

Sample form, not for offline completion.

Visit <https://chicagocoalition.grantplatform.com> to apply.

Chicago Coalition Financial Grant

****About**** Grants up to \$10,000 will be awarded to individuals who need financial assistance to aid with services such as third-party reproduction, medication costs, or other treatment associated with IVF. This is best for those that have insurance coverage for IVF but need additional financial help. ****Eligibility**** Please note that Financial Assistance Grants can only be used with medical providers or other service providers who are located in the state of Illinois. Funds can only be used for services that are deemed medically necessary by the Chicago Coalition Medical Advisory Board. ****Criteria for Grant Consideration****: 1. Have a diagnosis of infertility certified by a medical provider, with the exception of the following: * Applicants who are single, or part of a same sex couple, are eligible to submit applications * Applicants who are applying for a grant for egg freezing for medical indications (cancer, endometriosis, other medical conditions that threaten fertility) 2. For requests for infertility treatment, applicants MUST have completed all required medical testing within 12 months. Applicants who do not have up to date testing will not be considered. If you are applying for a grant to do IUI, IVF or gestational carrier with your own eggs, or for egg freezing for medical indications, you MUST meet ALL of the following criteria: * Be 41 years or younger by January 1 of the subsequent year * Have a body mass index (BMI) 40 * Have a FSH level of 15 * Have an AMH level of > 0.8 ****NOTE****: * A \$35 application fee is required for your application to be considered complete. You will be prompted to make a payment after submitting your application * If you are using oocytes or embryos that were frozen when you were a younger age, the age you were at freezing is used. * If you are over 41 but are applying for a grant for IUI, IVF or FET (utilizing donor eggs), you should have a body mass index less than 40. Please note, the reason for the BMI cut-off is because many IVF centers do not perform oocyte retrievals on patients with BMI>40. We understand that there may be special circumstances where patients with BMI>40 may still be eligible for a grant. Please email the grants team at grants@coalitionforfamilybuilding.org if you think your circumstances warrant further consideration. * Elective egg or embryo cryopreservation (in the absence of medical disease or infertility) are not eligible for a grant. * Applicants who do not meet age or medical criteria will not have their applications reviewed. * Grants are scored using a prognosis based scoring calculator: 55 points are awarded based on medical criteria and 45 points are awarded based on personal characteristics and patient essays. * You are not eligible for a grant for additional embryo banking if you already have 3 or more euploid embryos. * Treatments that are deemed not medically necessary by our Medical Advisory Board will not be considered eligible for payment. This includes but is not limited to: acupuncture, ERA testing, endometrial biopsy for Receptiva testing, microbiome testing, mock embryo transfer cycles, embryo glue, PGT for polygenic risk scoring. * All treatments must be initiated within 6 months of receiving the grant * The grant expires 12 months after issuance and unused funds will be rolled into future grant cycles for other recipients. ****Eligible Expenses**** * Medical care to treat infertility * Medications * Embryo cryopreservation (embryo freezing) * Embryo donation * Pre-implantation genetic testing for aneuploidy, structural re-arrangement or monogenic disease (PGT-A, -SR or -M) * Egg freezing due to cancer, medical diseases that impair infertility * Vasectomy reversal * TESE * Attorney fees for third party reproductive cases

Grants

Please apply for **ONE** of the following grants based on what types of fertility services you are looking to receive:

- **Chicago Coalition Financial Grant**: up to \$10,000 to assist with the cost of fertility treatment, including: IVF, IUI, donor egg or sperm, gestational carrier, preimplantation genetic testing, frozen embryo transfer, or IVF medications. **Willow Grant**: *Similar but distinct* from the Chicago Coalition Financial Grant (above) but awarded to individuals who have experienced a miscarriage and honors the strength and resilience of those who have endured pregnancy loss on their path to parenthood. Applicants can apply for up to \$10,000 to assist with the costs of fertility treatment, including IVF, IUI, donor egg or sperm, gestational carrier, preimplantation genetic testing, frozen embryo transfer, or IVF medications. Applicants must live in either Illinois, Wisconsin or Indiana

- **Chicago Coalition Donated IVF Cycle Grants:** a donated IVF cycle at one of our local partner practices. You are not eligible to apply for this grant if you have any insurance coverage for IVF.
- **Chicago Coalition Adoption Grant:** up to \$10,000 to assist with the costs of adoption.
- **Magnolia Tree Grant:** up to \$5,000 of financial assistance to those who are carriers of the BRCA1 or BRCA2 gene, and wish to undergo IVF-PGT (in vitro fertilization with preimplantation genetic testing for BRCA) or freeze eggs for medical fertility preservation.

If you or your partner identify as part of the Illinois Jewish Community, you may be eligible for a subset of grants. The Jewish United Fund (JUF) has partnered with the Coalition for Family Building to provide TWO (2) types of JUF Path to Parenthood Grants.

- **JUF Path to Parenthood Financial Grant:** up to \$10,000 to assist with the cost of fertility treatment, including: IVF, IUI, donor egg or sperm, gestational carrier, preimplantation genetic testing, frozen embryo transfer, or IVF medication.
- **JUF Path to Parenthood Adoption Grant:** up to \$10,000 to assist with the costs of adoption.

Application name

Is your provider located in Illinois?

☐ Yes

☐ No

How many healthy living children do you have?

☐ 0

☐ 1

☐ 2 or more

Please list your full name

Email address

Mobile phone number

Occupation and current employer

Gender and Pronouns

Sex Assigned at Birth

Date of birth (mm/dd/yyyy)

What is your current age?

