



To: Springfield area nonprofit and governmental organizations

From: Kim Morelock, Executive Director, Hospice Foundation of the Ozarks

Re: Request for Proposals

Date: To Be Announced on website

The Hospice Foundation of the Ozarks (HFO) requests proposals for initiatives and innovative programs that support, address, and enhance end of life care in southwest Missouri.

The goal of the HFO grant program is to seek out and fund projects and programs which will promote our vision below:

“Hospice Foundation of the Ozarks awards grants to organizations which are involved in end of life services and education. The Foundation supports hospice, palliative care, advanced directives, grief and bereavement services, educational programs and other activities which nurture informed personal choices and respect for diverse cultural identities in the end of life experience.”

As a member of Missouri Hospice and Palliative Care Association, the Hospice Foundation of the Ozarks works to support and carry out this mission:

“to lead and mobilize social change for improved care at the end of life.”

The purpose of this letter is to encourage your organization to submit a grant request that will strengthen end of life care and education in southwest Missouri and will advance the above mission and vision.

Toward this goal, the Hospice Foundation of the Ozarks is interested in, but not limited to, funding programs that:

- Train staff and volunteers to stay on the leading edge of hospice and palliative care concepts

- Provide education that increases professional skill and expertise in end of life care
- Address topics relevant to current end of life practices
- Prepare future leaders to recognize the importance of end of life issues
- Reach out to patients and families to inform them about options for care at end of life and develop a plan to ensure their wishes are honored
- Urge individuals to voice end of life decisions to family, friends, clergy and health care providers through advance care planning
- Enhance the various disciplines that constitute hospice and palliative care (allied therapies, bereavement, social work, spiritual caregiving, companion service, volunteers/volunteer management)
- Support and enhance the interdisciplinary team approach of which hospice and palliative care is known
- Create and distribute educational resources, such as brochures, books and multimedia materials for patients and families facing end of life
- Offer community education that provides information about end of life resources available in the Ozarks
- Develop conferences and webinars that provide quality continued education for professionals who work with individuals and families facing serious illness, death and grief.
- Encourage healthcare systems and providers to discuss hospice and palliative care earlier in the disease process.
- Develop modern and innovative concepts that improve care at end of life

If you are interested in submitting a proposal, the grant application must be completed and returned to HFO on date announced. Directions and requirements for the grant application are attached to this letter. If you need additional information, I would be happy to visit with you. You may contact me at hospicefoundationozarks@gmail.com or 417-861-9543.

For more information about HFO, its programs and past grant support, please visit the website at www.hospiceozarks.org

HOSPICE FOUNDATION OF THE OZARKS GRANT APPLICATION

TO BE ANNOUNCED

Please provide the following information in no smaller than 11-point font. You may submit by mail or email (email: in Word format please). If this application is not completed in its entirety, then it will not be considered for funding.

NARRATIVE

The narrative must be limited to 5 pages.

SECTION A: ORGANIZATIONAL INFORMATION

1. Provide a mission statement for your organization.
2. Summary of organization history
3. Description of the organization's current programs, activities, number served annually and accomplishments.

SECTION B: NEEDS STATEMENT

4. What are the community needs or problems to be addressed by this project/organization? Why is this issue important?

SECTION C: PROJECT INFORMATION

5. Who will be served by this grant (describe) and how many will be served?

6. What are your project goals?

7. What activities do you intend to engage in or provide to achieve these goals?

8. What are the short and long term measurable outcomes that would be achieved by this project?

9. What is the timeline for implementation of this project?

10. How does this request fit with your organization's long-term goals? We define long term as the time period beyond this grant.

11. How does your proposed project align with the mission of the Hospice Foundation of the Ozarks?

SECTION D: FINANCIAL

12. Amount requested.

13. Could you consider partial funding for this project/program? Yes_____ No_____

13. a. If Yes, what part of the project is your highest priority?

14. Should you receive partial funding from Hospice Foundation of the Ozarks, do you have a plan to raise additional funds to carry out your project? Yes_____ No_____

14a. If yes, please identify the sources for such additional funding.

14b. List current funding commitments from other sources for this proposed project.

15. If you are requesting funding for one year of a multiyear project/program, what are your plans for funding the project/program in subsequent years?

SECTION E: EVALUATION

16. Provide a specific and detailed plan to assess the performance of the project. This section must discuss how you plan to track and measure the effectiveness of your project. (e.g. pre/post surveys, client questionnaires, follow-up surveys, etc.)?

REQUIRED ATTACHMENTS

1. A copy of the current IRS Letter of Determination indicating tax-exempt status.
2. Letter of support from collaborating organizations that explain their role and signed by the executive director(s) of that organization(s). (If applicable)
3. Financials: Project Budget (See Attached – use the Missouri Common Grant Application form)
4. Please provide a complete list of Board of Directors (if applicable)

5. If your proposal is funded, you will be required to submit a hard copy of form 990.

Submit all information by **TBA** to: Hospice Foundation of the Ozarks, PO Box 9226, Springfield, MO 65801 Or to: hospicefoundationozarks@gmail.com