

2025 Decade of Hope Parental Hope Family Grant Givaway Terms and Conditions

- Two Parental Hope Family Grants (the "Grant") will be awarded on April 26, 2025 at the Parental Hope: Decade of Hope Event (the "Event") from a pool of entries from all eligible participants.
- Pool of entries can be built through the following:
 - Upon approval of application, an eligible Participant shall receive ten (10) entries into the Grant Pool.
 - Eligible Participants can build teams to accumulate additional entries into the Grant Pool. For each individual that purchases a ticket to the Event and attends the Event to support an eligible Participant, such eligible participant will receive five (5) additional entries into the Grant Pool. There is no limit to how many people you can bring to the Event, but the Event overall will have limited occupancy.
 - Note: Supporters attending the Event will be required to check-in at a designated spot to confirm attendance. Only upon check-in shall the additional entries be added to the Grant Pool. This is to prevent Participants from gaining additional entries by simply purchasing tickets to the Event.
- Eligible participants shall include both the primary participant (individual undergoing fertility treatment) and his/her legal spouse (the "Participant"). Participant must do the following and shall meet the following requirements to be eligible to participate and receive a Grant:
 - Attend the Decade of Hope Event on April 26, 2025.
 - Note: Participant attending the event will be required to check-in at a designated spot to confirm attendance. Only upon check-in shall the entries be added to the Grant Pool.
 - Both Participants must be at least 25 years of age, but younger than age 40 years of age as of April 26, 2025.
 - Participants must be legally married to each other on or before April 26, 2025.
 - Both Participants must be a U.S. citizen and have a primary legal residence located in Ohio, Kentucky, and Indiana.
 - o To ensure the safety of the individual undergoing medical treatment, the Participant undergoing fertility treatments must have a weight of under 235 pounds.
 - o Participant must have an infertility diagnosis that falls into one of the following categories:
 - At least one Participant must have a medical diagnosis of infertility determined by a Reproductive Endocrinologist according to the World Health Organization definition of infertility defined as follows: "a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse."
 - Be a carrier of a genetic disease or chromosomal disorder that requires the use of Assisted Reproductive Technology ("ART") services for healthy offspring; or
 - A Reproductive Endocrinologist has recommended ART services due to recurrent pregnancy loss.
 - Participant undergoing fertility treatment must have an AMH (anti-mullerian hormone) of at least .7 ng/mL. Please consult your Reproductive Endocrinologist to confirm that you meet this requirement.
 - Participant undergoing fertility treatment cannot have a medical condition that is a contraindication to achieving pregnancy. A contraindication is a medical condition that would make it harmful for the participant to become pregnant or give birth. Please consult your Reproductive Endocrinologist to determine if you have such medical condition.



- Participants must have a combined gross household income of at least \$60,000 but no more than \$130,000. This will be confirmed via Federal and State Income Tax Returns.
- Participants may not have any children. This includes both adopted or biological children from current or prior relationships.
- Both Participants may not have health insurance the covers the cost of infertility treatments.
- Both Participants may not be a current employee of the Institute for Reproductive Health in Cincinnati, Ohio and current or former member of the Board of Directors and Officers of Parental Hope, Inc. ("Parental Hope") and immediate family members (Spouse, Child, Parent, Brother, Sister, Grandparent, Step-Parent, Step-Child, Step-Brother, Step-Sister and Niece or Nephew) of the current and former Board of Directors or Officer.
- Both Participants must agree to these Terms and Conditions, and sign Parental Hope's Media and Consent and Release Form and Participant Agreement and Release From Liability Forms.
- Prior recipients of financial assistance from Parental Hope through its Parental Hope Family Grant program are ineligible.
- The Grant awarded shall provide funds to cover one (not both) of the following treatments:
 - In-Vitro Fertilization (IVF): Covers the full cost of a standard IVF cycle to include one egg retrieval, one embryo transfer (frozen or fresh), intracytoplasmic sperm injection (if medically necessary), and IVF education day fee.

