



# Community Grant Application

Friends of Hospice invites eligible nonprofits and Public Hospital Districts to apply for our Community Grants. Grants support palliative care, end-of-life, and grief support initiatives that improve quality of life.

## ELIGIBILITY/REQUIREMENTS

The following criteria must be met to be eligible for consideration:

1. Funding will support palliative, end-of-life care or bereavement projects in Whitman County
2. Entity must hold their own Not-for-Profit designation, act as a Foundation, serve as a Public Hospital District, etc. and is able to submit a Federal Tax ID Number and IRS Letter of Determination
3. Applicant will provide a 3-5 minute presentation to Friends of Hospice Board
4. Stories and/or photos will be shared by your entity within your network of constituents
5. Friends of Hospice will share stories and/or photos through publications, events and social media

## KEY DATES

- Applications will be accepted quarterly with deadlines on the first of January, April, July, and October
- Organizations being considered for funding will be contacted to schedule a 3-5 minute presentation for FOH Board members
- Applicants will be notified of their award status within 1 month of their presentation to the board.
- Committee members will check in at a midpoint
- Funds must be used within 12 months
- Close-Out action report due within 12 months

Email or mail grant application to the following  
[director@friendsofhospice.net](mailto:director@friendsofhospice.net)

Friends of Hospice  
110 E Canyon St.  
Colfax, WA 99111

## Application

**Organization Name**

**Contact Person**

**Phone**

**Email**

**Mailing Address**

**Organization Board Members**

**Date Organization was founded**

**Organization Vision/Mission**

## **Project Description**

### **Project Impact on Palliative, End-of-Life, Bereavement Care or Related Care**

## **Project Goals and Objectives**

## **Measurable Outcomes**

## **Estimated Timelines / Target Dates for Project Completion**

**Request Amount up to \$5,000**  
*please include a project budget*

**Will you be seeking funding from additional sources?**

**How will you include “Friends of Hospice” in your project publicity?**

***IMPORTANT! Include a summary of the most recent quarterly report, 990 Summary Page, or financial statement reviewed & accepted by your board. Please, limit to one page.***