\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2025

[APPLICANT NAME]

[ADDRESS]

**Re: Grant Award for PGTm IVF Cycle**

Congratulations!! This letter confirms that you are eligible for a grant from HelpCureHD to cover the cost of one full IVF cycle with PGTm, subject to the terms and conditions in the Grant Agreement (the “Agreement”) attached hereto. We are excited to work with you during your IVF journey.

To accept the grant subject to the terms set forth in the Agreement, please sign the Agreement and return within 3 days of receipt of this letter to info@helpcurehd.org. Please also click [here](https://calendly.com/nickisims/grantee-introduction-call) or go to <https://calendly.com/nickisims/grantee-introduction-call> to schedule your introduction call with a member of the HCHD staff. Once the signed Agreement is received, you will be contacted concerning your scheduled date and time for your introduction call with our team.

Congratulations once again on being one step closer to achieving your dreams of having a child that is HD free. And thank you for allowing us into your family's HD Journey.

The HelpCureHD Team

**GRANT AGREEMENT**

This Grant Agreement (this “Agreement”) between HelpCureHD Inc. (“Grantor”) and [NAME OF GRANTEE] (“Grantee”) is entered into and made effective as of the last date of signature below (the “Effective Date”).

1. **Purpose and Use of Grant**. The Grantor hereby agrees to fund one complete PGTm IVF cycle (the “Grant Cycle”). The Grant funds shall be used solely for the IVF procedure as specified by Grantor in this Agreement and may not be used for any unrelated infertility treatment, diagnosis, or related issues and conditions.

The Grant Cycle begins at the onset of ovarian stimulation and concludes after embryo transfer. All diagnostics and tests before stimulation are the responsibility of the Grantee and may cost approximately one to three thousand dollars ($1,000–$3,000), depending on the availability of insurance coverage.

Cryopreservation costs incurred during the IVF cycle are covered under this Grant. After completion of the Grant Cycle, any ongoing embryo storage or related expenses shall be the responsibility of the Grantee(s). Each Grantee will receive one voucher to cover medication through EMD Serono; any additional medication costs beyond this voucher program are the Grantee’s responsibility.

1. **Condition of Acceptance**. As a condition of this award, the Grantee shall provide proof of an HD diagnosis either in the applicant or in a first-generation family member (e.g., parent), if not already submitted with the application. The Grantee further agrees to cooperate with all efforts of Grantor to publicize the grant award.
2. **Representations and Warranties**. The Grantee represents and warrants that all information submitted in the Grant application and related documentation is true, complete, and accurate. The Grantee agrees to promptly notify the Grantor of any material change in medical condition, financial circumstances, or treatment plan that could affect the administration or scope of the Grant.
3. **Termination**. The Grantor reserves the right to terminate this Agreement and revoke all or part of the Grant funds if: (a) the Grantee breaches any term of this Agreement; (b) the Grantee fails to provide required documentation or consents; (c) the Grantee uses the funds for unauthorized purposes; or (d) continued performance becomes impracticable due to changes in law, funding availability, or medical circumstances. Upon termination, no further disbursements will be made. The Grantor may require repayment of any disbursed funds used for unauthorized purposes.
4. **Hold Harmless.** The Grantee hereby waives, releases, and discharges Grantor, its officers, agents, employees, partners, affiliates, and volunteers, from any and all liability, damages, claims, demands or causes of action of any kind, including personal injury, property damage, theft, or loss, arising from Grantor’s participation in IVF or any associated care or treatments. Grantee assumes full responsibility for all risks involved in IVF, including but not limited to bodily injury, disability, death, or property damage, whether caused by negligence or otherwise.
5. **Indemnification**. The Grantee agrees to indemnify, defend, and hold harmless Grantor, its officers, directors, employees, agents, and affiliates from and against any and all claims, liabilities, damages, costs, and expenses (including reasonable attorneys’ fees) arising from or related to (a) the Grantee’s breach of this Agreement, (b) any misrepresentation made by the Grantee(s), or (c) any negligent or willful act or omission by the Grantee(s) in connection with the Grant or IVF procedure. This obligation shall survive termination of the Agreement and extend to any claim brought by third parties.
6. **Governing Law**. This Agreement shall be governed by and construed in accordance with the laws of the State of Ohio, without regard to conflict-of-laws principles.
7. **Arbitration**. Any dispute, claim, or controversy arising out of or relating to this Agreement shall be resolved exclusively by final and binding arbitration administered by the American Arbitration Association in Hamilton, Ohio, before a single arbitrator.
8. **Miscellaneous**. This Agreement constitutes the entire understanding between the parties with respect to the subject matter herein and supersedes all prior agreements, whether oral or written. No amendment or modification shall be valid unless made in writing and signed by both parties. All notices shall be sent by email to info@helpcurehd.org or by certified mail to the addresses provided by the parties. The Grantee may not assign this Agreement. If any provision of this Agreement is held invalid, the remaining provisions shall continue in full force and effect.

By signing below, the parties acknowledge that they agree to be bound by the terms of this Agreement.

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| --- | --- |
| Grantor:HelpCureHD Inc. | Grantee:[NAME] |
| BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |