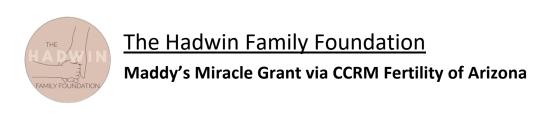


The Hadwin Family Foundation

Maddy's Miracle Grant Application



Introduction and Instructions

Maddy's Miracle Grant was developed to directly assist individuals and families with the financial barriers associated with infertility treatment. In addition to the social stigma that still surrounds infertility diagnosis and treatment, families are far too often further burdened by the cost of treatment options, specifically in vitro fertilization (IVF). Unfortunately, IVF is frequently the only option left for people to grow their family, and they are left with the difficult dilemma of wanting children but not being able to afford the chance to have them. This dilemma led to the birth of The Hadwin Family Foundation (The Foundation) and the creation of Maddy's Miracle Grant.

Maddy's Miracle Grant is named after the daughter of our founders, who were fortunate enough to have the means to undergo a successful IVF treatment at CCRM Fertility of Arizona (CCRM) formerly known as the Arizona Center for Fertility Studies (ACFS). Throughout the IVF process and after the birth of their daughter, our founders felt a sense of frustration and guilt that their personal financial situation afforded them the opportunity to overcome the challenges of infertility through IVF, while others are often not as fortunate. This frustration drove them to create their Foundation, and more specifically Maddy's Miracle Grant, as a way to support growing families facing the financial hardships that come with costly fertility treatments.

Maddy's Miracle Grant is currently only available to families with financial need who are working with CCRM Fertility of Arizona and have been diagnosed with infertility and are actively pursuing IVF treatment. Additionally, applicants must be legal, permanent residents of Arizona.

Grant funds will be paid direct to CCRM and will be restricted to only the standard IVF retrieval and transfer fees for a single cycle as designated by CCRM. Funds cannot be used for treatments already received and will be awarded only for treatment and fees not yet received or incurred. Applicants with stored eggs and/or embryos will be excluded.

Funds available for grants depend on the success of fundraising throughout the year by the Foundation. We hope to expand coverage in the future to include services such as medications, labs, genetic testing and procedural anesthesia, but currently the Foundation does not cover any such services. While the grant funds will go to the standard IVF retrieval and transfer fee all CCRM patients incur, the grant funds are available not only to patients using their own eggs, but also to those using donor eggs, donor embryos, or gestational carriers. Please note,

however, that no ancillary or extra fees associated with such cycles will be covered by a grant award.

Applications may be submitted March 1st through March 31th via The Hadwin Family Foundation website only, https://www.thehadwinfamilyfoundation.org/mmg-application. Our goal is to have a recipient selected and notified by April 7th, which will be dependent, however, on applicant interest and response.

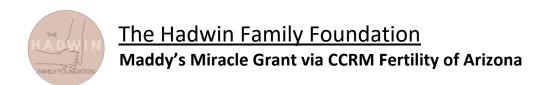
In order to undergo the IVF process you must meet certain medical criteria as determined and required by CCRM. Each applicant must submit a medical criteria verification form singed by an CCRM representative. You may discuss these medical criteria in more detail with your current physician at CCRM. The Foundation does not discriminate based on race, religion, ethnicity or national origin, age, gender, or sexual orientation, and all timely, complete applications will be considered. If you submit an application and are not selected as a grant recipient, you may apply for the grant in another grant cycle, however you will be required to submit a full application each time, including the medical criteria verification form from CCRM.

Please read the application carefully, fill it out truthfully and as completely as possible, and be sure to attach all required documents. If you are couple, please fill out all sections of the application for both the applicant receiving IVF treatment as well as the applicant's spouse/partner.

Incomplete or untimely applications will not be reviewed and will be considered withdrawn from the grant cycle.

You may be asked to provide proof of employment and income to verify your financial need, so please have your W-2s and personal income tax documents ready and available. Additionally, we will verify all insurance or employee benefit claims with a CCRM representative If you have application specific questions, please email The Hadwin Family Foundation at info@thehadwinfamilyfoundation.org. For any medical questions regarding your infertility diagnosis and medical criteria for IVF, please contact your physician or representative at CCRM. Other than the medical criteria verification form, please do not provide medical records to the Hadwin Family Foundation.

Lastly, and most importantly, thank you for applying for Maddy's Miracle Grant and trusting us to review your application. We know firsthand the toll that infertility takes on a family. Every member on our selection committee has personally dealt with infertility and been through the IVF process. Although all members of our committee have had difficult journeys, we have all been fortunate enough to have had successful IVF treatments with children to show for it. It is our absolute greatest hope that Maddy's Miracle Grant helps families in their fight against infertility and contributes to the birth of even just one miracle child in the process.



