



Seasons Hospice Foundation

Seasons Hospice Programs

- Submitted Application
- Scoring forms from reviewers



Cutler Bay Community Fund Grant Application

February 25, 2020

Mr. Tim Meerbott, Mayor
Town of Cutler Bay
10720 Caribbean Boulevard
Suite 105
Cutler Bay, FL 33189

Dear Mr. Meerbott,

Thank you for the opportunity to introduce you to Seasons Hospice Foundation, a 501(c)3 non-profit organization that brings comfort and support to hospice patients and their families through programs and initiatives that are not covered by traditional hospice benefit.

Considered the model for quality compassionate care for people facing the end of their life, hospice provides expert medical care, pain management, and emotional and spiritual support expressly tailored to each patient's individual needs and wishes.

Seasons Hospice Foundation provides hospice patients and their families with a variety of programs designed to improve their quality of life and to support families through the bereavement process. These programs are provided entirely free of charge; therefore, in order to offer these programs, Seasons Hospice Foundation is seeking support from the Cutler Bay Community Fund.

Thank you for your consideration,

A handwritten signature in dark ink, appearing to read "Gabrielle Two".

Gabrielle Two
Vice President, Operations
Seasons Hospice Foundation
gtwo@seasons.org
847-606-6511



TOWN OF CUTLER BAY

CUTLER BAY COMMUNITY FUND GRANT PROGRAM
MINI-GRANT APPLICATION

Organization Name: Seasons Hospice Foundation
Mailing Address: 6400 Shafer Ct, Ste 700
City/State/Zip Code: Rosemont IL 60018
Phone#: 847-825-3380 **Fax #:** _____
E-mail Address: foundation@seasons.org
Website Address: www.SeasonsFoundation.org
Name of Contact Person: Giaby Two **Title:** VP, Operations

ORGANIZATION INFORMATION

Is the organization incorporated? Yes ☒ No ☐ FEIN#: 27-1825679
 Does the organization have 501(c)(3) Tax Exemption Status? Yes ☒ No ☐
 Does the organization have a Board of Directors? Yes ☒ No ☐
 If yes, provide a list of your current board members with your application.
 Total # of Board Members: 8 # of Staff: 4 # of Volunteers: 113
 Does your organization carry Liability Insurance? Yes ☒ No ☐ Amount: \$ 7,000,000 for Camp

PROPOSAL INFORMATION

Program/Project Name: Seasons Hospice Foundation Programs
List Specific Town Priority Area that will be addressed if funded: Miami-Dade & Broward
Target Age Group: Other: Elderly **# of Residents To Be Served:** Camp 50 Other 724/day
Amount of Request \$: 2,500 **Total Program/Project Cost:** \$11,000
Source(s) of Additional Funding: Individual donors, Seasons Hospice
 Has your organization received previous funding from the Town: Yes ☐ No ☒
 If yes, please List Amount:
Funded \$: _____ **Year:** _____ **# of Residents Served:** _____
 Please provide a brief summary of the Previous Project Funded: _____
Authorized Signature of Board Chair/Executive Director: Yusef G. Crowe
Date: 2/25/20



TOWN OF CUTLER BAY

CUTLER BAY COMMUNITY FUND GRANT PROGRAM
MINI-GRANT APPLICATION**APPLICATION CHECKLIST**

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

- ☒ COVER PAGE
- ☒ APPLICATION CHECKLIST
- ☒ Copy of Organization Non-Profit Status Letter from IRS
- ☒ List of Board Members, Director/Agency Head, Titles, Addresses, Phone Numbers.
- ☐ Evidence of Incorporation for State of Florida (www.sunbiz.org)
- ☐ Letters of Support for the project (limit to three (3)) (OPTIONAL)
- ☒ Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity
- ☒ Grant request does not exceed \$2,500
- ☒ Grant Application (1 Original and 3 Copies)

CERTIFICATION

I certify that the information contained in this Application, including Budget and Attachments (supporting materials) are true and correct to the best of my knowledge. I understand that if information contained in this Application is found to be false or incorrect it may be cause for disqualification.

