



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? _____



2016-2017 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?	Yes No	Yes No
Felony?	Yes No	Yes No
<i>If "yes" please explain in personal statement.</i>		
(Optional) Race/ Ethnicity		

(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: _____



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*.

Statement:

SAMPLED

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*.

Statement:

SAMPLED

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 \$ _____



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

SAMPLE

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



Please upload pages 1 and 2 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 2015 or 2016.

SAMPLE



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 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

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

Age: _____ Height: _____ Weight: _____

Medical Problems: _____

Surgical History: _____

Have you been told you have male infertility? Yes
 Cause: _____



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

Current Medications: _____

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

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? _____

SAMPLE



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



Please upload a photograph below.