Application Checklist

 Verify that you meet the medical criteria required by your physician at CCRM Fertility of Arizona to be eligible to apply for the grant.
 Gather financial documents such as W-2s and tax returns in order to complete the application.
 Fill out the application as fully, truthfully, and completely as possible for both the applicant and spouse/partner.
 Type and upload a personal statement for both the applicant and spouse/partner.
 Carefully read, initial, and sign all required items and documents in order



The Hadwin Family Foundation

Maddy's Miracle Grant via CCRM Fertility of Arizona

General Information

Full legal name, Applicant:	
Date of Birth:	Age:
Full legal name, spouse/partner:_	
	Age:
Address:	
Phone (cell):	
Email:	
What is your combined annual ho	ousehold income? (gross, pretax):
How long have you been trying to	conceive?
Who is your physician at CCRM Fe	ertility of Arizona (CCRM)?
When were you last seen by the a	above physician?
Have you ever been pregnant? If	yes please explain when and what the outcome was of each
pregnancy:	
Number of current living children	? (including those from previous relationships for both the
applicant as well as spouse/partn	er):
Has either the applicant or spouse	e/partner undergone infertility treatments before such as IUI,
IVE donor oggs or donor ombryo	2 If you please detail what where and the outcome:

Have you ever applied for Mad	ddy's Miracle Grant before? If yes, when?
How did you hear about Mado	dy's Miracle Grant?
Is either the applicant or spou	se/partner related to anyone affiliated with the Hadwin Family
Foundation or CCRM? If yes, w	vho and what is the relation?
	Background Information
Applicant 1, employer:	
	Annual salary:
How long have you been emp	loyed here?
Spouse/Partner, employer:	
Job title:	Annual salary:
How long have you been emp	loyed here?
Are you married? If yes for ho	w long:
Is either the applicant or spou	se/partner active or retired military?
Has either the applicant or spo	ouse/partner been arrested? If yes, please explain:
Has either the applicant or spo	ouse/partner been convicted of a felony or misdemeanor? If yes
please explain:	
	pouse/partner have insurance coverage or employer support for
fertility treatments? If yes, ple	ease detail coverage including past benefits used and benefits

Does applicant have FULL prenatal insurance coverage?
Does either the applicant or spouse/partner have FULL insurance coverage for dependents?
If you answered no to either of the above questions please explain:
<u>Financial Information: Income</u>
Total gross, combined monthly household income from all sources:
Please detail sources of combined monthly income for each of the following categories:
Salary/wages/paycheck:
Bonuses/commission/tips:
Investments/interest/dividends:
Disability/worker's comp/unemployment:
Rental income:
Government/public assistance:
Other (list all):
·
Total <u>combined</u> balance of ALL checking accounts:
Total <u>combined</u> balance of ALL savings accounts:
Total <u>combined</u> value of retirement accounts (401k/IRA/etc):
Have you received ANY other grants, donations, personal, or familial contributions for infertility
treatments? If yes, please detail:

Are you currently ap	oplying to any other infertility grants through other foundations or charities
If yes ,please detail:	
	Financial Information: Expenses
Total astimated con	nbined monthly household expenses:
	licant or spouse/partner have personal or credit card loans relating to
	es please detail circumstances, including remaining balance:
Please detail major	combined monthly expenses for each of the following categories:
Mortgage/Rent:	
Utilities:	
Medical bills:	
Loans:	

Personal Statement

Please submit a separate personal statement from both the applicant **and** the spouse/partner describing the impact Maddy's Miracle Grant would have on you and your family. Please briefly describe your personal experience with infertility thus far, and also you hope for your future family.

Personal Statements should be typed and uploaded as separate attachments. Please limit each personal statement to 1000 words or less. Personal statements must include printed name, signature, and date.