Samuel A. [Signature]
Signature of Authorized Representative

2 / 25 / 20
Date

Vice President, Operations
Title

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JAN 14 2011**

SEASONS HOSPICE FOUNDATION
C/O WILLIAM N ANSPACH
MUCH SHELIST
191 N WACKER DR STE 1800
CHICAGO, IL 60606-1615

Employer Identification Number:
27-1825679
DLN:
17053137365030
Contact Person:
ZENIA LUK ID# 31522
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
January 26, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

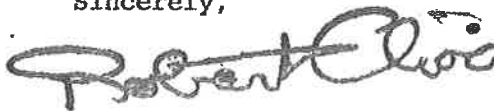
Letter 947 (DO/CG)

-2-

SEASONS HOSPICE FOUNDATION

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert Choi". The signature is fluid and cursive, with the first name "Robert" written in a larger, more prominent script than the last name "Choi".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)



Board of Directors

2020

Katherine Proctor, *Chair*
Senior Vice President and Chief Legal Counsel
3963 W. Belmont Avenue #509
Chicago, IL 60618

Nicole McCann-Davis
National Director of Communications
1169 S. Harvey
Oak Park, IL 60304

David Donenberg
Chief Financial Officer and Executive Vice
President of Business Operations
707 Central Avenue
Deerfield, IL 60015

Erin Sanford, CHPCA
Director of Business Operations
1 Middle Street
Natick, MA 01760

David Schlesinger, *Treasurer*
Senior Vice President of Finance and Business
Systems
2037 N. Sawyer Avenue
Chicago, IL 60647

Yelena Zatulovsky, MA, LCAT, MT-BC, CCLS, HPMT
Vice President, Patient Experience
7840 Stalmer Street Apt B11
San Diego, CA 92111

Denise Lalka
Executive Director
22420 Garfield Street
Saint Clair Shores, MI 48082

Christopher Smith
Senior Vice President, Operations
117 Diane Lane
Mount Pleasant Texas 75455



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/14/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Assurance Agency, Ltd. 20 North Martingale Road Suite 100 Schaumburg IL 60173	CONTACT NAME: Ashton Gensheimer PHONE (A/C No, Ext): (847) 463-7852 E-MAIL ADDRESS: agensheimer@assuranceagency.com		FAX (A/C No): (847) 440-9116
	INSURER(S) AFFORDING COVERAGE INSURER A : Beazley Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		NAIC # 37540

INSURED
 Seasons Hospice Foundation
 6400 Shafer Court, Suite 700
 Rosemont, IL 60018

SEASHOS-02

COVERAGES

CERTIFICATE NUMBER: 2000872406

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			W20AB4190301	11/1/2019	11/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Policy Aggregate \$ 7,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			W20AB4190301	11/1/2019	11/1/2020	See General Liability Occ. / Agg.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

re: Bereavement Camp at Shake-A-Leg Miami - 2620 South Bayshore Drive; Coconut Grove, Florida 33133

Dates: January 18-19, 2020

Approximate number of attendees: 30

CERTIFICATE HOLDER

CANCELLATION

Shake-a-Leg Miami
 2620 South Bayshore Drive
 Coconut Grove FL 33133

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Daniel A. Garza

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TOWN OF CUTLER BAY

CUTLER BAY COMMUNITY FUND GRANT PROGRAM
MINI-GRANT APPLICATION

1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

- Give an overview of the agency mission and history.

2. PROJECT DESCRIPTION (no more than 2 pages)

- Give a general overview of the project. Why is the project needed? Who will you serve and how will they benefit? How will the community benefit from your project? Other agencies or organizations involved in the project?

3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

- Describe the activities to achieve objectives. Who will be responsible for the overall project? What staff will be involved? Time frame for implementing the project.

4. EVALUATION OF THE PROJECT (no more than 1/2 page)

- How will you measure success or benefits? (i.e. attendance, surveys, pre and post- tests, etc.)

see attached



TOWN OF CUTLER BAY

CUTLER BAY COMMUNITY FUND GRANT PROGRAM
MINI-GRANT APPLICATION

5. BUDGET INFORMATION

A. Please fill in information as requested.

PROPOSED PROJECT BUDGET			
ITEM	GRANT REQUEST	OTHER FUNDS/INKIND	JUSTIFICATION
Personnel			
Consultants			
Supplies			
Equipment			
Travel			
Printing			
Other/specify			
TOTAL			
Grant Request does not exceed \$2,500.			

Seasons Hospice Foundation
Cutler Bay Community Fund Grant Application

Organization Name: Seasons Hospice Foundation

Mailing Address: 6400 Shafer Court, Suite 700,

City, State, Zip: Rosemont, IL 60018

Phone Number: 847-825-3380

Email Address: Foundation@Seasons.org

Website Address: www.SeasonsFoundation.org

Name of Contact person: Gaby Two, Vice President, Operations

Is the organization incorporated: Yes FEIN #: 27-1825679

Does the organization have a Board of Directors: Yes, list attached

Total # of Board Members: 8, # of staff: 4, # of volunteers: 113

Does your organization carry Liability Insurance: for Camp Kangaroo, yes – total aggregate is \$7,000,000.

Program/Project Name: Seasons Hospice Foundation Programs: Wish fulfillment, Legacy Projects, Internships, Camp Kangaroo.

List Specific Town Priority Area that will be addressed if funded: Broward County and Miami-Dade County

Target Age Group: Camp Kangaroo serves children ages 5-18. Our other programs partner with hospice services which typically serve elderly patients and their families.

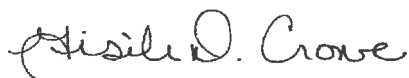
of Residents to be served: in 2019 we hosted 51 children at Camp Kangaroo. On any given day, our hospice partners are serving 724 patients/day.

Amount of Request: \$2,500, Total Program/Project Cost: \$71,000

Sources of Additional Funding: Seasons Hospice and Palliative Care, individual donors

Has your organization received previous funding from the Town: No

Authorized Signature:



Executive Director, Seasons Hospice Foundation

Seasons Hospice Foundation
Cutler Bay Community Fund Grant Application

Organization Background Information

Mission Statement

The mission of Seasons Hospice Foundation is to bring comfort and support to hospice patients and their families through programs and initiatives that are not covered by the traditional hospice benefit.

Background and Programs

Seasons Hospice Foundation (SHF) is a national 501(c)(3) organization founded in 2011. We support hospice patients and their families in 29 Medicare-certified hospice sites across 19 states, including Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Massachusetts, Maryland, Michigan, Missouri, Nevada, New Jersey, Oregon, Pennsylvania, Texas, and Wisconsin. SHF has 4 full-time employees and approximately 113 volunteers and serves approximately 25,000 hospice patients and families each year.

Our core services include:

- **Patient Wish Fulfillment Program** – This program allows SHF to fulfill hospice patients' final wishes to mitigate their suffering and assist them in achieving peaceful life closure. These wishes can include assistance for critical needs (e.g. rent/mortgage, utilities, groceries, or clothing), life enrichment products and services (e.g. transportation or assistive devices), and more complex final wishes (e.g. a family vacation).
- **Leaving a Legacy Program** – Through this program, SHF facilitates the completion of legacy projects. These projects capture life stories, lessons, memories, and traditions. Legacy projects have touched the lives of countless patients and their family members as they confront a terminal prognosis.
- **Camp Kangaroo** – Camp Kangaroo is a weekend-long bereavement camp provided free of charge to any grieving child in the community who has experienced the death of someone close to him or her. The curriculum for Camp Kangaroo, across all 11 sites around the country, is sequenced in a clinically purposeful manner to move campers through the tasks of mourning. Adult support groups are also offered as part of the camp program for parents and guardians to learn how to support their children through the grieving process.
- **Internship Program** – This program provides opportunities to train the next generation of hospice professionals and to nurture their passion for end-of-life care. SHF offers internship opportunities in several areas including art therapy, bereavement, chaplaincy, music therapy, and social work.
- **Extended Support** – SHF funds supportive services (not related to the patient's hospice diagnosis) which extend beyond the traditional hospice benefit, including services such as pet therapy, reflexology, reiki, aromatherapy, guided imagery, and meditation. These supportive services are intended to enhance the quality of life for hospice patients and their family members.
- **Community Education and Research** – SHF funds educational programs to increase community awareness about the benefits of hospice care as well as research and education in the hospice and palliative care field.

Seasons Hospice Foundation
Cutler Bay Community Fund Grant Application

Statement of Need and Request

When all medical efforts have been exhausted, hospice can help. Considered the model for quality compassionate care for people facing the end of their life, hospice provides expert medical care, pain management, and emotional and spiritual support expressly tailored to each patient's individual needs and wishes. Hospice can improve a person's quality of life when aggressive treatments and technology are no longer effective or desired. This allows patients to focus on time with family and friends. Patients receiving hospice and palliative care experienced less depression and had a better quality of life.¹

Seasons Hospice Foundation provides hospice patients and their families with a variety of programs designed to complement traditional hospice services, improve their quality of life, and support families through the bereavement process. Seasons Hospice Foundation's programs are services outside of the traditional hospice benefit that promote comfort and well-being for our clients and complement the medical and social support that hospice patients and families already receive from their hospice care teams. These programs can help to minimize anxiety and stress, release tension, reduce pain, improve functional status and quality of life, create lasting memories and mementos for family members left behind, and help family members cope with their loss. We also offer internship opportunities to develop the next generation of hospice professionals and educational programs to increase community awareness about the benefits of hospice.

In Florida, these programs include:

- **Patient Wish Fulfillment Program** – This program allows SHF to fulfill hospice patients' final wishes to mitigate their suffering and assist them in achieving peaceful life closure. These wishes can include assistance for critical needs – rent payments to a son can take a leave of absence from work and care for his dying mother, at home, where she wants to die. Or we may help patients continue hobbies or routines that bring them joy. For example, we recently purchased an audio bible for a devout Christian who could no longer see to read her daily devotional. Or we may help patients and families take a trip or attend an event that truly brings them joy – an event they know will be one of their last. We have sent families on final fishing trips, funded weddings in inpatient hospice units to ensure all family members are present and helped grandparents enjoy a trip to Disney with their grandchildren before they are no longer able.
- **Leaving a Legacy Program** – Legacy projects are unique to every family. As families and patients alike face a terminal diagnosis, these projects not only provide mementos, but memories, understanding and grief processing. Legacy Projects capture life stories, lessons, memories, and traditions. Recent legacy projects have included thumbprints encased in necklaces, stuffed bears made of a loved ones favorite clothes or blankets, canvas prints of loved ones holding hands under a favorite phrase and a grandmother recorded singing her favorite hymns for her grandchildren.

¹ Dan Hogan. "Why Hospice is More Important Today than Ever Before." *National Association for Home Care & Hospice*. <<http://www.nahc.org/news/why-hospice-is-more-important-today-than-ever-before/>>.

Seasons Hospice Foundation
Cutler Bay Community Fund Grant Application

- **Camp Kangaroo** – Camp Kangaroo is provided free of charge to any child, ages 5-18, in the community who has experienced the death of someone close to them. While children whose loved ones were served by hospice are invited to camp, over 70% of the children who attend Camp Kangaroo have lost someone suddenly – often through suicide, overdose, or gun violence. The curriculum for Camp Kangaroo, across all 11 sites around the country, is sequenced in a clinically purposeful manner to move campers through the tasks of mourning. Adult support groups are also offered as part of the camp program for parents and guardians to learn how to support their children through the grieving process. Camp Kangaroo Miami is hosted at Shake-a-Leg while our Broward Camp partners with Tomorrow's Rainbow in Coconut Creek to host camp.
- **Internship Program** – This program provides opportunities to train the next generation of hospice professionals and to nurture their passion for end-of-life care. SHF offers internship opportunities in several areas including art therapy, bereavement, chaplaincy, music therapy, and social work. We work with local universities and certifying boards to ensure curriculum guidelines are met. Our Internship program offers many benefits. First, we are hopeful that through education in end-of-life care, many of these students will choose a hospice profession. Second, the addition of interns allows additional availability of skilled clinicians to hospice patients.

For all of these programs, Seasons Hospice Foundation partners with Seasons Hospice & Palliative Care. Our joint agreement ensures that patients and families receive additional support outside of the traditional hospice benefit in a clinically appropriate manner.

Seasons Hospice Foundation
Cutler Bay Community Fund Grant Application

Method or Strategy for Implementation

All Foundation programs are already in existence in Miami-Dade County and Broward County (as well as 18 other states throughout the country).

Seasons Hospice Foundation's (SHF) partnership with Seasons Hospice & Palliative Care (SHPC) ensures both funding and programs are available to the patients and families we are so privileged to serve

Each hospice site location is given a yearly budget for each Foundation program. Together we manage the budget. The Foundation staff, specifically the Vice President of Operations is responsible for all SHF programming. However, the clinical aspects and implementation rely heavily on the hospice professionals caring for patients.

Wish Fulfillment requires SHF and a hospice interdisciplinary team approval through a Needs Assessment. Patients must qualify financially to receive a wish. A hospice social worker typically completes the needs assessment and submits the form for approval.

Legacy Projects are discussed at the hospice level and are available to any patient served – a financial qualification is not necessary. Legacy projects are very specific to patients and families and are therefore implemented by those closest to them – often a music therapist, chaplain, social worker or home health aide.

Internships are managed by the SHPC Patient Experience Team, lead by a music therapist. At the hospice site level interns are managed by SHPC staff who have been an SHPC team member for two or more years.

Camp Kangaroo is a joint effort of all teams across the United States. While each hospice site has one to three "Camp Directors", standard curriculum is established with SHF and SHPC leadership. Planning, location and volunteers are all discussed monthly leading up to camp with SHF and SHPC staff.

Seasons Hospice Foundation
Cutler Bay Community Fund Grant Application

Evaluation of the Project

Both Wish Fulfillment and Legacy Projects are measured through family surveys and feedback from hospice staff. In addition, we consider type of wish. Our goal is to direct over 70% of our Wish Fulfillment Funds to the Life Essentials category. On average, approximately 82% of wish funds are directed to that category.

Internships are measured on supervisor evaluations, student (intern) evaluations and University feedback. We also look at hospice family satisfactory surveys to ensure that we are educating our interns to provide supportive services and that families feel they were visited in a timely manner.

Camp Kangaroo outcomes are evaluated based on a standardized survey that is completed by each camper during the last day of camp. In addition, four to six weeks after camp, parents/guardians receive a separate survey requesting their feedback on the effectiveness of the camp experiences based on the observations of their children.

The success of the Camp Kangaroo program is measured through the achievement of the following clinical outcomes:

- 90% of participants will have a better understanding of the grief and dying process.
- 90% of parents/guardians/campers will report improved coping skills.
- 90% of parents/guardians will report feeling more confident in their abilities to help their children with their grief issues.

