

Host an online fundraiser and/or benefit 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 fundraisers that meet service area and other criteria*.

***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 traumatic event.
- The recipient/family is a resident of Cass County, ND, Clay County, MN, or one of the following cities in Becker County, MN: Lake Park, Audubon, Detroit Lakes.
- A fundraising team of at least three people has been formed with a champion willing to serve as a passionate leader. The champion should NOT live in the same household as the recipient.
- The fundraising team plans to use Lend A Hand Up's website (LendAHandUp.org) to raise funds online for an individual/family since the program's crowdfunding and online auction tools are free and gifts are boosted 20%. (Requests for online fundraisers may be submitted at any time.)
- If a benefit/event or other fundraising activity is planned, the request for boost funding will be submitted to Lend A Hand Up at least 30 days prior to the scheduled event to allow time to maximize event planning and promotions.
- 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 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 information on flyers, social media 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.

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 or transferred into the benefit fund by the recipient, household members or anyone who would financially gain from the fundraiser.

The maximum timeline of an online fundraiser is six months. After receiving a boost check, a minimum of one year is required before a new request will be reviewed for the same individual/family.

- **Boost for Online Fundraisers** (Crowdfunding using the Lend A Hand Up donation page):
Once approved, boost funding is based on online donations made through lendahandup.org, effective upon the approval date. Gifts raised on other sites or by cash/check do not count towards the boost.
- **Boost for Benefit/Event and/or other Fundraising Activities** (In-person benefit, online auction using LendAHandUp.org, raffle, t-shirt sale, run/walk/bike-a-thon, etc.):
Once approved, boost funding is based on online gifts made through lendahandup.org, as well as cash/check gifts deposited into an established benefit fund, effective upon the approval date. Gifts raised on other sites or through other events do not count towards the boost.

Name of Individual/Family Experiencing Medical Crisis: _____

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 the front of driver's license or other document verifying local 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 individuals listed in Section 1B summarizing how and why they will promote and support this fundraiser. If representing a business, church, nonprofit, service club or other group, please include this information.	

Section 1B – Volunteers. 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"/> Attach/forward: copy of benefit fund signature card verifying fund name, bank and signers' info.	

Section 1D – Fundraising Activities. Please share information about online, in-person and/or other activities.

Type of Online Fundraiser: <input type="checkbox"/> Crowdfunding <input type="checkbox"/> Auction <input type="checkbox"/> Other:
If an in-person event/activity is planned, please check any/all that apply (30 day notice please): <input type="checkbox"/> Food/Meal <input type="checkbox"/> Bake/Craft Sale <input type="checkbox"/> Raffle <input type="checkbox"/> Silent/Live Auction <input type="checkbox"/> Run/Walk/Bike <input type="checkbox"/> Music <input type="checkbox"/> Golf/Bowling <input type="checkbox"/> Other:
Day/Date of Event: Time:
Name of Facility: 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 Other/Comments:

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):

- Prior experience Word of Mouth Event Internet TV/Radio Print/Media
 Other:

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 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 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 request is accurate to the best of my knowledge.

Fundraising Champion Signature: _____

Date: _____

LEND A HAND UP FUNDRAISER – RECIPIENT SIGN OFF

Consent and Information About Medical Challenges

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

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: <input type="checkbox"/> Male <input type="checkbox"/> 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 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
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)

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:

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: