**The Faribault Area Hospice Foundation** is dedicated to improve the quality of life through comfort care, support, and compassion for patients and their loved ones in the District One Hospital service area.

The Faribault Area Hospice Foundation goal is: ***To promote and support end-of-life care, services, and grief recovery support in the District One Hospital service area through the granting of financial resources including enhancing community education and awareness.***

In order for consideration, all program grant submissions to Faribault Area Hospice Foundation must adhere to the mission statement of the Foundation: ***The Faribault Area Hospice Foundation is committed to enhancing and otherwise supporting the mission of Faribault Area Hospice which is to improve the quality of life through comfort care, support, and compassion for patients and their loved ones in the District One Hospital service area.***

The Foundation does this by funding therapies and programs that add comfort and quality of life as well as funding special needs for hospice patients in the District One Hospital service area affiliated with any hospice.

**FARIBAULT AREA HOSPICE FOUNDATION PROGRAM GRANT**

**CHECK LIST**

The following is a checklist of items that you must have in order to be considered for approval.

Please make sure you have all necessary documents before submitting the application.

Cover Letter – Please include a short history of your organization regarding how the organization helps accomplish tasks congruent to the Faribault Area Hospice Foundation mission.

IRS W-9 Form (if applicable)

Completed Grant Application

# Cover Letter (please limit to one page)

*The Faribault Area Hospice Foundation is dedicated to promote and support end-of-life care, services, and grief recovery support in the Faribault area through the granting of financial resources including enhancing community education and awareness. In order for consideration, all program grant submissions to Faribault Area Hospice Foundation must adhere to the mission statement of the Foundation: The Faribault Area Hospice Foundation is committed to enhancing and otherwise supporting the mission of the Faribault Area Hospice which is to improve the quality of life through comfort care, support, and compassion for patients and their loved ones in the District One Hospital service area. The foundation does this by funding therapies and programs that add comfort and quality of life as well as funding special needs for hospice patients in the Faribault area affiliated with any hospice.*

The Faribault Area Hospice Foundation does not fund the following: Research, political action, religious, or lobbying organizations, for-profit organizations, organizations not providing services to the District One Hospital service area. Funding priority is given to projects and programs with clear goals and outcomes relevant to serving end-of-life patients, their families, and caregivers. Applicant organizations should demonstrate sound management and governance practices, active board support, qualified staff, and effective utilization of volunteer resources. We limit all organizations that apply for funding to one time per year.

SUBMISSION INSTRUCTIONS:

The Faribault Area Hospice Foundation Board of Directors (BOD) requires the completion of this form for submission and approval of a grant request. Verbal communication with any member(s) of the BOD or their representatives shall not substitute for submission of this form. Grant requests accepted January thru November. The BOD meets quarterly to review completed grant requests. However this is subject to change. All publicity must credit Faribault Area Hospice Foundation logo and branding.

*All fields must be filled out. Please submit type written copies if not applying on-line.*

**DATE**:

1. **Name of requesting group:**
2. **Amount of funding requested:**
3. **Date funding is needed:**
4. **Type of project:**

**5. Date of project:**

1. **Authorized agent name, physical mailing address, organization phone number, email address, and website address:**
2. **Funding will be used for one or more of the following causes. Checking “YES” signifies that you are using the funding for these specific purposes.**

**YES NO**

**\_\_\_ \_\_\_Providers of hospice and/or palliative care**

**\_\_\_ \_\_\_Grief counseling**

**\_\_\_ \_\_\_Bereavement and family support**

**\_\_\_ \_\_\_Educational programs related to end-of-life planning and family preparation**

**\_\_\_ \_\_\_Advocacy programs designed to support policy to increase the access and scope of end-of-life services throughout**

**the community**

***8. Attach IRS W-9 Form*** (if applicable)

1. **Name and contact information of individual(s) responsible for follow-up report to the Faribault Area Hospice Foundation should grant request be approved. A follow-up report is required in order to be considered for future grants.**
2. **How did you hear about Faribault Area Hospice Foundation grant funding? If from local hospice, please supply name of hospice and hospice contact information.**
3. **Has your organization received grant funding from the Faribault Area Hospice Foundation in past year? If so, when?**