Seasons Hospice Foundation
Cutler Bay Community Fund Grant Application

Budget Information

Item	Grant Request	Other Funds/Inkind	Justification
Personnel	\$0	inkind	SHPC and SHF staff time is either donated by each organization or rolled into salaries
Consultants	\$0	\$0	N/A
Supplies	\$1,000	\$3,000	Legacy project and Wish Fulfillment supplies
Equipment	\$0	\$0	N/A
Travel	\$0	\$4,000	Travel for wish fulfillment
Printing	\$0	\$0	
Camp Kangaroo	\$1,500	\$33,500	Camp Kangaroo expenses
Total	\$2,500	\$40,500	Overall Foundation Budgeted Funds in these two Counties for Wishes, Legacy, Camp Kangaroo and Internships = \$71,000

Seasons Hospice Foundation is dedicated to providing our programs free of charge, and we are seeking support for this purpose. We respectfully request a \$2,500 contribution from the Cutler Bay Community Fund to support the operation of Seasons Hospice Foundation programs in Illinois and to help us provide our valuable programs. Your support will help Seasons Hospice Foundation provide hospice patients and their families with services that improve their quality of life, provide comfort, and help patients and their families make the most of their final days together. There is a great need for our services and we hope you will partner with us to meet this need.



January 29, 2020

Mr. Tim Meerbott, Mayor
 Town of Cutler Bay
 10720 Caribbean Boulevard
 Suite 105
 Cutler Bay, FL 33189

Dear Mr. Meerbott,

Thank you for the opportunity to introduce you to Seasons Hospice Foundation, a 501(c)3 non-profit organization that brings comfort and support to hospice patients and their families through programs and initiatives that are not covered by traditional hospice benefit. Seasons Hospice Foundation is contacting the Town of Cutler Bay today to request support.

"My name is Ryan. I am 13 years old. I lost my father, cousin, and grandma. One thing I learned at camp was how to let out feelings in a positive way. Thank you for sending me to camp so I can learn and make new friends."

Mission Statement

Even small acts and celebrations can have a profound impact on the lives of hospice patients and those closest to them. Seasons Hospice Foundation brings comfort to patients and families by providing essentials and enriching lives with fond, lasting memories. Our funds also support community education to increase awareness about the benefits of hospice, special programs, and applied research to improve the quality of hospice care. Extending beyond the borders of traditional healthcare, we treat the whole person and their loved ones in ways that touch the human spirit – adding days to life and life to days.

The mission of Seasons Hospice Foundation is to bring comfort and support to hospice patients and their families through programs and initiatives that are not covered by the traditional hospice benefit.

Background and Programs

Seasons Hospice Foundation (SHF) is a national 501(c)(3) organization founded in 2011. We bring comfort and support to hospice patients and their families through special programs and initiatives designed to improve the quality of life at the end of life and to support families through their bereavement process. We support hospice patients and their families in 29 Medicare-certified hospice sites across 19 states, including Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Massachusetts, Maryland, Michigan, Missouri, Nevada, New Jersey, Oregon, Pennsylvania, Texas, and Wisconsin. SHF has 4 full-time employees and approximately 113 volunteers and serves approximately 25,000 hospice patients and families each year.

Our core services include:

- **Patient Wish Fulfillment Program** – This program allows SHF to fulfill hospice patients' final wishes to mitigate their suffering and assist them in achieving peaceful life closure. These wishes can include assistance for critical needs (e.g. rent/mortgage, utilities, groceries or clothing), life enrichment products and services (e.g. transportation or assistive devices), and more complex final wishes (e.g. a family vacation). In 2019, we fulfilled 379 wishes.
- **Leaving a Legacy Program** – Through this program, SHF facilitates the completion of legacy projects. Examples of legacy projects include recording storybooks or interviews, compiling videos or pictures, or creating scrapbooks, memory bears made from a loved one's clothes, handprints, thumbprint necklaces, or personalized cards left for the next generations milestone events. These projects capture life stories, lessons, memories, and traditions. Legacy projects have touched the lives of countless patients and their family members as they confront a terminal prognosis.
- **Camp Kangaroo** – Camp Kangaroo is a weekend-long bereavement camp provided free of charge to any grieving child in the community who has experienced the death of someone close to him or her. The curriculum for Camp Kangaroo, across all 11 sites around the country, is sequenced in a clinically purposeful manner to move campers through the tasks of mourning. Adult support groups are also offered as part of the camp program for parents and guardians to learn how to support their children through the grieving process. In 2019, we served 286 children across 11 communities throughout the US. Since the program's inception in 2012, we have touched the lives of over 1,500 bereaved children.
- **Internship Program** – This program provides opportunities to train the next generation of hospice professionals and to nurture their passion for end-of-life care. SHF offers internship opportunities in several areas including art therapy, bereavement, chaplaincy, music therapy, and social work. Through the development of their clinical skills, interns make a meaningful impact on the lives of our patients and families. We offer approximately 130 internship experiences per year nationally.
- **Extended Support** – SHF funds supportive services (not related to the patient's hospice diagnosis) which extend beyond the traditional hospice benefit, including services such as pet therapy, reflexology, reiki, aromatherapy, guided imagery, and meditation. These supportive services are intended to enhance the quality of life for hospice patients and their family members.
- **Community Education and Research** – SHF funds educational programs to increase community awareness about the benefits of hospice care as well as research and education in the hospice and palliative care field.

"Thank you, Camp Kangaroo! You are the best camp ever." – Christina

Statement of Need and Request

An estimated 1 out of 14 children in the U.S. experience the death of a parent or sibling before they reach the age of 18.¹ Approximately 1 in 5 American children experience the death of someone close to them by age 18.² In Florida 1 out of 16 children experience the death of a parent or sibling by age 18, and an estimated 181,000 Florida children are bereaved.³

Children often do not have the ability to cope with their feelings and experiences around the death of a loved one. It can be difficult for children to process and understand what they have experienced. Experiencing a significant death during childhood often results in profound stress that can influence many parts of a child's life. Without appropriate support, this loss can negatively impact a child's development. Adverse Childhood Experiences like the loss of a loved one can have negative, lasting effects on a child's health and wellbeing. Symptoms can include nightmares, depression, physical symptoms such as stomachaches and headaches, self-harm, insomnia, fatigue, appetite disturbances, abrupt changes in personality, poor emotional control, lack of motivation, substance abuse, truancy, academic problems, peer problems, anxiety, and more.⁴ Other children may hide their emotions, acting as though nothing has happened, but are still negatively impacted. Long-term effects can continue to surface for decades to come, including substance abuse, mental health issues, depression, obesity, learning and behavioral issues, and more.⁵

However, these negative effects are preventable, and children can be taught coping skills to help them develop greater resiliency. Protective factors that help children overcome the negative effects that grief can have and promote healthy growth include a caring community, positive role models, healthy coping skills, peer support, encouraging educators, and stable caregivers.⁶

Seasons Hospice Foundation offers a specialized bereavement program for children called Camp Kangaroo that helps children gain the coping skills they need to thrive and promotes the protective factors that help encourage healthy development. Camp Kangaroo helps children ages 5 to 17 cope with the loss of a loved one. Our program helps children manage the stresses associated with bereavement, understand that grief is a normal reaction, learn healthy ways to cope, and receive the support they need. Camp Kangaroo provides activities that are structured to help children through the natural grieving process. Camp Kangaroo utilizes a psychotherapy and creative arts therapy approach to helping children process their grief, and the camp is staffed by an interdisciplinary team of social workers, music therapists, interns, chaplains, art therapists, nurses, physicians, and volunteers. The camp is a safe place where children can bond and share grief experiences in a nurturing environment.



Camp Kangaroo, there is a highly individualized plan for each child. This individualized, clinical approach begins prior to camp. As part of the enrollment process, a social worker completes a comprehensive bereavement assessment of the child and the parent/guardian in their home environment to gain an understanding of the child's bereavement needs. Utilizing a standardized assessment tool, this in-home evaluation process allows camp staff to develop a personalized plan for each camper. All counselors review the assessments of the children within their groups so that the sessions can be tailored to their needs.



