

Final Reports - Context and Process

Final Reports are due on or before **May 1st**. Please contact us if you are not able to submit by this date.

Hospice Giving Foundation requires a final report for each grant awarded. Final reports include narrative information about the impact you have made, and financial information on expenditures. Please complete this form even if you have not yet spent the entire grant. In addition to being part of the grant agreement, these reports help grantees share the impact they have made during the grant term, with special emphasis on what HG Foundation support has made possible in the past year. HG Foundation views the final report process as the first step in any future application for funding.

NOTE: If you have a balance of the grant after May 1, we will require a supplemental budget that covers the use of the remaining dollars. Please contact us to discuss.

Full Legal Organization Name *

Organization Website *

Address *

Street Address

Street Address Line 2	
City	State / Province
Postal / Zip Code	
Key Staff (person who holds primary	responsibility for this grant)*
irst Name	Last Name
Title *	
Mobile Number	Work Number *
(000) 000-0000	(000) 000-0000
Additional Contact	
First Name	Last Name
Title	
Mobile Number	Work Number
(000) 000-0000	(000) 000-0000
Award Date (Fiscal-Year of Award)*	
Amount of Grant *	

e.g., 23	
Amount Expended of this Grant to	Date *
e.g., 23	
Balance to Spend *	
e.g., 23	
If all funds have been spent, enter 0.	
Date you Expect the Remainder of	f the Funds will be Spent
MM-DD-YYYY	
Note: Hospice Giving Foundation will require supplemental report documenting the final expenditures. Please contact us to discuss.	а
What services did you offer using check all that apply. *	funds awarded by this grant? Please
Hospice Care	Palliative Care
Caregiver Support	Psycho-Social Services for Individuals and Families
Education and Outreach	Direct Financial Assistance/Subsidies
Grief and Bereavement	Spiritual Care
Pediatric Palliative Care	
Other	

Demographical Data

Please use the dates of July 1 - June 30 of the fiscal year your grant was recieved.

Your original proposal for this grant included estimates for this grant year. These answers should reflect actual service numbers as much as possible. You may estimate figures for the remaining months of the grant year if they are not yet available.

Gender *

	Number Served
Male	
Female	
Non-Binary	
Other Gender	

Automatic total of entries above (Gender)

Age *

	Number Served
Birth - 17	
18 - 21	
22 - 39	
40 - 64	
65+	

Automatic total of entries above (Age)

0

Ethnicity *

	Number Served
Caucasion	
Hispanic/Latinx	
Asian American	
African American	

Bi-Racial/Other	
Declined to Answer	
Automatic total of entries a	above (Ethnicity)

0	
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Region *

	Number served
Monterey Peninsula	
Salinas Valley	
South Monterey County	
North Monterey County	
San Benito County	
Other	

Automatic total of entries above (Region)



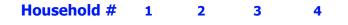
Socio-economic

The income limits listed below are taken from the 2023 State Income Limits Briefing Materials on California Code of Regulations, Title 25, Section 6932 published June 6, 2023 by the Department of Housing and Community Development. Levels are updated yearly for each county, using data from the American Community Survey of the Census Bureau. For more information visit

\$15,050

https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/income-limits-2023.pdf

Please use the Monterey County chart below to guide your answers for the following question.



\$10,500 \$12,050 \$13,550

Acutely Low

Final Grant Report - Hospice Giving Foundation

Extremeley Low	\$25,300	\$28,900	\$32,500	\$36,100
Very Low	\$42,150	\$48,200	\$54,200	\$60,200
Low	\$67,470	\$77,100	\$86,750	\$96,350
Median	\$70,300	\$80,300	\$90,350	\$100,400
Moderate	\$84,350	\$96,400	\$108,450	\$120,500

Income Limits for Monterey County *

	Number served
Acutely Low	
Extremely Low	
Very Low	
Low	
Median	
Moderate	
Above Moderate	

Automatic total of Numbers above (Income Limits for Monterey County)

Patients by Service *			
	Number served		
Hospice Care			
Caregiver Support			
Education and Outreach			

0

Automatic total of entries above (Patients by Service)

0

Please estimate the total number of people you were able to serve with funding from Hospice Giving Foundation. $\ensuremath{^*}$

Do you receive CAHPS Hospice Survey Satisfaction rankings?*

Yes

No

If you answered no to the CAHPS Sruvey, please skip the next question and begin again on the Report Narrative section.

CAHPS Hospice Survey Most Recent Ranking Data -- please use the current fiscal year for this data.

	Interim Rank	Final Rank
Team Communication		
Getting Timely Care		
Treating Family Members with Respect		
Emotional and Religious Support		

Getting Help from Symptopms	
Getting Hospice Care Training	
Rating of Hospice	
Willingness to Recommend	

Report Narrative Questions

In this section, please be as brief as possible, using your proposal as context for the following questions.

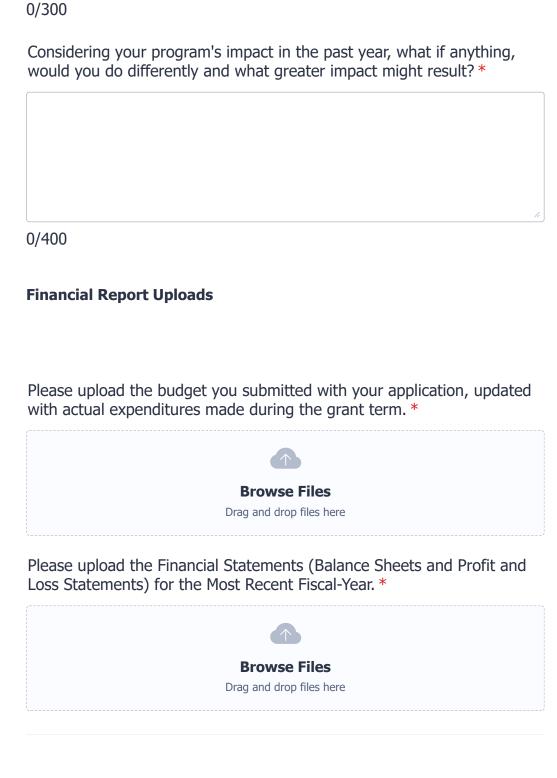
Describe the progress you made on your stated goals. *

0/350

What were you able to accomplish with Hospice Giving Foundation support that would not have been possible without this grant? *

0/350

Can you identify one or more significant impacts for people receiving your services resulting from this grant? Please describe your data source(s). *



Optional - Sharing your Impact Stories

Hospice Giving Foundation has opportunities during the year to share impact stories with our networks. We invite you to share your stories with us in the next two uploads. By submitting these, you give HG Foundation permission to share the stories and pictures in our future communications. We will always cite the source and communicate our gratitude to your organization and all of our partners for the work that makes a difference in so many lives.