Confirmations and Commitments

The submission of this application, my initials at each statement, and signature below, is my legal acknowledgement that I understand, agree with, commit to and confirm as true the following:

1.	I am a current patient at CCRM Fertility of Arizona (CCRM) with a diagnosis of infertility.
	Applicant
	Spouse/Partner
2.	I am a permanent legal resident of Arizona.
	Applicant
	Spouse/Partner
3.	All information provided in this grant application, including my typed personal
	statement, was written by myself and is truthful.
	Applicant
	Spouse/Partner
4.	If there is any change in status regarding any part of my application, I will notify the
	Foundation as soon as possible after I become aware of the change. Failure to
	immediately notify the Foundation may, at the discretion of the Foundation, disqualify
	me as a recipient, may cause any grant award to be rescinded, or lead to further actions
	Applicant
	Spouse/Partner
5.	If I am selected to receive a grant, the Foundation shall pay the grant funds directly to
	CCRM for my benefit and such funds shall be applied only to the costs of the standard
	IVF fee and transfer fee of a single cycle, with no grant funds paid to or due to me;
	provided however, any tax documentation required for such grant will be issued to me
	directly and any taxes applicable to or due by me because of the grant are my sole
	responsibility.
	Applicant
	Snouse/Partner

6.	If I am selected to receive a grant, any such grant (a) will be applied only toward the
	standard IVF fee and transfer fee of a single cycle, as designated by CCRM(b) will not
	exceed \$12,250, and (c) to the extent not applied as stated or used in whole, will be
	refunded to the Foundation.
	Applicant
	Spouse/Partner
7.	All grant funds must be used in full within one year following the date of the
	Foundation's notification of selection to a grant recipient, and any grant funds not so
	used shall be refunded to the Foundation by CCRM, unless the Foundation determines,
	in its discretion, that extenuating circumstances exist and provides written extension of
	the one-year period.
	Applicant
	Spouse/Partner
8.	Grant funds are awarded for use only in a single IVF cycle or transfer and if for any
	reason the IVF cycle or transfer must be terminated, or is not completed, any remaining
	grant funds shall be refunded to the Foundation by CCRM and will no longer be available
	to the recipient; provided, the Foundation may agree, in its discretion, to a written
	modification of this restriction.
	Applicant
	Spouse/Partner
9.	In reviewing my application, the Foundation will be reviewing the personal, medical,
	financial, and other information that I have voluntarily submitted as part of my
	application for a grant, and I have the expectation that such information will not be
	shared with anyone outside of the Foundation, CCRM, or their respective professional
	advisors.
	Applicant
	Spouse/Partner
10	. If I am selected as a grant recipient and subsequently receive any reimbursement
	payment(s) from an insurance provider, employer or other source for the fees covered

	by a grant, I shall immediately notify CCRM and the Foundation of the amount of such
	payment, and return that amount to the Foundation so it may be used for future grants.
	Applicant
	Spouse/Partner
11.	CCRM has my authorization to provide to the Foundation a written verification that I
	meet each of the CCRM medical criteria as determined by CCRM to be eligible to
	undergo the IVF cycle and transfer, and I shall provide any necessary authorization to
	CCRM.
	Applicant
	Spouse/Partner
12.	If requested by the Foundation, I will submit to a background check as an additional part
	of the application and submit any necessary consents or information to complete such a
	background check, and my refusal to do so constitutes a withdrawal of my application.
	Applicant
	Spouse/Partner
13.	If selected as a grant recipient, I consent to having my name and photo published
	and/or released by The Hadwin Family Foundation as publicity of, and promotion for,
	Maddy's Miracle Grant
	Applicant
	Spouse/Partner
14.	Submission of this application and my agreement to all the terms and conditions does
	not in any way guarantee my selection as a grant recipient
	Applicant
	Spouse/Partner
15.	If asked, I will provide proof of employment and income, including, but not limited to,
	submission of W-2's and personal tax returns.
	Applicant
	Spouse/Partner

16. As the spouse or consenting partner of the applicant for the Maddy's Miracle Grant, if a
grant is awarded to the applicant, I understand I have no claim, share, right or financial
interest of any kind in such grant, it is solely a gratuitous charitable grant to the
applicant and is restricted by the Foundation for certain payments, and it is subject to
withdrawal at the sole and absolute discretion of the Foundation.
Spouse/Partner ONLY
Signature/Date Applicant
Printed Name Applicant
Signature/Date Spouse/Partner
Printed Name Spouse/Partner



The Hadwin Family Foundation Authorization Form

Maddy's Miracle Grant via CCRM Fertility of Arizona

I authorize the CCRM Fertility of Arizona (CCRM) to provide written confirmation to the Hadwin Family Foundation to confirm that I have met all of the medical criteria as designated by Dr. Shane Lipskind, medical director at CCRM, to be eligible for Maddy's Miracle Grant. I authorize the Hadwin Family Foundation to verify all insurance and employee benefit claims with an CCRM representative.

Llinic Name: <u>CCRIM Fertility of Arizona (CCRIM)</u>
Address: 8426 E Shea Blvd, Scottsdale, AZ 84260
Physician:
ignature/Date Applicant
Printed Name Applicant
signature/Date Spouse/Partner
Printed Name Spouse/Partner