Do you have health insurance that has any fertility benefits?

☐ Yes

☐ No

Have you ever served in military?

☐ Yes

☐ No

Are you applying for this grant with a partner or another person?

☐ Yes

☐ No

Note: If you are pursuing solo parenthood without a partner, please click "no." If you are partnered and planning to co-parent, please click "yes" and complete the co-applicant information.

Grant amount you are requesting

The maximum amount able to be requested is \$10,000.

Please check off all treatment types that you will be using the grant towards

☐ Intrauterine Insemination (IUI)

☐ In Vitro Fertilization (IVF)

☐ Donor Egg

☐ Donor Sperm

☐ Frozen Embryo transfer (FET)

☐ Gestational Carrier/Surrogate

☐ Egg Freezing for a Medical Indication

☐ Pre-Implantation Genetic Testing for Aneuploidy (PGT-A) - chromosome testing

☐ Pre-Implantation Genetic Testing for a Single Gene Disorder (PGT-M) OR Translocation (PGT-SR)

☐ Legal Services

☐ ...

Please be as precise as you can about what treatment your physician has recommended you undergo

Do you already have frozen embryos?

☐ Yes

☐ No

Are you planning to use donor eggs?

☐ Yes

☐ No

Are you planning to use donor sperm?

☐ Yes

☐ No

Number of prior pregnancies

Number of live births

Are you planning to use a gestational carrier?

☐ Yes

☐ No

Do you have living children?

☐ Yes

☐ No

Years of Infertility

Have you ever undergone an embryo transfer?

☐ Yes

☐ No

Have you previously applied for a grant through CCFB?

☐ Yes

☐ No

Please answer the following questions regarding whether or not you are working with a Reproductive Endocrinology and Infertility specialist. Then, add them as a referee.

If you do not have your physician's email address, please input their name and use the following email:
grants@coalitionforfamilybuilding.org.

Are you working with a Reproductive Endocrinology and Infertility specialist?

☐ Yes

☐ No

Are you working with a Third Party Agency?

☐ Yes

☐ No

(Donor Egg/Donor Sperm/Surrogacy Agency)

Annual Household Income

>\$400,000

\$300,000-\$400,000

\$200,000-\$300,000

<\$200,000

Number of Individuals in Household

What is the total cost for your anticipated cost for your proposed family building cost (IUI, IVF, FET, Gestational Carrier, Third Party Costs or Egg Freezing)?

Be sure to include, as applicable, agency fees, legal fees, etc.

How much have you (and your co-applicant if applicable) have saved for the costs listed above?

We appreciate how expensive infertility treatments are for patients. How will you fund the portions of your treatment not covered by this grant?

1000 words

Please upload a copy of your photo ID



Please upload last year's tax return



Please upload most recent W2



Medical history and fertility history

Medical records - AMH



If you are using a donor egg, please upload a blank page.

Reason for Infertility

20 words

Have you (or partner if applicable) ever undergone a cycle of IVF?

☐ Yes

☐ No

Are you planning to use donor eggs?

☐ Yes

☐ No

What is the AMH level of the person contributing eggs?

If using frozen eggs or embryos, please report your age at the time the eggs or embryos were frozen.

If using donor egg, write DONOR.

What is the cycle day 2, 3 or 4 estradiol (estrogen) level of the person contributing eggs?

medical record upload - estrogen level



What is the cycle day 2, 3 or 4 FSH level of the person contributing eggs?

1 word

If using frozen eggs/embryos, please report the FSH at the time eggs were frozen.

If using donor egg, write DONOR

medical records - FSH



If you are using donor egg, upload a blank sheet.

Are you planning to use a gestational carrier (ie surrogate)?

☐ yes

☐ no

A gestational carrier, also known as a surrogate, is a person with a uterus who carries and gives birth to a child for another person or couple.

Body Mass Index (BMI) of the person planning to carry the pregnancy

BMI can be calculated using a specialized calculator. You can copy and paste this link into your browser in order to calculate your BMI: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

What were the results of your saline ultrasound or HSG?

- ☐ Normal
- ☐ Abnormal
- ☐ Test not completed

Test needs to have been completed in the last 12 months. A saline ultrasound or HSG evaluates the uterine cavity to ensure it is optimal for achieving pregnancy.

Medical records - saline ultrasound



Has the female partner (or person planning to carry the pregnancy) ever had a c-section?

- ☐ Yes
- ☐ No
- ☐ I don't know

Has the female partner (or person planning to carry the pregnancy) ever had a dilation and curettage (D&C)?

- ☐ Yes
- ☐ No
- ☐ I don't know

This is procedure often performed for a miscarriage or pregnancy termination, or for abnormal uterine bleeding

Please describe your journey with infertility, who you are as a person or couple, and any other personal information you can share about why you should be selected for a grant. 1000 words

Please note that the answer to this question is weighted HEAVILY in the overall application score and serious consideration is given to this section.

If awarded a grant, how would you plan to be involved with the Chicago Coalition for Family Building? 1000 words

Please provide a photo of you (and partner if applicable) that can be used on the Chicago Coalition website or promotional materials if you are selected as a grant recipient.



Please visit our website to see examples: <https://coalitionforfamilybuilding.org/family-stories/>

Please provide a short bio that can be used for the Chicago Coalition website or promotional materials if you are selected as a grant recipient. 300 words