

The Hospice Foundation of Oklahoma

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, which 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:

Description	Prior Year 1	Prior Year 2	Prior Year 3
Income:			
Contributions/Grants			
Earned Income			
Other			
Total Income			
Expenses:			
Program			
Administrative			
Fundraising			
Other			
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: _____