

Description

The C. Michael and Nancy Orders Smith Endowment was established in 2019 as a financial resource for couples who require in vitro fertilization (IVF) treatment or counseling as deemed necessary to start a family but lack the financial means to do so. Applicants may receive a one-time grant of up to \$10,000 toward the cost of the IVF process or counseling. Applications are accepted throughout the year and are reviewed twice a year by a panel to include representatives from Fertility Center of the Carolinas (FCC), the Office of Philanthropy, Administrative Leadership, Compliance and Legal. Awards will be given twice yearly, once in the spring and once in the fall with the total amount dependent on available grant funds. FCC physicians will send the donors a de-identified personal statement by recipient(s) one week before funds are expended.

Guidelines for Eligibility & Administration

- Applicants must be registered patients of the Prisma Health Fertility Center of the Carolinas
- Both partners must be U.S. citizens and reside in South or North Carolina
- Applicants must have a medical diagnosis of primary infertility
- Applicants must have documentation of IVF need by a physician at the Fertility Center of the Carolinas
- Applicants must have either no insurance coverage for infertility or have exhausted their infertility coverage
- Total household income of \$120,000 or less
- All awards are one time only up to a maximum of \$10,000 and may be combined with funds from other sources.



C. Michael and Nancy Orders Smith Endowment for the Fertility Center of the Carolinas

Fertility Center of the Carolinas

I. Applicants

(Please complete this table as neatly as possible)

	Applicant #1	Applicant #2
Name (Last, First)		
Date of birth		
Email address		
Phone number		
Address <input type="checkbox"/> Owned <input type="checkbox"/> Rented		
Former address (if less than 2 years above) <input type="checkbox"/> Owned <input type="checkbox"/> Rented		
Have you ever been convicted of a crime? <i>If yes, please explain</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

II. Employment Information

Applicant #1

Employer name: _____ Self-employed
 Employer address: _____

Position/Title: _____

Years at this job: _____
 Current salary: _____ Previous year's salary: _____

Applicant #2

Employer name: _____ Self-employed
 Employer address: _____



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Position/Title: _____

Years at this job: _____

Current salary: _____ Previous year's salary: _____

III. Income and Expenses

Annual household income: _____

(Include combined adjusted gross income. This should match Line 37 from IRS form 1040 plus other annual revenue from both applicants)

Monthly expenses

Expense	Average Cost/Month
Mortgage/Rent	\$
Car payment	\$
Utilities	\$
Credit cards	\$
Alimony/Patrimony	\$
Day care	\$
Phones	\$
Education loans	\$
Entertainment	\$
Eating out	\$
Groceries	\$
Fertility treatment	\$
Other:	\$
Other:	\$
Total monthly expenses	\$

IV. Assets

Savings:

What is your current total balance of savings and checking accounts?

Bank name #1: _____

Savings balance: _____ Checking balance: _____

Bank name #2: _____

Savings balance: _____ Checking balance: _____

Securities:

Stocks/bonds:

Other financial resources: (explain)

Insurance Family Friends

Amount of grant money requested: _____

V. Verifying Documents *(copies for each applicant)*

- Photocopy of insurance cards front and back
- Income tax returns from the two most recent years (form 1040)
- Two most recent pay stubs
- Two most current bank statements from accounts listed in the application



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VI. Personal Statements

On the following two pages please have each applicant write separate statements of the importance of this grant and why you are applying for it. Please include any extenuating circumstances that may set you apart from other applicants.

VII. Attestation

We, the undersigned, understand that signing and submitting this application does not, in any way, guarantee that we will receive a grant from the C. Michael and Nancy Orders Smith Endowment for the Fertility Center of the Carolinas. We also understand that we are submitting personal health and financial information that will be reviewed by a panel of reviewers for the sake of judging our qualification for a one-time grant. The review committee will request scientific and medical information from the FCC physicians in order to make fully informed decisions. This information will be available only to the reviewers and will be kept confidential. We further understand that any monies awarded will be applied directly to our expenses at the Fertility Center of the Carolinas or to our pharmacy on our behalf, and that we will not receive any money directly. We also understand that any unused money from an award will be held in the C. Michael and Nancy Orders Smith Operating Fund for use by future applicants.

We have read, understand, and agree to all terms and conditions described in this grant application and declare that the enclosed information is completely truthful to the best of our knowledge.

Signatures:

Applicant #1

Applicant #2

Printed name

Printed name

Date

Date



**C. Michael and Nancy Orders Smith Endowment for
the Fertility Center of the Carolinas**

Fertility Center of the Carolinas

Personal statement from Applicant #1 (500 words or less)

I attest that I wrote this statement myself.

Signature

Date



**C. Michael and Nancy Orders Smith Endowment for
the Fertility Center of the Carolinas**

Fertility Center of the Carolinas

Personal statement from Applicant #2 (500 words or less)

I attest that I wrote this statement myself.

Signature

Date