.
 - Email: detheridge@sailinc.org
 - Phone: (800) 478-7245
 - Fax: (888) 521-4869
 - 5) Outside these Regions**
Michelle Rogers with SDS will receive applications for those living in areas outside these 4 regions
 - Secure email: michelle.rogers@hss.soa.directak.net
 - Phone: (907) 465-4995

❖ **Bills/Invoices/Estimates for the services/items need to be included.**

- This cannot be stressed enough --- pretty please include supporting docs.
 - 6) 2 quotes for a service/item are needed for a price comparison.
 - Exception: if only 1 vendor exists (special item)
- If the application is approved, then a check goes directly to the vendor.

- 7) The selection committee needs to see a dollar amount associated with the service/item
- 8) Make sure quotes have the price guaranteed for at least 30 days
- Also include a mailing address and/or additional payment info
- 9) If the grant request is online,
 - send clear screenshots and include URL
 - indicate options for payment

❖ **Have your doctor sign the Verification of Diagnosis.** This 1-page form is the only medical documentation required.

- **IMPORTANT!** --- Kindly do not send packets, DVDs, etc. of medical records
- Form can be signed by
 - ◆ Primary Care Doctors (MD or DO)
 - ◆ Physician Assistants (PA) and Advanced Nurse Practitioners (ANP)
 - ◆ Medical specialists such as Neuropsychologists or Doctors of Physical Therapy (DPT) may also sign

❖ **The funding maximum per year is \$2,500.**

- If the service/item exceeds \$2,500 then write how you will be able to pay for the remaining amount
- If funding is approved, the check will be issued in the following 7-10 business days after the 3rd Friday of the month (the day its reviewed)