

Host an online fundraiser and/or benefit with Lend A Hand Up to help a local family in medical crisis! Lend A Hand Up offers free resources and up to \$5,000 in Boost funding to support fundraisers that meet service area and other criteria.

Lend A Hand Up service area: Cass County (ND), Clay County (MN) and the Detroit Lakes area in Becker County (MN).

Criteria to start a fundraiser with a boost:

- The recipient/family is experiencing financial hardship due to a debilitating health issue or traumatic event and resides within the program's service area.
- There is a committed and caring person willing to serve as the champion for this fundraiser. Note: The designated champion (fundraising lead) should NOT live in the same household as the recipient/family.
- In addition to a designated leader, there is at least one other person committed to the success of the fundraiser who will serve as back up (2nd contact) to the lead champion. Ideally, the champion or 2nd contact should live or work in the same community as the recipient/family.
- There is interest in starting an online fundraiser using LendAHandUp.org crowdfunding tools as soon as possible.
- If a benefit or other in-person fundraising activity is planned (in addition to the Lend A Hand Up online fundraiser), there is at least a 3-week window in advance of scheduled activities to allow program staff sufficient time to help plan, promote and boost its success.
- A benefit fund with a checking account is/will be established at a bank/credit union located within the program's service area. The benefit fund must be established with at least two people serving as title signers; one being the recipient/family and one being the fundraising champion or another trusted friend/volunteer who doesn't live with recipient. Donations raised through the fundraiser should be directed to this benefit fund for ease of donation management and boost calculations.
Learn more about setting up a benefit fund: lendahandup.org Host a Benefit or Online Campaign, Step 2.
- There is a willingness to include program logos and build awareness of boost funding in coordination with fundraising activities to increase success.

Please ensure that Part 1/Start a Fundraiser Request and Part 2 /Family Sign Off are both completed. Both forms and required attachments may be dropped off, emailed, mailed, or faxed to the program office.

How are Gifts Boosted?

Funding: Lend A Hand Up will add a 20% boost based on funds raised, up to \$5,000 per fundraiser. A boost cap of \$1,000 per donor applies. The boost does not apply to amounts 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.



LEND A HAND UP REQUEST - START A FUNDRAISER

Part 1 (of 2) – Information About Fundraiser

Should be completed and signed by the Fundraising Champion. Please type or print!

Name of child/adult experiencing medical challenges (recipient of fundraiser): _____

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

Name:	Cell Phone:	Other Phone:
Street Address:	Employer Name:	
City, State, Zip:	How do you know the recipient?	
Email (required):	How long have you known him/her?	
How and why will you support the success of this fundraiser? Email or attach a separate document if you need more space.		

Section 1B – Include information for another individual willing to support this fundraiser and serve as your back-up chair. Note: Either the fundraising champion or this 2nd contact should live or work in the same community as the recipient/family.

Name:	Cell Phone:	Other Phone:
Street Address:	Employer Name:	
City, State, Zip:	Affiliation with recipient:	
Email (required):	Length of affiliation:	

Section 1C – Benefit Fund. Confirm that a benefit fund has been established (or in process) at a local bank/credit union with two authorized signers; including the recipient/family member and a trusted friend/volunteer who doesn't live with recipient. Note: Funds will not be transferred to the recipient until qualifying benefit fund information is provided.

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 planned 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): <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 Ad/Story <input type="checkbox"/> Social Media <input type="checkbox"/> Video <input type="checkbox"/> Other Please specify referral source name or type:
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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 request. By signing below, I acknowledge that information in this request is accurate to the best of my knowledge.</p>
<p>Fundraising Champion Signature: _____ Date: _____</p>



LEND A HAND UP FUNDRAISER – RECIPIENT/FAMILY SIGN OFF

Part 2 (of 2) - 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 a debilitating illness or injury, or who recently suffered a traumatic event resulting in substantial out-of-pocket expenses of \$5,000 or more.

Form with fields for Name, Email, Street Address, Employer Name, City, State, Zip, Cell Phone, Other Phone, Resident of (Cass County, ND, Clay County, Becker County), How many years at residency, Age, Gender (Male, Female), Names of other individuals living in the same household. Includes instruction: Attach/forward copy of driver's license or form verifying legal residency, name, and age of recipient/parent/guardian.

Section 2B. Medical Information.

Form with fields for Diagnosis/Condition, Diagnosis Category (Cancer, Trauma, Preterm Birth/Defect, Nervous System, Transplant, Heart/Lung, Other), Date/timeframe of original diagnosis, Anticipated length of treatment, Health Insurance (Private, Medical Assistance, None), Have you applied for Medicaid/Disability? (Yes, No). Includes instruction: 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).

Text area for Out of Pocket Expenses. Question: 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. Recipient Signature: _____ Date: _____ If signer is not the recipient, print signer's name and relationship to recipient: