FACE SHEET

Please type or clearly print

Applicant #1 name: _____ Applicant #2 name: _____

State: _____

Home Phone _____
Alternate Phone #1 _____
Alternate Phone #2 _____
Mailing Address_____
Email address: _____

How much money are you requesting? (cannot exceed $10,000) _____

What will the grant be used for? (Check which one applies)

____ Adoption ____ Fertility Treatment

If Fertility Treatment: will grant money be used for egg donation? Yes_____ No _____

If Fertility Treatment: will grant money be used for surrogacy? Yes_____ No _____

What is the name of your adoption agency or clinic? _____

Who is your doctor (fertility clinic) or case manager (adoption)?_____

What is the address of your clinic or adoption agency?_____

What is the phone number of your clinic or adoption agency?_____

Example Do Not Submit

Tinina Q. Cade Foundation *Family Building Grant* Application

Please complete this chart. (*If an item does not apply to you, please put N/A).*

	Applicant #1	**Applicant #2**
Name (Last, First)		
Date of Birth		
Age		
Email Address		
Current Job Title		
Employer's Name		
Dates of Employment		
How did you hear about the grant?		
If married, number of years married?		
Are you able to attend the Family Building Gala in MD on 11/4/17?		
If the answer above is "no"- why not?		
Do you currently have any children? *(please circle)*	Yes No If yes, how many? _____	Yes No If yes, how many? _____
Have you ever been arrested for: Misdemeanor? Felony? *If "yes" please explain in personal statement.*	Yes No Yes No	Yes No Yes No
(Optional) Race/ Ethnicity		

Example Do Not Submit

(2) Does either Applicant #1 or Applicant #2 have insurance/ employer sponsored support that will assist with the costs associated with fertility treatment/adoption? ___ Yes ___ No ___ Incomplete Coverage

If incomplete coverage, please describe what is covered and what is not covered:

_____

_____

(3) Are you willing to volunteer at a TQCF activity or an activity for an organization that supports infertile families (in any location)? ___ Yes ___ No

If Yes, please describe how you would like to help: _____
_____
_____

(4)Do you have any previous experience with the Cade Foundation through volunteering or attending an event sponsored by the Cade Foundation? ___ Yes ___ No

If Yes, please describe your experience:
_____
_____

(5) Do you have any experience in general volunteering or fundraising? ___ Yes ___ No

If Yes, please describe your experience:
_____
_____

Example Do Not Submit

Personal statement from Applicant #1:

Name: _____

Please submit a statement written independently by EACH applicant indicating the potential importance of this grant for your family and why you are applying for this grant. Please include any extenuating life circumstances (examples: job loss, financial struggle, life changes, etc) that should be considered by the grant reviewers as they review your application for the *Family Building Grant*.
Limit: 500 words or less.
Statement:

Example Do Not Submit

I attest that I wrote this statement (signature) _____ (date) _____

Personal statement from Applicant #2:

Name: _____

Please submit a statement from written independently by EACH applicant) indicating the potential importance of this grant for your family and why you are applying for this grant. Please include any extenuating life circumstances (examples: job loss, financial struggle, life changes, etc) that should be considered by the grant reviewers as they review your application for the *Family Building Grant*.
Limit: 500 words or less.

Statement:

Example Do Not Submit

I attest that I wrote this statement (signature) _____ (date) _____

HOUSEHOLD BUDGET --
Please complete the chart below to provide your family's monthly budget for a typical month.

Annual Household Income (*Including combined adjusted gross income: This should match Line 37 from IRS form 1040 plus other annual revenue of Applicant #1 and Applicant #2*):
$_____

Expense	Average Cost/month
Mortgage/Rent	$
Car payment	$
Utilities	$
Credit Cards	$
Alimony/Patrimony	$
Day care	$
Phones	$
Education loans	$
Entertainment	$
Eating Out	$
Groceries:	$
Fertility treatment	$
Adoption savings	$
Other: _____	$
Other: _____	$
Other: _____	$
Total Monthly Expenses	$

Savings:
What is your current total balance of savings and checking accounts?
Bank Name: _____ Savings #1 _____ Checking _____
Bank Name: _____ Savings #2 _____

What is the net worth of your retirement/IRA savings plan?
Applicant #1 $_____ Applicant #2 $_____

Do you own any stocks or bonds or have any other investments? If yes, please indicate the total portfolio value. Applicant #1 $_____ Applicant #2 $_____

Example Do Not Submit

GRANT BUDGET PROPOSAL --

Please provide a proposed budget for how you will use the requested grant money along with your personal financial contribution. See "Sample Grant Budget Proposal" in the instruction packet.

Please check one box:: Assist with costs of adoption Assist with costs of fertility treatment

Example Do Not Submit

Amount of grant money requested (cannot exceed $10,000): $_____

Please upload **pages 1 and 2 only** of your signed tax documents (Form 1040) here. If there are 2 applicants both applicants and you file separately both must submit their tax documents. Tax documents must be for 2016 or 2017.

Example Do Not Submit

Medical Information: If you are seeking a grant for domestic child adoption do not complete the Medical History questions below. Instead please ask your physician to prepare a letter stating that you have infertility and to describe the cause if known. If you are seeking a grant for any form of fertility treatment including embryo adoption, donor egg and or donor sperm, IVF, IUI, gestational carrier – please complete the Medical History pages below.

Medical History for Women (for fertility treatment grant applications only):

Seeking grant for fertility treatment for the following: (check the appropriate):

____ IVF ____ Egg Donor ____ IUI ____ ICSI ____ Other: _____

Age: _____ Height:_____ Weight:_____

Medical History for Women (for fertility treatment grant applications only):

Medical Problems: _____
_____
_____

Have you been told you have infertility? Yes No
Cause:_____

Have you ever been treated for cancer? Yes No Medications?_____

Surgical History: _____

What medications does patient take? _____

Do you smoke? If yes, how many packs per day? _____

Has patient used marijuana or used other illicit drugs? (please specify) _____

If "yes" -- when was last drug use? _____

What procedures and treatments has patient already undergone and at what cost?

Procedure/Date	Out of Pocket Costs	Amount Covered by Insurance

Example Do Not Submit

Medical History for Men (for fertility treatment grant applications only):

Seeking grant for fertility treatment for the following: (check the appropriate):

____ IVF ____ Egg Donor ____ IUI ____ ICSI ____ Other: _____

Sperm Analysis: Date: _____ Count: _____ Motility:_____ Morphology: _____

Medical Problems: _____

_____

_____

Have you been told you have infertility? Yes No

Cause:_____

Have you ever been treated for cancer? Yes No Medications?_____

Surgical History: _____

What medications do you take? _____

Do you smoke? If yes, how many packs per day? _____

Have you used marijuana or used other illicit drugs? (please specify) _____

If "yes" -- when was your last drug use? _____

What procedures and treatments have you already undergone and at what cost?

Procedure/Date	Out of Pocket Costs	Amount Covered by Insurance

Example Do Not Submit

CONSENT

By submitting this application and signing below, the applicant(s) understand and consent to the following (initial each statement and sign below):

1)To having our names and photographs published and released by the Tinina Q. Cade Foundation if we are awarded a Tinina Q. Cade Foundation *Family Building Grant* and described in that press release as recipients of the Tinina Q Cade Foundation *Family Building Grant* _____ *(initial)* _____ *(initial)*

2)Submitting this application does not in any way guarantee that we will receive a *Family Building Grant.* _____ *(initial)* _____ *(initial)*

3) We will not receive any money directly; the grant award will be provided directly to the service providers (fertility clinic, adoption agency, pharmacy, or other related parties). _____ *(initial)* _____ *(initial)*

4) The grant reviewers will be receiving personal medical and financial information and this information will not be shared with anyone outside of the Selection Committee. _____ *(initial)* _____ *(initial)*

5) If we are awarded a Family Building Grant that the money must be used within 12 months of the grants commencement date (August or January) for the purposes which it was requested, and that any unused funds will be returned to the Tinina Q. Cade Foundation general fund. _____ *(initial)* _____ *(initial)*

6) Should a refund be available due to services costing less than anticipated, services not being rendered, a shared risk cycle is unsuccessful and funds are reimbursed by a clinic or as a result of a tax refund for adoption, that the refund (up to the value of the grant award) will be returned to the Tinina Q. Cade Foundation and that we (applicants) shall not be entitled to any direct compensation or refund until the Tinina Q. Cade Foundation has been refunded the value of the grant provided. _____ *(initial)* _____ *(initial)*

7) If it is found that any information contained in this application was falsified, if the instructions were not followed, or if your family, fertility, or legal status changed following the submission of this grant and the Cade Foundation was not notified of such a change, the grant money, if offered, may be rescinded or forfeited at the discretion of the Board of Trustees. _____ *(initial)* _____ *(initial)*

8) The Cade Foundation has the right to confirm that applicants are in good standing with their fertility clinic or adoption agency . _____ *(initial)* _____ *(initial)*

9) The information contained in this application is truthful. _____ *(initial)* _____ *(initial)*

_____	_____	_____
Applicant #1 Signature	Printed Name	Date
_____	_____	_____
Applicant #2 Signature	Printed Name	Date

Example Do Not Submit

Please upload a photograph below.

Example Do Not Submit