

Host a benefit or online fundraiser with Lend A Hand Up for a local family in medical crisis. Lend A Hand Up offers up to \$5,000 in Boost funding and other resources for family fundraisers who meet service area and other criteria\*.

### How are Gifts Boosted?

**Funding:** Lend A Hand Up will add a \$100 boost for every \$500 raised, up to \$5,000 per fundraiser. A boost cap of \$1,000 per donor applies. Boost funding does not apply to online gifts and cash/check gifts deposited in the benefit fund by the recipient, household members or anyone who would financially gain from the fundraiser. Recipient/families can only receive boost funding for one fundraiser per year.

- **Online Fundraiser:** Requests to start an online fundraiser with Lend A Hand Up and receive boost funding may be submitted any time. Once approved, boost funding is based on online donations made through [lendahandup.org](http://lendahandup.org), effective upon the approval date (90-day maximum). Gifts raised on other sites or by cash/check are **not** eligible.
- **Benefit/Online Auction/Other Event:** Requests to host an in-person event or online auction in partnership with Lend A Hand Up and receive boost funding must be submitted at least 30 days in advance of the event. Once approved, boost funding is based on online gifts made through [lendahandup.org](http://lendahandup.org), as well as cash and check gifts deposited into an established benefit fund, effective upon the approval date (90-day maximum). Gifts raised on other sites or through other events are **not** eligible.

Note: A benefit or online auction may be added to an active online [lendahandup.org](http://lendahandup.org) fundraiser if information is received before the end of the 90-day online fundraiser and at least 30 days prior to the planned benefit/auction.

#### **\*If you meet the following criteria, we encourage you to start a fundraiser with Lend A Hand Up.**

- The recipient/family is experiencing substantial financial hardship due to a life-threatening or severely incapacitating health issue or a traumatic event resulting in severe physical harm or loss of life.
- The recipient resides in Cass County, ND, Clay County, MN, or one of the following cities in Becker County, MN: Lake Park, Audubon, Detroit Lakes.
- If hosting a benefit or other community event, a request to partner with Lend A Hand Up will be submitted at least 30 days before the event. (Requests for online campaigns may be submitted any time.)
- A fundraising team of at least three people has been formed with a champion willing to serve as a passionate leader. The champion will submit the Lend A Hand Up request and facilitate communication between recipient, volunteers and Lend A Hand Up staff. The champion should NOT live in the same household as the recipient.
- The fundraising champion and another volunteer are willing to endorse the fundraiser 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 in the city of Lake Park, Audubon, or Detroit Lakes. The fund must be established with at least two title signers; one being the recipient/family and one being the fundraising champion (or another key volunteer who doesn't live with recipient). All donations raised through the fundraiser must be directed to this benefit fund. Learn more about setting up a benefit fund: [www.lendahandup.org](http://www.lendahandup.org) Host a fundraiser, Step 2 in the Planning Guide.

#### **Once your request is approved:**

- Volunteers will include Lend A Hand Up logo(s), website address and boost opportunities on flyers, posts and promo items. Lend A Hand Up will share logos upon approval. Please do not utilize logos or publicize boost funding until formal approval notice is given.
- Recipient or parent/guardian agrees they will privately share donation data at the end of the fundraiser (benefit fund statements) to validate boost funding amounts.

**The request form, required attachments and two letters of endorsement (fundraising champion and another volunteer) may be dropped off, emailed, mailed or faxed to the program office.**

Lend A Hand Up, 4141 28 Ave S, Fargo, ND 58104 ♦ P: (701) 356-2661 ♦ Fax: (701) 271-0408 ♦ Email: [jpeinovich@dakmed.org](mailto:jpeinovich@dakmed.org)

Did you know Lend A Hand Up has a fundraising "How to" Step by Step Guide? Check it out at [lendahandup.org](http://lendahandup.org)



## LEND A HAND UP REQUEST - START A FUNDRAISER

### PART 1 – Information About Fundraiser

**Should be completed and signed 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: <span style="float: right;">Other Phone:</span>
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"/> <b>Attach/forward:</b> copy of the front of driver's license or other document verifying local residency of fundraising champion.	
<input type="checkbox"/> <b>Attach/forward:</b> A letter/note/email from the fundraising champion listed above, as well as a separate letter/note/email from one or both individuals listed in Section 1B summarizing <b>how</b> and <b>why</b> 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 fundraiser.

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"/> <b>Attach/forward:</b> copy of benefit fund signature card verifying fund name, bank and signers' info.	

**Section 1D – Information about Fundraising Activities.**

Information about Online Fundraiser	Information if Hosting a Benefit* or Online Auction
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.
Fundraiser Name:	Day/Date of Event: <span style="float: right;">Time:</span>
Requested start date:	Name of Facility:
Key Contact:	Address:
How do you plan to promote your fundraiser: <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, online auction or other community event may be added to an approved online fundraiser as long as information is received/approved before the end of the 90-day online fundraiser and at least 30 days prior to the planned event. 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**

<p><b>How did you learn about the Lend A Hand Up program? Check your primary referral source(s):</b>  <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</p>
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**Section 1F – Fundraising Champion Signature**

<p>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 request and subsequent fundraising activities. If funding is approved, I agree to: build awareness of the fundraiser and boost funding opportunities, oversee communication between program staff, recipient and volunteers and share documentation of fundraising results with Lend A Hand Up to validate boost funding. I extend assurance that <u>all</u> 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 request is accurate to the best of my knowledge.</p>	
<p><b>Fundraising Champion Signature:</b></p>	<p><b>Date:</b></p>
<p>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.</p>	

**LEND A HAND UP REQUEST**  
**Part 2 – Information About Your Medical Challenges**

**Should be completed and signed by individual or parent/guardian receiving help.**

**Section 2A** – Information about child or adult currently experiencing life-threatening or incapacitating illness or injury, or endured traumatic event leading to loss of life 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:			
<input type="checkbox"/> <b>Attach/forward</b> copy of driver's license or form verifying legal residency, name and age of recipient/parent/guardian			

**Section 2B. Medical Information.**

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
<input type="checkbox"/> <b>Attach/forward</b> medical document: letter or treatment plan validating current medical diagnosis/condition and provider	

**Section 2C. Out of Pocket Expenses (NOT covered by insurance)**

Due to medical challenges or recent physical trauma, do you expect your out of pocket expenses\* and/or your loss of income to exceed \$5,000? \_\_\_ Yes \_\_\_ No

\*Out of pocket expenses include expenses NOT covered by insurance or other programs and include medical bills as well as prescriptions, supplies, mobility devices, home adaptations, gas and lodging (if seeking medical care out of area), and other nutritional/health necessities.

Explain:

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

**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 request for consideration of support and give authorization for the use of my photo and information summarizing my medical challenges for fundraising purposes. I agree to privately share fundraising results to validate boost funding as outlined by the program's guidelines and provide assurance that funding will be used to pay for expenses related to my medical care, rehabilitation, health, and well-being.

**Recipient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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