

GRANT APPLICATION
CROSSROADS HOSPICE CHARITABLE FOUNDATION

Crossroads Hospice Charitable Foundation is dedicated to educating communities on Hospice resources, identifying excellent Hospice care, and by offering grief recovery resources. Our objective is to offer education to community organizations who provide end-of-life care and assist those organizations providing grief recovery support. We grant funding to enhance community awareness supporting end-of-life care and end-of-life services. Because our focus is on education, we do not fund administrative costs, general funding, or capital improvements.

In order for consideration, all grant submissions to Crossroads Hospice Charitable Foundation must adhere to the mission statement of the Foundation: ***Dedication to Ultimate Life.***

The Crossroads Foundation objective is: ***Offering awareness to community organizations providing end-of-life care and assisting them in providing grief recovery support.***

The Crossroads Foundation goal is: ***To promote and support end-of-life care and services through the granting of financial resources to enhance community education and awareness.***

CROSSROADS HOSPICE CHARITABLE FOUNDATION CHECK LIST

The following is a checklist of items that you must have in order to be considered for approval.
Make sure that you have all necessary documents at hand before proceeding on-line.

- Cover Letter – Please include a short history of your organization regarding how you help accomplish end-of-life care training or grief recovery.
- IRS W-9 Form
- Completed CRHCF Grant Application

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Cover Page (limit to one page)

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SUBMISSION INSTRUCTIONS:

The Crossroads Hospice Charitable Foundation (CRHCF) 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 CRHCF BOD or their representatives shall not substitute for submission of this form. Grant requests accepted January thru November. The BOD meets the last Monday of each month to review completed grant requests. However this is subject to change. All publicity must credit Crossroads Hospice Charitable 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 Needed:**
- 4. Type of project:**
- 5. Date of project:**
- 6. Authorized agent name, physical mailing address, organization phone number, email address, and website address:**
- 7. 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	
_____	_____	End-of-life education
_____	_____	Raising awareness of end-of-life care
_____	_____	Educating on grief recovery
_____	_____	Caregiver Support
- 8. Attach IRS W-9 Form**
- 9. Name and contact information of individual(s) responsible for follow-up report to CRHCF should grant request be approved. A follow-up report is required in order to be considered for future grants.**
- 10. How did you hear about CRHCF Grant Funding? If from local hospice, please supply name of hospice and hospice contact information.**
- 11. Has your organization received grant funding from CRHCF 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 CHRCF 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 _____

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Compliance Procedures:

All completed grant requests are presented to the BOD at the first scheduled board meeting following grant submission and approved by a majority vote. Board meetings are scheduled the last Monday of each month with no meeting in December, 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 CRHCF reserves the right to cover the event, for publicity purposes, if applicable, through the person(s) or entity(s) of CRHCF's choice. Your organization also agrees to immediately update CRHCF BOD regarding any changes to this application. CRHCF awards designated grants only. Funding must be used as stated and CRHCF acknowledged. CRHCF 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 Crossroads Hospice Charitable 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 Crossroads Charitable Foundation, at 918 858 8203 or at info@crhcf.org. Thank you.

Please address all grants and correspondence to:

Crossroads Hospice Charitable Foundation
Attention: Grants
10810 East 45th Street, Suite 300
Tulsa, Oklahoma 74146

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Grant Request Follow-up Guidelines/Sample

Funds given by Crossroads Hospice Charitable 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). 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: Crossroads Hospice Charitable Foundation (CRHCF.org)
- Authorized signature and date

Example of multiple programs/events

- Alzheimer's Assoc. of Tulsa County
- **Check #1658**
- Held six grief recover classes – 8 weeks each, Jan., Mar., May, July, Sept., Nov. in Tulsa
 - 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, 2014 at Marriott Hotel, Tulsa
 - 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, 2014, Sequoyah State Park, Hulbert, OK
 - 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.