

# SECTION I: Cover Sheet

## APPLICANT INFORMATION

<b>Organization Name:</b>	Hospice of Laramie
<b>Contact Person:</b>	Jeff Senn
<b>Mailing Address:</b>	1754 Centennial Drive Laramie, WY 82070
<b>Phone:</b>	307-745-9254
<b>E-mail:</b>	jeff@hospiceoflaramie.org
<b>Web:</b>	www.hospiceoflaramie.org

**Type of Organization:**

Recreation/ Arts and Culture     Civic/Quasi-Governmental  
 Social Service     Other \_\_\_\_\_

Requested Amount for FY20/21: City \$ 10,000 County \$ 10,000

**Will this amount be used to leverage additional funds either through grants or other means?**

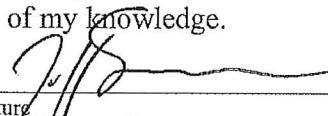
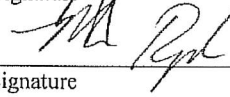
Yes     No

If you marked "yes", indicate the amount of additional funds that will be leveraged and note whether these are estimated or actual.

\$ \$20,000     Estimated     Actual

**Description of request:** Using the space below, *briefly* describe how your organization will use these funds and how the proposed program/project will benefit the community. A more detailed description is requested in Section III

**Declaration:** I hereby certify that the information give in this application for Community Partner funding is true and correct to the best of my knowledge.

<b>Agency Director</b>		Jeff Senn	, acting Director	3/1/20
	Signature	Print Name		Date
<b>Board President</b>		Mario Ruppelle		3/9/20
	Signature	Print Name		Date

### SECTION III. *Funding Request Justification*

---

**Briefly explain how the funds will be used and why public funds are necessary to accomplish this goal. Some discussion items to cover in this section may include:**

- *whether or not the funding request has increased from prior years;*
- *whether or not this is a one-time or on-going request;*
- *description of any large program or staff expansion occurring in this fiscal year;*
- *large equipment or other fixed assets that will be purchased fiscal year;*
- *how your project relates to city or county goals or improves the overall quality, character or health of the community; and*
- *whether or not funding will be used to leverage additional monies for your organization either through grants or other means*

Hospice of Laramie (HOL) is requesting the same amount of funds from the City for FY 2020/2021 as we did in FY 2019/2020. This ongoing request will allow HOL to support its mission by meeting the following goals: 1) offset the cost of HOL's increased nursing and social services staffing structure in order to provide comprehensive care to current patients while allowing ample time for the assessment and admission process of new patients; 2) offset the cost of room and board expenses for family members whose income qualifies them for a reduced rate, and 3) increase HOL's community and one-on-one educational outreach on the benefits of hospice care. Due to the increased unreimbursed costs of providing inpatient care, the Community Partner funds are even more critical to our operation during these first few years of adding the inpatient service.

These three goals will facilitate HOL's ability to provide the highest quality of end-of-life care for residents of the City of Laramie and Albany County by ensuring comprehensive 24-hour care in an interdisciplinary manner. Additionally, HOL remains committed to serving all members of the City of Laramie and Albany County community who desire hospice care, regardless of their ability to pay.

HOL supports the City of Laramie's goal for holistic economic development by providing good paying professional jobs and providing services to the residents of Laramie. HOL services improve the quality of life for the residents of Laramie and Albany County.

HOL anticipates leveraging the Community Partner award in the following manner: sharing with potentially new and existing donors the beneficial impacts of HOL towards the enhancement and support of the hospice philosophy, and allowing HOL to maintain the ability to provide the highest quality end-of-life care. Also, when requesting additional grant funds from private sources that are focused on covering unreimbursed care costs, HOL will acknowledge that the City/County gave a percentage to help offset these costs and their contribution would only enhance that coverage.

## **SECTION II: Organization History**

### **Organizational History and Mission**

**Provide a mission statement and brief history of your organization in Laramie and/or Albany County, including services provided to area residents.**

Hospice of Laramie (HOL) was founded in 1983 by a dedicated group of community members who wanted to offer end-of-life care and support to any individual with a terminal illness and their families who live in the City of Laramie and Albany County. Since that time, HOL has provided care to over 915 patients and support for their loved ones. HOL believes that terminal illness does not have to be a time of hopelessness and helplessness. During this phase of life, supportive, positive care is directed toward comfort and growth for individuals and their loved ones. Hospice focuses on caring, not curing. That care is centered on the needs and wishes of the individual, not on the disease. In most cases, this care is delivered in the comfortable and familiar surroundings of the individual's home. In summary, "It's about how you live."

The mission of HOL is to promote acceptance of the process of dying as a natural, potentially fulfilling part of life, while providing emotional, spiritual, social, and material resources to support the dying, their families and friends.

### **Organizational Structure**

**List your officers and director(s), indicating their terms of office**

**Mario Rampulla, Board President (2016-2019)**

**Sue Spencer, Board Secretary (2017-2020)**

**Jennifer Brook, Board Treasurer (2017-2020)**

**Sharon Gern, Board Member (2017-2020)**

**Julie Carlson, Board Member (2016-2019)**

**Judith Olson, Board Member (2017-2020)**

**Kelly Milam, Board Member (2019 - 2022)**

**Nicole Rooney, Board Member (2019 - 2022)**

## Section VI: Interim Report for FY 2019/2020 Awardees Only

*Complete this section if your agency was awarded Community Partner Funding in Fiscal Year 2019/2020*

Amount Awarded? \$ 7,444

Have you used all of the funds awarded?  Yes  
 No

If you have not used all of the funds awarded, please include *amount remaining* and *date* by which you intend to use those funds. \$ \_\_\_\_\_  
Date: \_\_\_\_\_

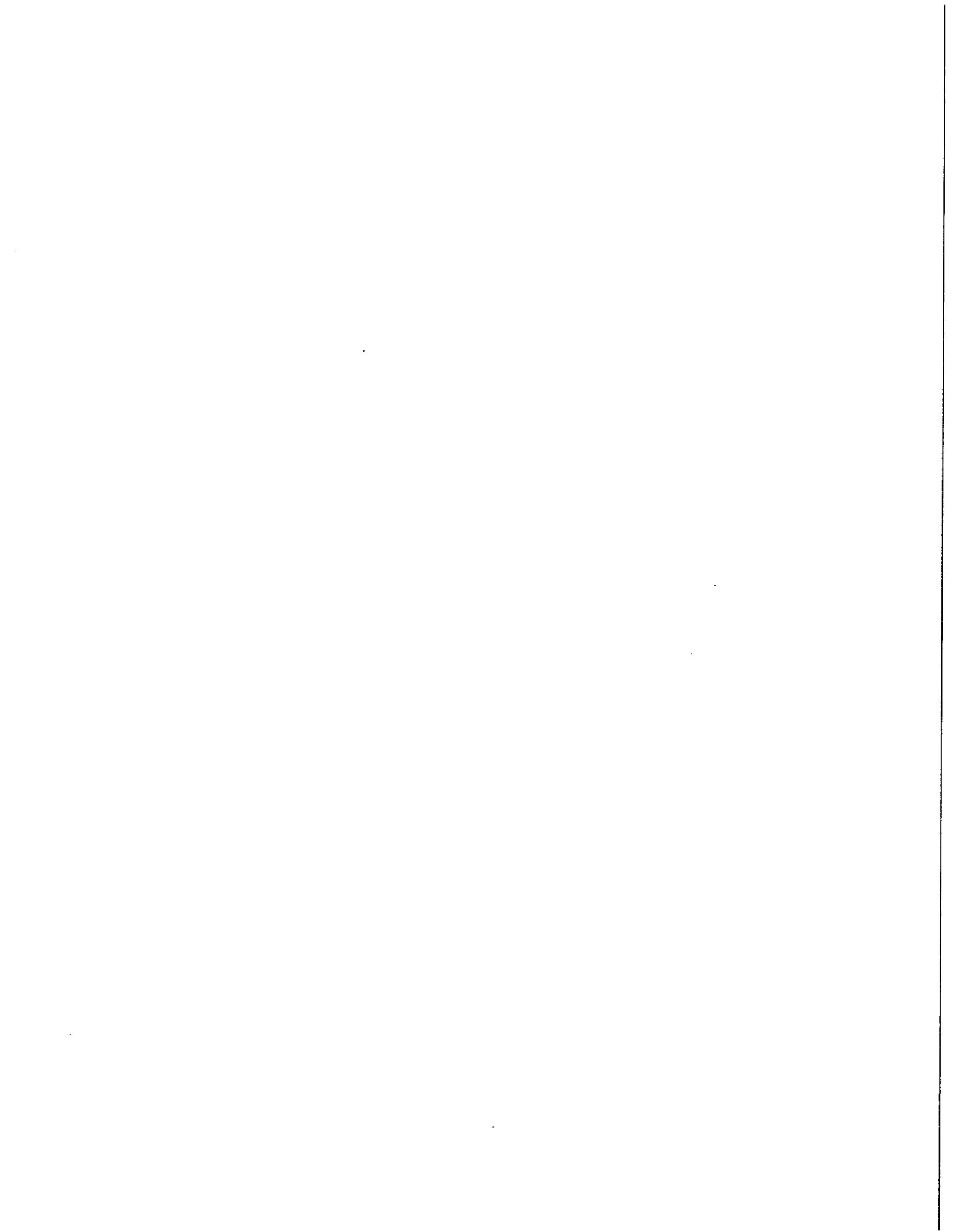
Briefly describe the impact that the FY 2019/2020 award has had on your program, project or organizational operations. Some discussion items to cover in this section may include:

- *Number of persons served and demographics of persons served (income level, age, race, etc.)*
- *Describe the overall impact of these funds on your program, project or organization*
- *If your agency has not yet to spent all of the awarded funds, please briefly describe your plans to expend the funds by the end of the fiscal year*
- *Did your agency use Community Partner funding to leverage additional funds, either through grants or other means?*

HOL served 78 terminally-ill patients and their loved ones in 2019, a 14% decrease from 2019. Additionally, the total number of days for those 78 patients totaled 2394 as compared to 3722 days in 2018. This decrease of number of patients served with fewer over-all days served indicates that the average length of time patients were on hospice care decreased. In 2018 the average length of time on care was 40 days while in 2019 that time on care decreased to 30 days. This decrease in length of stay often means that patients and their families came onto care late and were not able to access the full benefit of hospice care. Of the 78 patients served, over 50% were either low to moderate income patients and families HOL does not collect data on individual race and/or ethnicity.

Along with the decrease in the number of patients served, the amount of unreimbursed costs increased. As a result, HOL strained to stretch resources to cover the costs of care. For example, when HOL encountered a low census month, our income reflected the decrease in patient care revenue while our staffing expenses remained the same (this was due to the need to have 24/7 coverage no matter the number of patients on care). Therefore, the impact of HOL's 2019-2020 award from the Community Partner fund was organizationally significant and the funds allowed HOL to ensure that care and services continued uninterrupted.

To date, HOL has directed the award dollars to covering unreimbursed patient care costs, in particular to offset the cost of nursing and social services care, and unreimbursed room and board costs



**Section IV. Financial Information** (a current balance sheet can be submitted to satisfy this requirement)

**Balance Sheet as of December 31, 2019: See attached**

<i>Assets</i>	<i>Liabilities</i>	<i>Other Financial Information You Wish to Include:</i>
<b>Current:</b> Cash: CDs , etc.: Receivables:  <b>Fixed:</b> Equipment: Building: Less Depreciation:	<b>Current:</b> Payables: Withholding:  Long Term: Promissory Notes: Mortgage:  Owner's Equity:	

**SECTION V. Fiscal Year Budget Information**

If your organization follows a different funding cycle (i.e. Calendar Year), indicate your budget cycle here:

**Revenue**

	Amount	Secured or pending?
City of Laramie, Community Partner	10,000	Pending
Albany County, Community Partner	10,000	Pending
United Way	24,000	Both, the previous award and the pending award span two FY's
Donors	336,500	Both
Fundraisers	82,600	Both
Interest	30	Both
Other - clients	960,517	
Other -	-133,800	
<b>Total Estimated Revenue</b>	<b>1,289,847</b>	

*Expense\**

	<b>Amount</b>	<b>Comments</b>
Salary, Director	<b>105,000</b>	
Salary, Other(s)	<b>790,940</b>	
Benefits	<b>106,740</b>	
Rent	<b>0</b>	
Utilities	<b>43,870</b>	
Client Service	<b>47,553</b>	
Client Aid N/A	<b>0</b>	
Equipment N/A	<b>0</b>	
Other	<b>108,200</b>	
<b>Total Estimated Expense</b>	<b>1,202,303</b>	

\* Due to recent events, these numbers may not be accurate for 2020