



Cres - The Solis homeland

MARIE G. SOLIS FOUNDATION

PO Box 248
Chalfont, PA 18914-2714
(855) 837-2606

Email: grants@mariesolisfoundation.org

GRANT AWARD FOLLOW-UP FORM

Visiting Nurse Association of St. Luke's - Home/Health Hospice, Inc.

NAME OF CHARITY: _____

As a condition of the Grant(s) you have received in the past, you must provide an informal Grant Report to the Foundation within three months of the end of the calendar year in which the Grant funds were dispersed. Grant awards are based on your request and are to be used as specified in your distribution letter. Please complete and return this form by March 31st to comply with the terms of your previous Grant(s) and to be eligible for any additional Grant funds.

As the foundation believes that your input is critical to our mission, the Grant Follow-up report is required. In the informal report we need to know if you accomplished what you set out to do, but we are equally interested in understanding what did not work and why.

Providing grants is the Foundation's primary method of contributing to the community. We would like to share the stories of your success and impact in the community on our website. Please check here if you agree to the Foundation using the name of your organization, the information and any photos provided on this form on our website:

 X Yes, the Solis Foundation may use the information on this form on the mariesolisfoundation.org website.

 No, the Solis Foundation may not use the information on this form on mariesolisfoundation.org website.

We kindly request you verify the information below and list the "actual amount used" along with any corrections. Our records indicate the following for your organization:

YEAR	AMOUNT	PURPOSE	ACTUAL USED
2018	\$1,000	To be used to help with the aromatherapy program for hospice patients	\$ 376.82



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Follow-up Instructions

Please provide a response to the following questions. This form can be mailed to the address written above or e-mailed in PDF form. Please provide current contact information including email addresses so that we may contact the appropriate individuals concerning future grants and communication.

Follow-Up Evaluation Questions

1. Please provide information on the actual distribution of the funds to your project(s) as specified in your distribution letter. If the funds were not used for their original purposes please describe the circumstances and provide evidence of how the funds were actually used.

We are grateful to the Marie G. Solis Foundation for the grant of \$1,000 awarded September 13, 2018. A large of purchase of aromatherapy supplies (jars, oils, diffusers and inhaler tubes) totaling \$702.11 had been made between June to mid-August 2018, just prior to the start of the grant because of the very positive response to this therapy. Additional supplies were purchased in October 2018 with grant funds totaling \$376.82 and included aromatherapy oils, jars, bottles, lotion, and pipettes.

2. What was the impact of the financial support on your core mission?

On average, 25 to 30 hospice patients per month received aromatherapy care through the end of January 2019.

3. What are the organization's two (2) most significant financial challenges and how are you planning to address them?

At the end of January, we had to restructure our complementary services program due to



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staffing changes. We are now providing more massage therapy and Reiki as complementary care.

Funding for staffing, training and massage therapy are needed.

4. What do you consider to be the most important concern(s), apart from finances, currently facing your organization (or project, if you received project support)?

As stated above, we adjusted our complementary therapy programs based on the personnel available. We are currently undergoing a hire for a new licensed massage therapist who has begun the process to practice as a certified aromatherapist; at least six more months are needed to complete the training.

5. What do you consider to be the greatest strength(s) of your work?

Our hospice program continues to provide services using the approach begun over 32 years ago - care emphasizing quality of life and helping patients live their final days to the fullest. Our complementary care therapies--expanding to music therapy, pet therapy, Reiki and massage--enhance our services and increases quality of life for many of our hospice patients.

6. Have there been any significant changes in your organization or the project since the grant was awarded (i.e., executive leadership, staff, facilities, location)? Please describe.

Both of our certified aromatherapy practitioners took other employment in January. We have restructured our complementary therapy program due to the staffing change. We have begun offering more massage therapy and Reiki.



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7. Please provide any additional information that will educate the Foundation on your organization. Please be brief. Marketing materials are not requested.

8. If interested please provide us with a photo that you agree can be used on our website to accompany a brief description of how your organization used the grant funds to impact the community.

Thank you for your response. If you have any questions, please email us at the address listed above. We look forward to continuing to support your charitable activities.