

**Hospice Giving Foundation  
Grantee Report Form**

Check One:  Interim Report (Due Jan 30 for period: July 1 – Dec 31)  
 Final Report (Due July 30 for period Jan 1 – June 30)

Organization	
Grant Year	
Amount of Grant	
Contact Person/Email	
Overall Purpose of Grant	

**Please use this word document to present your report. Limit to three pages. Thank you.**

**Goals:**

Describe the progress you have made on your stated goals. Provide quantifiable and qualitative accomplishments. If you have had to eliminate an original goal from your plan, explain why.

How do you measure a positive patient experience? Describe the indicators that you feel are most relevant for your patients and/or for their families.

What have you learned from the patients/clients you serve that informs future planning and programs?

What obstacles did you encounter, if any, that either limited or challenged your success?

How does your program reach/serve a diverse clientele? What efforts do you make to be culturally inclusive and responsive?

Which, if any, clients, or patients were you unable to serve and why? Provide as much detail as possible.

How sustainable is this program and how do you envision funding it?

**Attachments:**

Please update the HGF Grant Worksheet

Please include:

*Interim Report:* Articles or news coverage about your program; press release that acknowledge Hospice Giving Foundation's grant

*Final Report:* A patient story that illustrates the **impact** of your program.