



Grant Application – Part I

All organizations interested in submitting a proposal to the Hospice Foundation of Oklahoma and the Hospice Foundation of Oklahoma Affiliated Fund must complete this form and attach the necessary documents (only one copy of attachments is required). Please print or type the required information on this form.

Organizational Information

Legal name of the organization (must be the same as the name on your IRS Determination Letter) that states your organization has tax-exempt status:

Address of the organization: _____

Telephone: _____ Fax: _____ Year of Incorporation: _____

Email: _____ Website: _____

Contact name and title: _____

Contact phone number: _____ Email: _____

In the space provided below, briefly describe the organization and its purpose in the community, activities and accomplishments. If available, please attach an organization brochure and a copy of the organization's mission statement and its strategic or long-range plan.

Attach a copy of the organization's Letter of Determination from the Internal Revenue Service.

Financial Information

- Provide a copy of the organization’s most recent audited financial statement (unbound) dated no earlier than one year prior to the date of the request.
- Provide the organization’s last year-end financial statement, including an income statement and balance sheet. If the year-end statement is more than three months old, also include the most recent financial statements available.
- Provide the organization’s overall budget for the current year.
- Please provide a summary of income and expenses for the last three fiscal years:

	Prior Year 1	Prior Year 2	Prior Year 3
<u>Income:</u>			
<i>Contributions/Grants</i>			
<i>Earned Income</i>			
<i>Other</i>			
Total Income:			
<u>Expenses:</u>			
<i>Program</i>			
<i>Administrative</i>			
<i>Fundraising</i>			
<i>Other</i>			
Total Expenses:			
Net Income:			

Fiscal year end date: _____

- Please provide a budget for the program or project under consideration as set forth in Part II of the application.

Board of Directors, Staff and Volunteers

- Please provide a current Board of Directors list.

What percent of your current board has contributed financially during the last fiscal year? _____

What is the aggregate amount of contributions made by the board of directors during the last fiscal year? _____

Please provide the following information:

Number of full-time staff: _____

Number of part-time staff: _____

Average number of active volunteers: _____

Grant Application Part II

Requested Elements of the Letter

1. Purpose of Grant

Please provide a narrative explaining the program or project to be considered. The narrative should include detailed information that addresses the following:

- The problem to be addressed.
- What is the goal of the program or project to be considered?
- What is the group targeted for the education or awareness program. Describe the size and demographics.
- Describe the specific activities of the program and the anticipated impact on the population affected.
- Describe the relevance of the program to the Hospice Foundation's program goals.
- If the request is for education and training for health care or other professionals, please indicate what group(s) or individual(s) will receive the education and/or training. Include the expected outcome from the additional education and training and its impact on hospice, palliative or end-of-life care.
- Please provide a timetable for the program or project. The timetable should include both the implementation and evaluation phases of the program or project.
- If applicable, describe other participating groups and their role and contribution to the project or program, as well as their qualifications.
- Describe how the program will be funded in the future.

2. Evaluation

- What are the specific outcomes that are expected? State several questions you expect to be able to answer when the project is complete.
- What are your measurements for success and how will you evaluate the outcomes?

3. Budget

- Provide a complete budget, both income and expense, for the overall program or project even if the request is for one component of the overall project. Please identify income sources as cash or in-kind.
- List other sources of funding received or being sought for this project and provide levels of support.
- In the event we are unable to fund your full request, please indicate priority items and dollar amount for each item.
- Describe the project's short-term and long-term funding plans.
- What are plans for sustainability of the project, if any?