

The Inn Between Grant Proposal to Crossroads Hospice Charitable Foundation

February 26, 2021

Southern Utah University

Foundations of Grant Writing

Instructor: Lexie Olivia Grant, CFRE

Team #3

February 22, 2021

Introduction

For this project, we decided to focus on a non-profit organization that one of the group members was familiar with: The Inn Between. In addition, we decided to target a foundation (Crossroads Hospice Charitable Foundation) that has helped similar non-profit organizations like ours in the past.

The following is all based on a grant proposal to Crossroads Hospice Charitable Foundation on behalf of The Inn Between. This grant proposal was written by Sara Hoen, Cesar Caballero, Schyler Jolley, and Melissa Scavetta.

The Crossroads Hospice Charitable Foundation required a cover letter, an application with project information, utilization of one or more of their four purposes, and an IRS W-9 form. We also included a budget in our application as part of the assignment for this class. The foundation also requires a follow-up report after the project is completed.

Our project involves the training of personnel so that we can better meet the demand for our services. We need about \$10,000.00 total but we have secured more than half of that money (\$6,000.00) with two more grantmakers; so, we would like to receive the remaining amount from this foundation. After speaking with the grantmaker, if we are approved for the grant, we will be required to submit a follow-up project description. This project description aligns with what we learned in class including: goals, objectives and activities, participants, work, and management plans. Finally, we also made a point to mention and align our mission as to the one from the foundation. Our missions are as follow:

- The Inn Between Mission: Our mission is to end the tragic history of vulnerable people dying on the streets of our community by providing a safe and supportive home for those who have nowhere to live during a medical crisis.

- Crossroads Hospice Charitable Foundation Mission: Everything we do is in pursuit of our mission: To grow the knowledge of hospice, palliative care, and grief recovery.

Finally, we intend to follow up on the grant if approved. We included some of the activities through which we would follow up with our grantmakers not only to meet their requirements but to make sure we continue to cultivate that relationship with them (stewardship).

Cover Letter

Kasey Hillard
Executive Director
Crossroads Hospice Charitable Foundation
East 45th Street
Tulsa, OK 74146

RE: Request Funding

Dear Mrs. Hillard,

The Inn Between has been in operation since August of 2015. As an organization, we work to provide the homeless in Salt Lake County Utah hospice care. Since our opening, we have seen an increase in patients every year. In 2016, we serviced 2,807 and continued to increase to the year 2018 with 2,876. There are a lot of options for the public to help. Volunteers help in many ways, from regular weekly shifts to one-time projects. In 2018, 1,010 Volunteers gave 7,791 hours of service. With the funds we would receive from your foundation, we would train our volunteers on how to assist in end-of-life care training for our patients. As an organization, we take pride in being able to help the less fortunate. We currently have 20 licensed healthcare professionals on our payroll, they range from doctors, nurses to CNA's. Each one of these qualified professionals will work hand in hand with our volunteers to train them on how we provide the best end-of-life care to our patients. Some of the tasks volunteers will be doing are providing companionship, activities, meal preparation, housekeeping, organizing, food and clothing, events, marketing, and more. Each task is important to providing the end-of-life care our patients deserve.

Thank you,

Kim Correa
CEO
Executive Director, The INN Between
1216 E 1300 S
Salt Lake City, Utah 84105

Application

Please see the link in the resource section for the online application.

Name of Requesting Group: **The INN Between**

Amount of Funding Requested: **\$4,000.000**

Date of Project: **January 22, 2022.**

Date Funding Needed: **2022-2023 – January 21, 2022.**

Type of Project: **Volunteer Training Program**

Our project involves training our community members and our volunteers as well as permanent staff regarding different practices that we can follow to be successful in our mission. This would also include some expenses for different activities and equipment required to fulfill our mission as it aligns with that of your foundation.

Authorized Agent Name: **Jeanie Ashby**

Address: **1216 E. 1300 S**

City: **Salt Lake City**

State: **Utah**

Zip Code: **84105**

Email Address: **info@tibhospice.org**

Website Address: **<https://tibhospice.org>**

Purpose:

Specific Purpose of Funds Being Requested:

1. End-of-Life Education

2. Raising Awareness of End-of-Life Care

Name and contact information of individual (s) who will be reporting to CRHCF should grant request be approved: **Jeanie Ashby, info@tibhospice.org, Phone: (801)-410-8314, Fax: (385)- 474-4066**

How did you hear about CRHCF Grant Funding? If from local hospice, please supply the name of the hospice and hospice contact information.

We heard about this program from an online search.

Has your organization received grant funding from CRHCF in past years? If so, when?

No.

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

Revised 9/16/14

GRANT APPLICATION
CROSSROADS HOSPICE CHARITABLE FOUNDATION

Cover Page (limit to one page)

Revised 9/16/14

**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. We limit all organizations that apply for funding to one time per year.

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

Revised 9/16/14

GRANT APPLICATION CROSSROADS HOSPICE CHARITABLE FOUNDATION

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

Revised 9/16/14

GRANT APPLICATION
CROSSROADS HOSPICE CHARITABLE FOUNDATION



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.



Budget

Start Date:	January 2022
End Date:	December 2022
Direct Costs:	\$10,000
Personnel Costs	\$500
Salaries	
Benefits	
Consultant Claims	
Other personnel	
Travel and Transportation	\$1,000
Staff travel	
Consultant's travel	\$2,000
Other travel	
Postage and Shipping	\$200
Rent, comm. and utilities	
Facility rental	
Equipment rental	\$4,000
Telephone	
Utilities	
Printing	\$800
Duplication	
Other Services	
Data processing	

Subcontracts	
Conference expenses	\$500
Other services	
Supplies and Materials	\$500
Office supplies	\$500
Printed materials	
Other supplies	
Total Direct Costs	\$10,000

- We will provide our financial statements and year's prior budgets for your consideration should you require them.

IRS W-9 Form

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.																																													
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. The INN Between																																															
2 Business name/disregarded entity name, if different from above																																															
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.																																														
	☐ Individual/sole proprietor or single-member LLC																																														
	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____																																														
	☒ Other (see instructions) ▶ Nonprofit corporation exempt under IRS Code Section 501(3)c																																														
	☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate																																														
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)																																															
5 Address (number, street, and apt. or suite no.) See instructions. 1216 East 1300 South		Requester's name and address (optional)																																													
6 City, state, and ZIP code Salt Lake City, UT 84105 USA																																															
7 List account number(s) here (optional)																																															
Part I Taxpayer Identification Number (TIN)																																															
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.																																															
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="9" style="text-align: center;">Social security number</td></tr><tr><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td></tr><tr><td colspan="9" style="text-align: center;">or</td></tr><tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr><tr><td style="width: 30px;">4</td><td style="width: 30px;">7</td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;">2</td><td style="width: 30px;">3</td><td style="width: 30px;">2</td><td style="width: 30px;">9</td><td style="width: 30px;">5</td></tr></table>			Social security number																		or									Employer identification number									4	7			2	3	2	9	5
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Part II Certification																																															
Under penalties of perjury, I certify that:																																															
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and																																															
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and																																															
3. I am a U.S. citizen or other U.S. person (defined below); and																																															
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.																																															
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.																																															
Sign Here	Signature of U.S. person ▶	Date ▶																																													
General Instructions																																															
Section references are to the Internal Revenue Code unless otherwise noted.																																															
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9 .																																															
Purpose of Form																																															
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.																																															
• Form 1099-DIV (dividends, including those from stocks or mutual funds) • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) • Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions) • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) • Form 1099-C (canceled debt) • Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.																																															
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.																																															

Follow up Activities

In addition to the guidelines/ requirements the grant maker has for the reporting and follow up reports, we thought of some other ideas we could implement. Among the different suggested activities that our organization could engage in are the following:

- Offer a weekly/ biweekly checklist/ newsletter to showcase our accomplishments towards our end goal.
- Offer monthly Zoom/ virtual or onsite meetings to showcase what our non profit organization is doing in the community. We could even have guest speakers and have some of the people receiving our services be present. We want to make sure through these meetings/ events, the grant maker sees what we are doing with their money.
- Offer ‘BYO’ Banquets where the guests bring different items (food, supplies) and where we can have time to collaborate with everybody who is involved with our grant and with the money involved. For this, we would involve the public media both local and state level.
- Create testimonials from both the community and the people who have benefitted from our programs. Send these videos to our grant maker and publish them on a ‘Grant Maker Website’ where we can post constant updates just for them.
- Finally, keep our social media channels up to date for everybody to see and include constant recognition to all of our grant makers. If we have a social media manager, we can make sure that we post our updates in such a way so that we attract attention and use hashtags such as #randomactsofkindness and such; these days it is all about going viral.

Conclusion

On the first page of the textbook it says, “The reality is that grant seeking is a complex process that take time, effort, strategy, and the cooperation of many players to be successful” (Howlett & Bourque, 2016, pg. 1). Writing a grant can seem daunting or overwhelming for some people. It is not easy or simple. During this class we learned the steps that we should take to be successful grant writers. Grant writers should plan ahead and not hurry through the grant writing process. It can be methodical and those applying for grants should make sure to follow policy and procedure. We shouldn’t cut corners, or our grants may not have the competitive edge of more polished proposal and will could lose out on potential income for our organizations.

Resources

Crossroads Hospice Charitable Foundation: Hospice is About Living. (n.d.). Hospice is about living. Retrieved February 22, 2021, from <https://crhcf.org/>

Howlett, S., & Bourque, R. (2016). *Getting funded: The complete guide to writing grant proposals*. Seattle, WA: Word & Raby Publishing.

The Inn Between: Salt Lake City, Utah - home. (n.d.). Retrieved February 22, 2021, from <https://tibhospice.org/>