HGFOUNDATION

Caring. Giving. Together.

Grant Application Form - Hospice Giving Foundation

Deadline: All applications must be received by 5 pm on May 1. Note: If you received a grant in the previous cycle, reports are also due on or before this date. If you have not submitted your final report, please do so prior to submitting this application.

Many of the fields in this application are required and are indicated by an *. It is recommended that you prepare your responses to the questions in a saved file prior to completing the form so that if system errors occur, you will not lose important work. Each question will show its word limit if one has been applied.

There are specific places for you to upload all required documents. Please make sure the uploads are not password protected. In general, pdf files are preferred. If there are issues with any uploads, please contact us.

Please do not upload marketing materials, photos, or other digital files not requested in the spaces below. We do not accept hard copy applications/materials.

We look forward to reading your request!

Section 1: Organizational Information

Full Legal Organization Name *

(Should be the same as on IRS determination letter and as supplied on IRS Form 990)

DBA (if applicable)

Tax Identification Number *

Organization Website *

Current Annual Operating Budget *

Date Organization was Founded *

Enter the last day of your fiscal year. *

MM-DD-YYYY

Fiscal year end

Number of Full-Time Staff *

Number of Part-Time Staff *

Number of Volunteers Across Entire Agency *

Address *

Street Address

City

State / Province

Postal / Zip Code

Key Staff (person who will hold primary responsibility for this grant) *

First Name

Last Name

Title *

Work Number *

(000) 000-0000

Mobile Number

(000) 000-0000

Additional Contact

First Name

Last Name

Title

Work Number

Mobile Number

(000) 000-0000

(000) 000-0000

Mission and Governance Structure

Describe the primary purpose of your organization, relevant information to understand its mission, and it's governance structure. *

0/350

Section 2: Request Basics

Amount of Request *

e.g., 23

Project Name

0/20

Executive Summary of this Request *

0/100

Please select type of support (select only one). *

- [ ] General Support - For Overall Purpose, Operating Needs, and/or Strategic Agenda
- [ ] Project Support - For a Specific Program or Project

If this request is for a project or specific program, please indicate which category best fits this project (select only one). *

- [ ] One-Time Project
- [ ] New Project
- [ ] Ongoing Program

What services will you offer using funds requested in this proposal? Please check all that apply. *

- [ ] Hospice Care
- [ ] Caregiver Support
- [ ] Education and Outreach
- [ ] Grief and Bereavement
- [ ] Pediatric Palliative Care
- [ ] Other
- [ ] Palliative Care
- [ ] Psycho-Social Services for Individuals and Families
- [ ] Direct Financial Assistance/Subsidies
- [ ] Spiritual Care

Number of Paid Staff Assigned to this Project/Effort *

e.g., 23

Number Volunteers with Project/Effort *

e.g., 23

Given the scope of your organization and the work you currently do in the community, please rate the priority of the proposed work on a five point scale, with one as least important and 5 as a critical priority for your organization. *

1 2 3 4 5

Less important Most important

Section 3: Case for Support

Please provide a detailed description of the services, programs, and/or patient/family needs this funding will support. Explain how Hospice Giving Foundation funding will provide resources, beyond standard payor reimbursements, to enable your organization to elevate care for those with serious illness or nearing end of life. Include, as appropriate, data that supports the needs and how this program may address inequities in end-of-life care. *

0/1000

Intent: What of the following, if any, are intentional focuses of this request? Please select all that apply. *

- [ ] To expand access in underserved communities (defined as either groups of people or regional areas), thus addressing healthcare disparities/inequities for end-of-life care.
- [ ] To provide innovative approaches to, or enhance, existing services for those facing serious illness or end of life.
- [ ] To expand collaboration with like-kind services or similar providers without duplication.
- [ ] To educate the community and/or professionals on options for end-of-life care or advance healthcare preparedness.
- [ ] To provide hospice or palliative care for adults and/or children.
- [ ] To improve family/patient satisfaction support and timeliness of services (re: Hospice or Palliative Care).
- [ ] Other

Brief explanation of above, if desired.

0/150

Objectives and Goals

You are required to enter at least one goal. Please be clear and brief.

List up to 6 priority objectives and goals, stated in measurable format (e.g. SMART goals). *

	Priority Objectives in Order of Importance
1.	
2.	
3.	
4.	
5.	

6.	

Specific Activities

You are required to enter at least one activity.

List and briefly describe the primary activities to be funded by this grant. Provide specifics such as frequency of activity and/or professional discipline providing service. *

	List of Activities
1.	
2.	
3.	
4.	
5.	
6.	

Sources of Support

Please list the sources of support and amounts of grants/donations/other support committed for this work, proposal pending, and any planned submissions. *

0/200

Project Budget Detail

In a narrative format, please provide specific details on how the requested funds will be used. *

0/300

Evaluation

Describe relevant industry standards, metrics, patient experiences and/or outcomes used to help you track success. How will your agency use your analysis/review of this program to guide and improve your practice? *

0/300

Section 4: Organizational Financial Overview

Financial/Budget Information

Please use this space to describe changes in any financial positions, notable increases or decreases to the operating budget, and/or planned-for deficit budgeting, if applicable. *

0/200

Sustainability and Economic Challenges

Use this section to describe fund development strategies to ensure sustainability of your programs as well as factors which may present fiscal challenges and/or obstacles to your program. Describe any unusual or special circumstances that would justify the amount of funding requested. *

0/300

Section 5: Statistical Information

This section replaces the Hospice Giving Foundation Statistical Worksheet.

Demographical Data

Please use the dates of July 1 (of this year) - June 30 (of next year) for the grant year.

Each answer should estimate the number of people your agency expects to serve through the end of the grant year.

Note: Final grant reports will require you to update your estimates with actual data from the grant year.

Gender *

	Estimated Number
Male	
Female	
Non-Binary	
Other Gender	

Automatic total of entries above (Gender)

0

Age *

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

Automatic total of entries above (Age)

0

Ethnicity *

	Estimated Number
Caucasian	
Hispanic/Latinx	
Asian American	
African American	
Bi-Racial/Other	
Declined to Answer	

Automatic total of entries above (Ethnicity)

0

Region *

	Estimated Number
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.

Number of people in household	***1***	***2***	***3***	***4***
Acutely Low	$10,500	$12,050	$13,550	$15,050
Extremely Low	$25,300	$28,900	$32,500	$36,100
Very Low	$42,150	$48,200	$54,200	$60,200
Low	$67,460	$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 *

Estimated Number

Acutely Low	
Extremely Low	
Very Low	
Low	
Median	
Moderate	
Above Moderate	

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

0

Patients by Service *

	Estimated Number
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 increase in the number of people you will be able to serve with funding from Hospice Giving Foundation. *

Do you receive CAHPS Hospice Survey Satisfaction rankings? If no, please skip the next question. *

- [ ] Yes
- [ ] No

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 Symptoms		
Getting Hospice Care Training		
Rating of Hospice		
Willingness to Recommend		

Section 6: Required Attachments

Organizational Documents

Please upload a Current Copy of your IRS Determination Letter *

Browse Files
Drag and drop files here

501(c)(3) verification

Letter from the Board Chair or Designee Supporting this Request *

Browse Files
Drag and drop files here

For Hospital Foundations Only: Letter of Commitment Signed by Hospital Leadership and/or Medical Director of the Program for which Funds are Requested

Browse Files
Drag and drop files here

List of the Board of Directors with Affiliations and Cities *

Browse Files
Drag and drop files here

List of the Key Employees with Titles *

Browse Files

Drag and drop files here

Financial Documents

Current Approved Annual Budget and, if needed, an Approved Funding-Year Budget *

Browse Files

Drag and drop files here

*Hospice Giving Foundation awards have a grant term of July 1 – June 30. If your organization has a different fiscal year, a board-approved funding-year budget is requested. If your budget is not yet approved, you may submit an estimated budget, noting the date approval is expected below. Two files can be uploaded to this field.

Has this Annual Budget been approved by your board? *

- [ ] Yes
- [ ] No

If not yet approved, please provide the date the approval is expected.

MM-DD-YYYY

Date

Current Year-to-date Budget vs. Actual Report *

Browse Files

Drag and drop files here

For the most recent month completed

Profit and Loss Statements for the Most Recent Fiscal-Year End *

Browse Files

Drag and drop files here

Most recently completed fiscal year

Balance Sheet for the Most Recent Fiscal-Year End *

Browse Files

Drag and drop files here

Most recently completed fiscal year

Grant Request Budget *

Browse Files

Drag and drop files here

You may use your own budget or use Hospice Giving Foundation's template.

Audited Financial Statement for the Most Recently Completed Fiscal-Year; Organizations with Operating Budgets less than $900,000 may submit a Financial Review *

Browse Files

Drag and drop files here

Please double check for password protections on audit files.

By submitting this document, I certify, to the best of my knowledge, that all information (provided in the documents uploaded and the appllication) is true and correct.

Signature *

Sign Here

Powered by Jotform Sign Clear

Save Review Answers