**FOLLOW-UP REPORT**

**Failure to provide follow-up report will result in denial of future grant requests. Follow-up reports should be received at the Faribault Area Hospice Foundation no later than one month after event takes place.**

Signature of Organization’s Authorized Agent Date

*For office use:*

*Approved*

*Denied*

*Check number*

*Mailed*

*Follow-up Received*

Compliance Procedures:

All completed grant requests are presented to the BOD at the first scheduled board meeting following grant submission and approval is by a majority vote. Board meetings are scheduled quarterly, and the schedule is subject to change. A representative of the Foundation, if grant is approved or denied, will contact your organization. Disbursal of funds depends on date requested and timeliness of grant request. The Faribault Area Hospice Foundation reserves the right to cover the event, for publicity purposes, if applicable, through the person(s) or entity(s) of Faribault Area Hospice Foundation’s choice. Your organization also agrees to immediately update Faribault Area Hospice Foundation BOD regarding any changes to this application. Faribault Area Hospice Foundation awards designated grants only. Funding must be used as stated and Faribault Area Hospice Foundation acknowledged. Faribault Area Hospice Foundation reserves the right to request repayment of funds diverted from the original purpose(s) of this grant. *Any unused portion of the grant must be returned to the Faribault Area Hospice Foundation.*

# IMPORTANT LEGAL INFORMATION

By accepting this grant, you attest that no goods or services were provided in exchange for this grant. Should we later discover that something of value was received, or the stipulations of the grant agreement were not met, we will ask your organization to return the full amount of the grant. If you have any questions about the enclosed grant, please contact Faribault Area Hospice Foundation, at **(866) 506-7049** or at info@faribaultareahospicefoundation.org. Thank you.

Please address all grants and correspondence to:

Faribault Area Hospice Foundation

Attention: Grants

200 State Avenue

Faribault, MN 55021

 OR: email at info@faribaultareahospicefoundation.org

Grant Request Follow up Guidelines and Sample

|  |
| --- |
|  |
| Funds given by Faribault Area Hospice Foundation are designated funds to support end-of-life training and grief recovery support classes. Please send us your follow-up report via mail or email to the foundation within 30 days of program or event date(s). Please attach photo efiles separately rather than embedding them.* Organization (Legal name from W-9 form):
* Grant Check #
* Community program(s)/event(s) and Date(s)/frequency, locations (please be specific)
	+ How or in what way was our donation used in your community (please be specific and detailed)
	+ Total number of people in your local community benefitting from this grant funding
* How was our name and logo used (please attach photos separately)
* Please include pictures of your local community participation where this funding was utilized
* Secure permission from attendees so we may post photos, as needed, on our website: FaribaultAreaHospiceFoundation.org
* Authorized signature and date

Example of multiple programs/events* Alzheimer’s Assoc. of Rice County

Check #XXXX* Held six grief recover classes – 8 weeks each, Jan., Mar., May, July, Sept., Nov. in 20XX
	+ Funding was used toward additional handouts and refreshments
	+ We were able to aid in grief recovery support in 8-week classes for more than 100 people dealing with grief issues.
* Held one caregiver training conference Feb. 18, 20XX at (location)
	+ Funding was used toward venue rental, CEUs, speakers and refreshments
	+ We provided CEUs free of charge to Social workers and nurses, and training to both professional and family caregivers. Approximately 250 people attended.
* Held Caregiver retreat Aug. 18-20, 20XX at (location)
	+ Funding was used for venue rental, food, conference speaker, printing handout materials
	+ The retreat offered respite, sharing time and structured learning opportunities on topics such as relaxation techniques, coping skills for hospice and family caregivers. 35 attended and were treated to a relaxing, refreshing time near the lake.
* Attached are photos showing the Foundation name and logo’s use(s) and of local community participation where this funding was utilized.
* We secured signed photo release permission from attendees.
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