



Fertility for Colored Girls Gift (FFCG) of Hope 2021 Award Application

What is the FFCG Gift of Hope Award?

The Fertility for Colored Girls (FFCG) Gift of Hope is an annual award that provides up to \$10,000 to infertile families in need. This family building gift assists with the costs associated with infertility treatment or domestic adoption.

The gift is offered once per year, and the number of applications funded as well as the amount of funding depends on the success of the Fertility for Colored Girls fundraising efforts (i.e. the more we raise, the more we can give away).

Gift funds can be used to pay for the following:

- Infertility medications, supplies and treatment from ANY reproductive endocrinology practice of the recipient's choice, including in-vitro fertilization, oocyte vitrification (egg freezing), embryo cryopreservation (embryo freezing) and third party reproduction
- adoption fees from any licensed adoption agency
- attorney fees for adoption or third party reproductive cases
- travel fees (if adopting, or using an egg donor or gestational carrier outside of home state)
- other adoption, egg donation or gestational carrier related expenses

Applying For The 2021 Gift of Hope Award

Please pay particular attention to the instructions and restrictions below:

- Applicants **MUST** be citizens or legal residents of the United States
- Applicants **MUST** have a diagnosis of infertility certified by a medical provider.
- Applicants who are single, or part of a same sex couple, are eligible to submit applications for a Gift of Hope.

Both portions of application (as well as the medical history forms) must be received **by Friday June 18, 2021**. Incomplete or late applications will not be reviewed until all materials are received.

Grant applications will be reviewed and selected **once per year** – in the summer.

If the applicant is a couple, each partner must separately complete a personal statement. Submissions with only one personal statement in the application will be disqualified.

Applications **MUST** include the following, and be submitted together at the time of application:

- Signed and Completed Gift of Hope application
- Prior Year's Tax Return – 2020 preferred
- One of the following:
 - If requesting funds for medical treatment/assisted reproductive technologies or using a surrogate, please provide a letter from your physician, on official practice letterhead, certifying your diagnosis of infertility.
 - If requesting funds for adoption, individual must provide an official letter from his/her attorney or adoption agency documenting adoption process
- Provide official lab results for all items listed on page 4 of the application
- Photocopy of driver's license, state-issued ID or U.S. passport
- \$25 Application Fee

APPLICATION - PART TWO

Instructions: Please note applicants planning to use their own eggs and requesting funding for IVF MUST meet the following criteria:

- Be 47 years or younger by January 1, 2022 or Have a AMH > 1.0ng/dL
- Have a FSH < 12mIU/mL
- Antral follicle count > 10
- Have a body mass index (BMI) < 40kg/m₂

Print complete the following application and sent it to:

Fertility for Colored Girls

Attn: Deborah Jones Buggs

PO Box A3875

Chicago, IL 60690

The PO Box will only accept deliveries via the U.S. Post Office and will not accept deliveries from FEDEX, UPS or other courier services. Applicants will be notified by email about funding decisions by **July 26, 2021.**

Winners will be expected to participate in the annual Fertility for Colored Girls Hats, Heels and Hankies Tea in Chicago.

Questions? Email info@fertilityforcoloredgirls.org.



2021 Gift of Hope Application

Name _____

Name of partner (if applicable) _____

Relationship to Partner:

Married Domestic Partner In a relationship Other

Applicant Personal Information

Date of Birth _____

Address _____

City

State/Zip

Email: _____

Home Phone: _____ Cell: _____

Employer: _____

Do you have health insurance? Yes No

Do you currently have insurance coverage for infertility? Yes No

Have you ever had past insurance coverage for infertility? Yes No

Years of Infertility _____

Do you have any children? Yes No

If yes, how many? _____

Have you ever been convicted of a crime? Yes No

If yes, please describe:

Partner Personal Information (if applicable)

Date of Birth _____

Address _____
City State/Zip

Email: _____

Home Phone: _____ Cell: _____

Employer: _____

Do you have health insurance? Yes No

Do you currently have insurance coverage for infertility? Yes No

Have you ever had past insurance coverage for infertility? Yes No

Years of Infertility _____

Do you have any children? Yes No

If yes, how many? _____

Have you ever been convicted of a crime? Yes No

If yes, please describe:

Financial Information

	Applicant	Partner (if applicable)
Annual income:		
Number of Individuals in Household:		
Mortgage or Rent:		
Student Loan Payments:		
Auto Loan:		
Childcare costs:		
Additional Monthly Debt/Expenses (please describe)		

Medical Information

Patients requesting funds for infertility medications or treatment must fill out the section below and ensure documentation of the following information from your medical provider:

Planning to Use a Surrogate: Yes No

Planning to Use an Egg Donor: Yes No

Planning to Use Donor Sperm: Yes No

Number of Prior IVF Cycles: _____

The following medical information must be included with your application in the form of official lab results:

- Ovarian reserve testing
- Day 3 FSH/ LH and estradiol o Antral follicle count
- Anti- mullerian hormone

- Saline Sonography or Hysterosalpingogram (HSG) results
- Semen analysis
- Body Mass Index (BMI)

Name and Phone number of Fertility Clinic/Adoption Agency:

How did you hear about the Fertility for Colored Girls' Gift of Hope?

Personal Statement

On an attached page, please describe your infertility journey and how you would plan to use the GIFT of HOPE (One page maximum, 11pt font).

Terms & Conditions

- Submission of an application does not guarantee receipt of Gift of Hope
- Gift of Hope funds will be awarded directly to service provider; no funds will be disbursed to individuals
- Grant monies will not be distributed in parts but as a whole to organization
- Gift of Hope Grant has to be used by May 30, 2022
- All information provided on the application must be accurate and truthful. If you receive a Gift of Hope, and it is determined that information provided was falsified, you will be responsible for repaying Fertility for Colored Girls (FFCG) NFP
- If there are any changes in insurance status, income or otherwise prior to gift award, you must contact Fertility for Colored Girls (FFCG) NFP
- Fertility for Colored Girls (FFCG) NFP has the right to confirm that applicants are in good standing with their fertility clinic or adoption agency
- Grantee must Commit to be a FFCG ambassador and sending pics of family upon success

Applicant Signature: _____

Printed Name: _____

Date: _____

Partner Signature (if applicable): _____

Printed Name: _____

Date: _____