



*Community Benefit Tree, Inc*

## **C.elebration O.f S.uupport Fund Agreement**

The C.O.S. Benefit Fund is a fund that is set up through Community Benefit Tree (CBT) for the recipient, who is currently going through a medical crisis and is in need of financial assistance. The fund is set up with monetary donations that were given for the purpose of financially assisting the recipient and their family.

If you are interested in setting up a C.O.S. Fund, please fill out the following agreement.

### **Fund Initiator**

Name: \_\_\_\_\_

(If set up by a company) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone : \_\_ ( ) \_\_\_\_\_ Fax: \_\_ ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Recipient Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone : \_\_ ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### ***Type of Fund Set Up***

- ❑ **Pay Out System-** After All funds are received CBT will issue one check to the recipient minus the 5% administrative fee. Unless other arrangements are agreed upon with the fund initiator and CBT.
- ❑ **Bill Paying System-** As funds are being deposited CBT can assist the recipient with disbursing of funds. There will be a 10% administrative charge to funds.

### ***Benefits***

- Assistance with the letters sent out to the families, friends, neighbors, etc.
- Promote the COS Fund by having your own webpage located on CBT website to display all COS fund information.
- Access to have Paypal on your COS Fund website page
- All donations will be tax deductible for those who donate to your COS Fund.
- Manage the COS Fund account whether it be to record all donations to your fund or to help manage paying the bills for the recipient.
- Unlimited advice or answering of questions about the COS fund.
- The ability to change the COS fund from a fund status to a Celebration of Support event status. Administrative Fee of \$500.00 would apply and a COS Event Agreement form would have to be completed and mailed to Community Benefit Tree, Inc.
- You can add donations from brat fry's, bake sales, dress down days, etc... to the fund.

### **Terms and Conditions:**

By completing and signing this form,

1. *you agree that the C.O.S. Fund will be set up and managed by CBT.*
2. *you agree that the recipient will need to fill out a CBT Recipient Application along with two referral letters- one from their doctor, hospital or a current health care provider and a referral letter from a third party that can verify the medical condition and the need for assistances in order to qualify for assistance through CBT..*
3. *you acknowledge the fund initiator has rights to records of where the money was spent within the Bill Paying System fund. A fund worksheet will be sent to the fund initiator when the funds are depleted.*
4. *you acknowledge that the recipient will have to fill out a C.O.S. Fund form for requests of funds along with copies of each bill that is to be paid.*
5. *you acknowledge that CBT will NOT pay your bills directly but will send you a check for each bill you are requesting to be paid.*

6. you acknowledge that the recipient has the option of using the money for gift cards at area businesses for living expenses such as food, clothing, etc...
7. you acknowledge it will take two weeks from the C.O.S. Fund form being received for the request to be made so please plan accordingly when submitting.
8. you acknowledge that extra funds can be added to the funds at anytime.
9. you acknowledge that there will be 5% administrative fee on pay out system funds and a 10% administrative fee on the bill paying system funds.
10. you acknowledge that any funds placed in the C.O.S. fund are tax deductible.
11. you acknowledge that the funds are to be used solely for the purpose of assistance related to the medical crisis and that CBT has the right to deny any request.
12. you acknowledge the CBT is not legally responsible for any misrepresentation by the recipient.

*The Community Benefit Tree, Inc is a Wisconsin not for profit corporation, It has been granted tax exempt status under Section 501 (c) (3) of the Internal Revenue Code as a charitable organization. You may deduct donations from your federally taxable income. Please contact a tax professional for the details of deducting such a donation.*

We hereby agree that everything we have stated in this application is true and accurate to the best of your knowledge and that the CBT is relying on this information to make its decision to support the proposed C.O.S. fund. We understand that this agreement can be rejected for incomplete information. Furthermore, I understand that the CBT. is not obligated to accept the C.O.S. fund agreement.

Fund Initiator Name	Recipient Name
Fund Initiator Signature	Recipient Signature
Date	Date

*If under 18 a legal guardian must sign or if the recipient is not able to sign:*

Legal Guardian or Power of Attorney: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Guardian Printed Name: \_\_\_\_\_

*Information requested on this form is for the private use of the Board of Directors of the Community Benefit Tree, Inc. All information will be kept confidential*

“Helping people at a time when they need it the most.”



*Community Benefit Tree, Inc*

## **C.elebration O.f S.upport Fund Request Form** *For the Bill Paying System Option*

This form is to be filled out by the recipient or the legal caregiver when requesting funds from your C.O.S.. bill paying system fund. You will need to print out or copy this form as CBT will not be sending you copies of this request form. Accept ion can be made. Please Note: The request will be made two weeks after CBT receives this request form.

*Requesting funding:*

\_\_\_\_\_  
Date (Request was submitted)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone # Cell#

\_\_\_\_\_  
Email Address

Please list bills that you are requesting payment: *(please make sure you have copies of the bills for each request and if there is no copy of the bill please state why)*

1. \_\_\_\_\_ \$ \_\_\_\_\_  
Business name amount needed to pay bill
2. \_\_\_\_\_ \$ \_\_\_\_\_  
Business name amount needed to pay bill
3. \_\_\_\_\_ \$ \_\_\_\_\_  
Business name amount needed to pay bill
4. \_\_\_\_\_ \$ \_\_\_\_\_  
Business name amount needed to pay bill
5. \_\_\_\_\_ \$ \_\_\_\_\_  
Business name amount needed to pay bill
6. \_\_\_\_\_ \$ \_\_\_\_\_  
Business name amount needed to pay bill
7. \_\_\_\_\_ \$ \_\_\_\_\_  
Business name amount needed to pay bill
8. \_\_\_\_\_ \$ \_\_\_\_\_  
Business name amount needed to pay bill
9. \_\_\_\_\_ \$ \_\_\_\_\_  
Business name amount needed to pay bill
10. \_\_\_\_\_ \$ \_\_\_\_\_  
Business name amount needed to pay bill

**Total of Funds Requested** \_\_\_\_\_ \$ \_\_\_\_\_

*If you have more bills please submitted them on separate piece of paper.*

**Gift Card Request**

Please mark the number of gift cards you are requesting next to the gift card you need.

**Gas:**

- \_\_\_\_\_ Kwik Trip – \$20.00 value
- \_\_\_\_\_ Express Convenience Center- \$20.00 value
- \_\_\_\_\_ BP Gas- \$50.00 value
- \_\_\_\_\_ Marathon- \$25.00 value

\_\_\_\_\_ *Total \$ amount*      \_\_\_\_\_ *Total cards*

**Grocery Stores:**

- \_\_\_\_\_ Piggly Wiggly- \$25.00 value
- \_\_\_\_\_ Festival Foods- \$50.00 value
- \_\_\_\_\_ Woodman's- \$ 50.00 value

\_\_\_\_\_ Pick n Save- \$ 25.00- value  
\_\_\_\_\_ Walmart- \$25.00 value  
  
\_\_\_\_\_ *Total \$ amount*      \_\_\_\_\_ *Total cards*

***Clothes/Prescriptions:***

\_\_\_\_\_ Walgreens- \$ 25.00 value  
\_\_\_\_\_ Shopko- \$ 25.00- value  
\_\_\_\_\_ Sears- \$25.00- value  
\_\_\_\_\_ Gordmans- \$25.00-value  
\_\_\_\_\_ Kohls- \$25.00- value  
\_\_\_\_\_ Payless Shoes- \$20.00-value  
  
\_\_\_\_\_ *Total \$ amount*      \_\_\_\_\_ *Total cards*

***Restaurants:***

\_\_\_\_\_ McDonalds- \$5.00 value  
\_\_\_\_\_ Burger King- \$5.00 value  
\_\_\_\_\_ Tom's Drive Inn- \$10.00-value  
\_\_\_\_\_ Culver's- \$5.00-value  
\_\_\_\_\_ Little Caesar's- \$5.00- value  
\_\_\_\_\_ Papa Murphy's- \$5.00- value  
\_\_\_\_\_ Subway- \$10.00- value  
\_\_\_\_\_ Red Robin- \$25.00- value  
  
\_\_\_\_\_ *Total \$ amount*      \_\_\_\_\_ *Total cards*

Total cards requesting: \_\_\_\_\_  
Total dollar amount of gift cards requesting: \_\_\_\_\_ \$ \_\_\_\_\_

Other Request: (this is for request that are not stated above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