OR

- Frozen Embryo Transfer (FET): Covers the full cost of one frozen embryo transfer.
- Under no circumstances does the Grant provide funds to cover other medical treatment/procedures/medications including, but not limited to, medications, any infertility diagnostic testing, such as a Hysterosalpingogram, any testing/procedure/treatment performed outside the facility of IRH, any treatment/surgery that may be medically needed to be a candidate for IVF such as Laparoscopy, any treatment/surgery/ costs of side effects or complications, hospital charges, Intracytoplasmic Sperm Injection (ICSI), assisted hatching, PGD/PGS biopsy, embryo cryopreservation and embryo storage fees, semen analysis, pregnancy blood work, ultrasounds coded as maternity, donor egg fertility procedures/fees, donor prescreening or donor medications, or gestational carrier/surrogacy fertility procedures/fees. This is not a comprehensive list of exclusions and there may be additional tests/programs that may be considered exclusions, as well as any other test, products or services not specifically listed herein as part of the Grant. Other restrictions may apply. Other uses of the Grant may be approved or excluded at the sole discretion of Parental Hope.
- Treatment must be received at the Institute for Reproductive Health in Cincinnati, Ohio ("IRH") on or before October 26, 2025 (the "Expiration Date"). Grant may not be used for past treatment or other services related to your infertility.
- The Grant is not refundable, or redeemable for cash, and no substitutions are permitted. Under no circumstances shall the Grant be sold or exchanged. In the event the Recipient cannot use the Grant prior to the expiration date, or has sold or exchanged the Grant, the Grant shall be forfeited and no compensation shall be given. If Recipient is a current patient of IRH, they must have all monies owed to IRH paid in full prior to the start of treatment. The Grant may not be applied to treatment in progress or past treatment, but shall only be applicable to treatment initiated on or after May 10, 2025.
- Recipient will not receive any money directly. Parental Hope will pay the cost of the Grant directly
 to the Institute for Reproductive Health. Should a refund be available from IRH due to services
 costing less than anticipated, services not being rendered, or for any other reason, Recipient
 understands that Parental Hope shall be reimbursed for services it has paid to IRH for the Grant.



The Grant cannot be applied to the Money Back Guarantee Program. No other discounts can be applied.

- Recipient shall keep Parental Hope updated with the progress of any pregnancy and live birth resulting from treatment arising from the Grant. Information required in updates shall include confirmation of pregnancy, confirmation of miscarriage or other termination of pregnancy, and confirmation of live birth, including, but not limited to, name and sex of child.
- Grant award shall be contingent on a satisfactory criminal background check of Recipient.
- Recipient understand that your infertility journey and other relevant personal details will be used by Parental Hope on its website, on its social media channels and in other marketing materials. At a minimum, Participant agrees to the following:
 - Bio on Parental Hope website with a current (taken within the last two months) picture of Recipient. The bio must contain at a minimum: (a) a summary of the Recipient, (b) a summary of the Recipient's infertility journey, and (c) a statement about how this grant will have a positive impact the Recipient.
 - Bio and picture created for Parental Hope website will be used as a social media post to notify public that you are a recipient of the Grant. Social media post will be on all Parental Hope social media platforms and shall be consistent with prior social media postings for the other Parental Hope grant recipients.
 - o If there is a pregnancy, at a time that is agreed upon, but not longer than 20 weeks into the pregnancy, Parental Hope will post an update on all Parental Hope social media channels and the Parental Hope website that the Recipient is pregnant and expecting. This communication shall be consistent with prior social media postings and website updates done for all other Parental Hope grant recipients who announce their pregnancy.
 - o If and when a baby is born, at a time that is agreed upon, but not longer than 10 weeks after the birth of such child, Parental Hope will post an update on all Parental Hope social media channels and the Parental Hope website that the birth has occurred. Update posting shall include a picture of the Recipient and child and a general update of the birth. This communication shall be consistent with prior social media postings and website updates done for all other Parental Hope grant recipients who have had a child through our program.
- By participating, eligible entrants agree to these Terms and Conditions. All decisions of Parental Hope shall be final. Parental Hope has the right to amend these Terms and Conditions at any time.
 Void where prohibited. All federal, state and local laws and regulations apply. Federal, state and local taxes are the responsibility of the Recipient.