

Lend A Hand Up offers unique and comprehensive fundraising resources to support campaigns for families burdened by a medical crisis. Applications reviewed weekly by a compassionate committee of professionals.

How are Donations Boosted?

Funding: Lend A Hand Up will award a \$100 boost for every \$500 raised, up to a \$5,000 total boost per family. A boost cap of \$1,000 per donor applies (\$5,000 gift). Boost awards do not apply to amounts deposited into the benefit fund by recipient, household members or anyone who would financially gain from the fundraising campaign.

- **Online Campaign:** Applications for boost funding and access to online giving may be submitted at any time. If approved, Boost Funding is awarded based on online gifts made through lendahandup.org, effective upon approval date (90-day maximum campaign). Gifts raised through other sites or by cash/check are **not** eligible.
- **Benefit/Events:** Applications for boost funding and other resources must be submitted at least 30 days in advance of a scheduled benefit/community benefit.

If approved, Boost Funding is awarded based on online gifts made through lendahandup.org, as well as cash and check gifts deposited into an established benefit fund. Boost funding is calculated starting with the date the application is approved. Gifts raised on other online sites are **not** eligible for boost funding awards.

Note: A public benefit may be added to an online campaign as long as information is received/approved before the end of the 90-day online campaign and at least 30 days prior to benefit. Contact Lend A Hand Up.

In follow-up to a 90-day campaign, recipient/families are not eligible for additional funding for at least 1 year.

Eligibility Checklist

- ☐ An online campaign and/or benefit is planned for an individual currently residing for at least 1 year in Cass County, ND, Clay County, MN, or Becker County cities of Lake Park, Audubon, and Detroit Lakes who has substantial expenses due to a life-threatening/incapacitating health issue limiting activities of daily living.
- ☐ If hosting a benefit or other community event to raise help for someone in medical crisis, the application must be submitted at least 30 days before the event. Applications for online campaigns may be submitted any time.
- ☐ A fundraising team of at least three people has been formed with a champion willing to; coordinate submission of an application to Lend A Hand Up, serve as a passionate leader and facilitate communication between recipient, volunteers and Lend A Hand Up staff. Champion should NOT live in the same household as recipient.
- ☐ Two community members (fundraising champion and another individual) are willing to endorse the campaign with an email, note or letter verifying **how** and **why** they plan to promote and/or support the campaign.
- ☐ A benefit fund with a checking account is established at a bank/credit union located in Cass County, ND, Clay County, MN or the cities of Lake Park, Audubon, or Detroit Lakes with at least two title signers; one being the recipient/family and one being the fundraising champion (or other key volunteer who doesn't live with recipient). All gifts raised through the campaign must be directed to this benefit fund. Learn more about setting up a benefit fund: www.lendahandup.org Host a fundraiser, Step 2 in the Planning Guides.

If Lend A Hand Up support is approved:

- ☐ Volunteers must be willing to include Lend A Hand Up logo(s), website address and boost opportunities on flyers, posts and promo items to build awareness of fundraising activities. Logos will be shared upon approval. Please do not utilize logos or publicize boost funding until formal approval notice is given.
- ☐ Recipient (or their parent/guardian) must confirm that they approve of fundraising activities and will privately share donation data (benefit fund statements) to validate boost funding amounts.

Both parts of the application, along with two letters of endorsement and requested attachments, may be dropped off, emailed, mailed or faxed to the program office.



LEND A HAND UP APPLICATION – APPLY FOR BOOST FUNDING

PART 1 – Information about Fundraising Campaign

To be completed by the Fundraising Champion. Please type or print!

