

Hearts for Hospice

Mailing: 1430 Willamette Street #184, Eugene, OR 97401

Resale Shop: 444 Main Street, Springfield, OR 97477

Board@heartsforhospiceoregon.org

2023 Grant Guidelines for Short Form Application

*****For organizations that have previously received Hearts for Hospice grants*****

Hearts for Hospice is pleased to announce that applications are now available for our 2023 grants. Hearts for Hospice awards grants to non-profit organizations in Eugene-Springfield area and other Lane County communities that align with our mission: to support non-profit hospice and palliative care services, grief support programs, and end-of-life education.

You can apply for a grant in any amount, and we will do our best to fulfill your need. Historically, Hearts for Hospice grants range from \$1,000 to \$15,000. Criteria for grant awards include:

- Active non-profit status of the requesting organization
- Relevance to hospice services/ palliative care/ grief support/ end-of-life education
- Services must be available in Lane County, Oregon

The grant submission should include:

- Brief cover letter
- Hearts for Hospice Grant Application Short Form for 2023
- Required attachments: (1) Board of Directors list; (2) Detailed Budget
- If needed, maximum 2 pages of supplemental information

The grant application deadline is November 30, 2022. Awards will be announced by January 31, 2023 and funded in February 2023.

Applications should be submitted electronically to: board@HeartsForHospiceOregon.org.

As a condition of receiving funds, the grantee will provide the Hearts for Hospice Board of Directors with a written progress report. The report must include a summary of how the funds were used, whether project goals were achieved, and how success was measured. This report should be submitted within 30 days of complete spending of the received funds or by November 30, 2023, whichever date occurs first. Timely and transparent grant reporting will be considered in reviewing future grant requests.

Questions? Contact Hearts for Hospice Treasurer Betty Hemmingsen, 541-255-8775 or treasurer@HeartsForHospiceOregon.org.

Hearts for Hospice Grant Application for 2023 - Short Form

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A. Organization

Name _____

Address _____

City, State and Zip _____

501(c)3 Non-Profit Organization? Yes ___ / No ___ Is tax-exempt status currently valid? Yes ___ / No ___

IRS EIN (Employer Identification Number) _____

Contact Person _____ Title _____

Phone _____ email _____

Chairperson of Governing Board _____ Phone _____

Attach list of current Board of Directors

B. Proposal Information

Provide an overview of your proposal, including brief description, the problem or need you seek to solve, anticipated outcome, individuals and/or communities served (how many and what geographic area.)

Appropriateness to Funder’s Mission: Explain how your proposal meets the Hearts for Hospice funding guidelines and criteria.

C. Budget

Total proposal cost \$ _____ Amount requested from Hearts for Hospice \$ _____

Attach a detailed budget.

Other funding sources already committed or expected and amounts of support for project to date.

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D. Timeline

Number of months in Proposal period _____ Beginning date _____

Additional explanation if necessary _____

E. Sustainability

Describe your plan for sustainability of the proposal after the grant award has been exhausted.

F. Supplemental Information

Please explain (or attach, maximum 2 pages) anything else you think is relevant to this proposal.

I certify that the above information is correct and that I am authorized to submit this grant application to Hearts for Hospice.

Must be signed by the President, proper officer, head official or authorized representative of the organization.

Print Name: _____ Title _____

Signature _____ Date _____

Electronic signature is acceptable

Email completed Application to: Board@HeartsForHospiceOregon.org

For Hearts for Hospice Office Use Only:

_____ Cover Letter	_____ Application	
_____ Board of Directors List	_____ Project Budget	
_____ Proposal Complete	_____ Proposal Incomplete	_____ Notify Applicant