



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) *

First Name

Last Name

Title *

Mobile Number

Work Number *

Additional Contact

First Name

Last Name

Title

Mobile Number

Work Number

Award Date (Fiscal-Year of Award) *

Amount of Grant *

Amount Expended of this Grant to Date *

Balance to Spend *

If all funds have been spent, enter 0.

Date you Expect the Remainder of the Funds will be Spent



Note: Hospice Giving Foundation will require a supplemental report documenting the final expenditures. Please contact us to discuss.

What services did you offer using funds awarded by this grant? Please check all that apply. *

- | | |
|--|--|
| <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Psycho-Social Services for Individuals and Families |
| <input type="checkbox"/> Education and Outreach | <input type="checkbox"/> Direct Financial Assistance/Subsidies |
| <input type="checkbox"/> Grief and Bereavement | <input type="checkbox"/> Spiritual Care |
| <input type="checkbox"/> Pediatric Palliative Care | |
| <input type="checkbox"/> 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)

0

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 above (Ethnicity)

0

Region *

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

Automatic total of entries above (Region)

0

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

<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.

Household #	1	2	3	4
Acutely Low	\$10,500	\$12,050	\$13,550	\$15,050

Extremey 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	

Grief and Bereavement	
Pediatric Palliative Care	
Palliative Care	
Psycho-Social Services for Individuals and Families	
Direct Financial Assistance/Subsidies	
Spiritual Care	
Other	

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. *

Do you receive CAHPS Hospice Survey Satisfaction rankings? *

☐ Yes

☐ No

If you answered no to the CAHPS Survey, 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 Symptomps		
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). *

0/300

Considering your program's impact in the past year, what if anything, would you do differently and what greater impact might result? *

0/400

Financial Report Uploads

Please upload the budget you submitted with your application, updated with actual expenditures made during the grant term. *

**Browse Files**

Drag and drop files here

Please upload the Financial Statements (Balance Sheets and Profit and Loss Statements) for the Most Recent Fiscal-Year. *

**Browse Files**

Drag and drop files here

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.

Please upload a one page story of the impact this grant has made in the lives of a person, family, or people served by your organization.

**Browse Files**

Drag and drop files here

Optional: Please upload up to three photos you will allow us to use with the story you have provided. By uploading these photos, you grant Hospice Giving Foundation permission to share the photos or graphics.

**Browse Files**

Drag and drop files here

THANK YOU for completing your final report!

After you review your answers, the submit button will appear.

Please click the submit button to send us your report and attachments.

You may save a draft of this form if useful. If you have feedback on the form or the process changes we are making, please feel free to share it with us.

Save

Review Answers

Powered by **Jotform**