Section 1A Fundraising Champion. Must be someone who does not live in the same household as the recipient

Name:	Email (required):
Street Address:	Employer Name:
City, State, Zip:	Cell Phone: Other Phone:
Resident of: <input type="checkbox"/> Cass County, ND <input type="checkbox"/> Clay County, <input type="checkbox"/> Becker County (Lake Park, Audubon, Detroit Lakes)	
How do you know the recipient?	How long have you known him/her?
<input type="checkbox"/> Attach/forward: copy of a driver's license or other document verifying current residency of fundraising champion.	
<input type="checkbox"/> Attach/forward: A letter/note/email from the fundraising champion listed above, as well as a separate letter/note/email from one or both of the individuals listed in Section 1B summarizing how and why they will promote and support this fundraising campaign. If representing a business, church, nonprofit, service club or other group, please include this information.	

Section 1B – Please include Information for two community members willing to promote/support this fundraising campaign.

Name:	Name:
Email:	Email:
Phone:	Phone:
Address:	Address:
How do they know the recipient?	How do they know the recipient?

Section 1C Benefit Fund. Confirm that a benefit fund is established at a local bank/credit union with two authorized signers; including the recipient (or a family member) and a volunteer listed in 1A or 1B who doesn't live with the recipient.

Fund Name:	Signer 1 Name:
Bank Name:	If not Recipient, how are they related:
Bank Address:	Signer 2 Name:
Type of Account: <input type="checkbox"/> Checking (preferred) <input type="checkbox"/> Savings	If not Recipient, how are they related:
<input type="checkbox"/> Attach/forward: copy of benefit fund signature card verifying fund name, bank and signers' info.	

Section 1D – Information about Fundraising Campaign Activities.

Online Giving Campaign Information	Information if Hosting a Benefit*
If approved, boost funding will be awarded based on online gifts made through lendahandup.org. (Gifts raised through other sites and cash/check gifts are not eligible for boost.)	If approved, boost funding will be awarded based on online gifts made through lendahandup.org as well as cash and check gifts deposited into the benefit fund at the bank.
Campaign Name:	Day/Date of Event: Time:
Requested start date:	Name of Facility:
Key Contact:	Address:
How do you plan to promote your campaign: <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Email <input type="checkbox"/> Blog <input type="checkbox"/> Flyers <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Video <input type="checkbox"/> Event <input type="checkbox"/> Bulletin	Fundraising activities: <input type="checkbox"/> B-fast/lunch/dinner <input type="checkbox"/> Bake/Craft Sale <input type="checkbox"/> Raffle <input type="checkbox"/> Silent/Online Auction <input type="checkbox"/> Run/Walk/Bike <input type="checkbox"/> Music <input type="checkbox"/> Golf/Bowling <input type="checkbox"/> Other:
Other/Comments:	

*A public benefit may be added to an approved online campaign as long as information is received/approved before the end of the 90-day online campaign and at least 30 days prior to benefit. Please do not publicize until approval notice is given. Contact the Lend A Hand Up office for more information.

Section 1E– Lend A Hand Up Referral Source

How did you learn about the Lend A Hand Up program? Check your primary referral source(s): <input type="checkbox"/> Prior experience <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Event <input type="checkbox"/> Internet <input type="checkbox"/> TV/Radio <input type="checkbox"/> Print/Media <input type="checkbox"/> Other
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Section 1F – Fundraising Champion Signature

Through my involvement, I understand that I may have access to medical and financial information, verbal and written, that I will treat with utmost confidentiality and only discuss for the purpose of this application process and subsequent fundraising activities. If funding is approved, I agree to; build awareness of program support, oversee communication between program staff, recipient and volunteers and share documentation of fundraising results to validate funding. I extend assurance that all proceeds from this fundraising effort will be deposited into the benefit fund established for this recipient to pay for medical and other expenses as noted on this application. By signing below, I acknowledge that information in this application is accurate to the best of my knowledge.

Fundraising Champion Signature:

Date:

In the unfortunate event of recipient death, generally, boost awards will be honored based on funds raised up to 7 days past date of death.



LEND A HAND UP APPLICATION – APPLY FOR BOOST FUNDING

Part 2 – Information about Medical Hardship

To be completed by individual or parent/guardian who will receive proceeds from this campaign.

