



alternating hemiplegia of childhood foundation
2000 Town Center, Suite 1900 Southfield, MI 48075
Email: ahcfoundation@ahckids.org
Web: www.ahckids.org

family grant policy

FOUNDATION OVERVIEW

The AHC Foundation (AHCF) is a dynamic organization of dedicated people that tirelessly work and advocate for their children to have a better quality of life. Run by parents of children with AHC, we are a charitable 501(c)(3) organization with non-profit status and classified as tax-exempt. Our Federal Tax ID is 38-3225425. Therefore, donations made to AHCF are tax-deductible.

FOUNDATION INDIVIDUAL GRANT PROGRAM

Through research, education, and family support, we have one mission: END AHC. We understand that life with AHC is difficult. Through our grant program, we hope to alleviate some of the financial challenges faced by those with AHC and their families.

GRANT CONDITIONS

Grants will be awarded in the years it is financially feasible for the AHC Foundation.

- The amount available to fund grants each year will be determined at the Annual Board of Directors' Meeting.
- The maximum amount awarded to a family during a two-year period will not exceed \$500. (Exceptions may be considered on a case-by-case basis when funds are a: available and b: at the sole discretion of the Board of Directors.)
- When the amount set aside for grants is exhausted, no more grants will be awarded during that fiscal year.
- There is no guarantee that every grant request will be awarded.
- A short summary of how the grant was used may be requested.

ELIGIBILITY

Grant consideration is limited to individuals diagnosed with Alternating Hemiplegia of Childhood and their immediate family.

GRANT CRITERIA

Grants can be awarded either as reimbursement for an approved purchase or paid directly to an individual, depending on the situation. The Foundation may require an explanation of attempts to use other available resources.

GRANTS CAN BE USED FOR BUT NOT LIMITED TO:

- Transportation for a medical appointment to see a specialist not available locally.
- Transportation for medical testing not available locally.
- Transportation, or other expenses, to the AHCF Family Meeting that creates a hardship to attend.
- Medical equipment deemed necessary but not covered by insurance or local organizations.

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GRANTS WILL NOT BE AWARDED FOR THE FOLLOWING:

- Transportation to other medical conferences
- Medical equipment that can be covered by private insurance or Medicaid.
- Vacations
- Service animals

To apply for a grant, please fill out the attached form and submit it via email to ahcfoundation@ahckids.org.

ahc foundation family grant application

Applicant: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone #: _____

Email address: _____

Previous application date: _____ Was it approved? _____

Please list what you are applying for and how it is medically convenient and/or medically necessary.

Amount Requested: _____

Parent's Signature: _____ Date: _____

Parent's name printed: _____

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