

Gateway Chapter

Phone: (314)427-0393 Email: info@gatewaypva.org

	HAND CONTROL	GRANT	
HAVE YOU PREVIOUSLY	APPLIED FOR THIS GRA	NT?	
YES	NO NO	UNSURE	
	PERSONAL INFOR	RMATION	
FIRST NAME:	MI:	_ LAST NAME:	
ADDRESS:			
CITY:	STATE:	ZIPCODE:	
HOME PHONE:	CEI	LL PHONE:	
EMAIL (if applicable):			
	SERVICE CONNI	ECTION	
IS YOUR SCI INJURY/DISH	EASE SERVICE CONNEC	TED?	
YES	☐ NO	UNSURE	
	VENDOR INFORM	MATION	
	PLEASE ATTACH VENDORS' BIDS TO	THIS APPLICATION	
FIRST VENDOR			
CONTACT NAME:			
COMPANY NAME:			
PHONE NUMBER:	EMA	IL:	
TOTAL ESTIMATE AMOU	NT:		
SECOND VENDOR			
CONTACT NAME:			
COMPANY NAME:			
PHONE NUMBER:	EMA	IL:	
TOTAL ESTIMATE AMOU	INT·		