Section 2A – Recipient. Information about child or adult currently experiencing life-threatening and/or incapacitating illness or injury that limits activities of daily living and has (or will) result in substantial out-of-pocket expenses of \$5,000 or more.

Name:	Email:	
Street Address:	Employer Name:	
City, State, Zip:	Cell Phone:	Other Phone:
Resident of: <input type="checkbox"/> Cass County, ND, <input type="checkbox"/> Clay County, <input type="checkbox"/> Becker County (Lake Park, Audubon, Detroit Lakes)		
How many years at residency:	Age:	Gender: ___ Male ___ Female
Names of other individuals living in the same household. If children, include their ages:		

Attach/forward copy of driver’s license or form verifying legal residency, name and age of recipient/parent/guardian

Section 2B. Medical Hardship.

Diagnosis/Condition:	
Diagnosis Category: <input type="checkbox"/> Cancer, <input type="checkbox"/> Trauma, <input type="checkbox"/> Preterm Birth/Defect, <input type="checkbox"/> Nervous System, <input type="checkbox"/> Transplant, <input type="checkbox"/> Heart/Lung, <input type="checkbox"/> Other	
Date/timeframe of original diagnosis:	Anticipated length of treatment:
Health Insurance: <input type="checkbox"/> Private, <input type="checkbox"/> Medical Assistance, <input type="checkbox"/> None	Have you applied for Medicaid/Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
How have treatment and medical expenses created hardship. Summarize here or attach separate note.	

Attach/forward medical document: letter or treatment plan validating current medical diagnosis/condition and provider

Section 2C. Out of Pocket Expenses (NOT covered by insurance) related to medical care and treatment

Complete the table below identifying \$5,000 or more of total billed and/or estimated out-of-pocket expenses related to medical care and/or rehabilitation for the individual named above. Only note amounts the individual/family is liable for such as medical bills and prescriptions not covered by insurance, monthly premium expenses, travel & lodging costs for out-of-area care (may include companion), etc.

NOTE: Billed and/or paid medical expenses may be determined by requesting a **current balance** and a **self-paid total for the past 12 months** from clinic/hospital/pharmacy. Future out-of-pocket expenses *may be estimated* based on treatment plans, copays, deductibles, coinsurance, etc. Contact your insurance company and/or the business office of the clinic/hospital for assistance.

Expense Categories	Out-of-Pocket Expenses Past 12 Months-Current	Estimated Out-of-Pocket Upcoming 12 Months
1. Medical Care: Provider, Lab, Radiology, Inpatient/Hospital		
2. Prescriptions/Medications/Equipment/Supplies		
3. Health Insurance – cost (if any) you pay to maintain coverage Your premium/liability expense per month x number of months		
4. Travel/Gas - based on .25 cents/mile x number of miles x number trips		
5. Lodging/Food - If you receive medical care out-of-area, estimate costs based on \$125/person or \$200/family/companion x number of days there Facility: _____ City: _____		
Total Out-of-Pocket Medical Expenses (add together lines 1-5)		
(Optional) Non-Medical Expenses increasing financial hardship due to medical condition, lost wages. (Ex; mortgage/rent, food, daycare, auto) Comment:		

Who is responsible for payment of listed out-of-pocket expenses?
Has this individual/family received prior funding from Lend A Hand Up? ___ No ___ Yes, Date: _____

(Optional) Attach/forward report verifying total paid and/or billed for the past 12 months. Do NOT send multiple invoices.

Section 2D – Recipient Signature

I confirm information on this page to be accurate. I give consent for Lend A Hand Up staff/committee to review information contained in this application for consideration of support. If approved, I give authorization for the use of my photo and information summarizing my medical crisis for fundraising purposes. I agree to privately share fundraising results to validate boost awards as outlined by the program’s eligibility guidelines and provide assurance that funding will be used to pay for expenses related to my medical care and rehabilitation.

Recipient Signature: _____ **Date:** _____

If signer is not the recipient, print signer's name and relationship to recipient: