

Sample form, not for offline completion.

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

Chicago Coalition Donated IVF Cycle Grants

About

This is a donated IVF cycle from one of our partner practices. We have a partnership with over 75% of IVF centers in the Chicagoland area.

This grant is best for those that need to pursue IVF and do not have any insurance coverage for IVF. If you have **ANY** insurance coverage for IVF please do not apply for this grant, apply for a Chicago Coalition Financial Grant

Note

- Due to limited availability of grants, applicants may be awarded an IVF grant at a different center from where you are currently in treatment. We do our best to place patients at a practice with geographic proximity, but are not always able to do so.
- Patients who receive this grant agree to undergo single embryo transfer, unless otherwise recommended by the treating physician.
- 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.

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 primary residence in Illinois, Indiana or Wisconsin?

☐ Yes

☐ No

Do you have

any

insurance coverage for IVF?

☐ 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.

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

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

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.

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 curretage (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