In addition to providing activities such as sports, arts and crafts, nature walks, and yoga, Camp Kangaroo utilizes a variety of creative arts therapies (including music therapy, bibliotherapy, art therapy, etc.) and therapy groups. The Camp Kangaroo therapy groups are facilitated in a specific sequence of sessions:

- Session 1: Finding Our Commonalities
- Session 2: Death as Change
- Session 3: Grief Emotions
- Session 4: Dealing with Sorrow
- Session 5: Dealing with Anger
- Session 6: Ask the Doctor
- Session 7: Memories and Remembrance
- Session 8: Moving Forward Through Grief



Our approach also emphasizes peer support as an important component to all grief work. We intentionally create opportunities for campers to actively engage with each other to share grief experiences, thoughts, and emotions about the loss and explore coping mechanisms. By the end of camp, the children have developed friendships with each other as evidenced by warm hugs, big smiles, and the traditional signing of camp t-shirts.



Camp Kangaroo is provided free of charge to any grieving child in the community who has experienced the death of someone close to them. Over 70% of the children who attend Camp Kangaroo have lost someone suddenly – often through suicide, overdose, or gun violence. In 2019, 56% of the children attending camp lost a parent or sibling, and 45% of the families served were Hispanic. Approximately 47% of the children who attend Camp Kangaroo in S. Florida are minorities.

“My name is Steven. I’m 13 years old. The special someone I lost is my dad and my grandpa. One thing I learned at camp is you’re not alone. Thank you for paying for me to come to this camp. I got to do a lot of cool stuff like archery and to see wolves! Thank you so much!”

Program Budget

Camp Venue Rental	\$3,500
T-Shirts	\$2,000
Food	\$2,500
Insurance	\$1,500
Legacy Materials and Craft Supplies	\$4,000
Transportation	\$1,500
Printing and Promotional Materials	\$1,500
Media Consultant/IT Support	\$500
Photographer	\$250
Camp Counselors	\$15,000
<u>Administrative/Fundraising</u>	<u>\$1,000</u>
Total Expenses	\$33,250

Seasons Hospice Foundation has already secured \$15,750 for this program. In order to fully fund the program, we must raise \$17,500 from the community.

Goals and Evaluation Plan

Our goals are to:

- Educate children about grief emotions and normalize their grief experience
- Provide education about death and the dying process
- Reduce isolation by providing peer support
- Help children honor their loved one and begin moving forward through their grief

The success of the Camp Kangaroo program is measured through the achievement of the following clinical outcomes:

- 90% of participants will have a better understanding of the grief and dying process.
- 90% of parents/guardians/campers will report improved coping skills.
- 90% of parents/guardians will report feeling more confident in their abilities to help their children with their grief issues.

Camp Kangaroo outcomes are evaluated based on a standardized survey that is completed by each camper during the last day of camp. In addition, four to six weeks after camp, parents/guardians receive a separate survey requesting their feedback on the effectiveness of the camp experiences based on the observations of their children.

“Thank you for all you did to make Camp so amazing. To watch the kids process their life experiences and their grief was a most wonderful thing. The lives of so many have been forever changed because of you. Words are entirely inadequate to express how grateful I am for Camp Kangaroo.” – Travis Overbach, Chaplain

Conclusion

We hope the Town of Cutler Bay will partner with Seasons Hospice Foundation to provide for the Camp Kangaroo bereavement camp program. Together, we can help children navigate grief and loss, promoting resiliency and positive, healthy development for children who have experienced the death of a loved one. Please feel free to contact me if you have any questions or need any additional information. Thank you for your time and consideration.

Sincerely,



Dana Borum
Regional Development Manager
Seasons Hospice Foundation
Cell: 305-282-8725
Dborum@seasons.org

THANK YOU FOR MAKING CAMP KANGAROO
POSSIBLE FOR KIDS LIKE ME!



Stacey Burger

From: Dana Borum <DBorum@Seasons.org>
Sent: Monday, June 8, 2020 10:50 AM
To: Stacey Burger
Subject: Seasons Hospice Foundation
Attachments: Camp K letter from Briana.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning Stacey. As promised, here is the email to echo everything we spoke about on Friday afternoon. Camp Kangaroo is NOT a summer camp. Right now our tentative date for this year's camp is in November some time. The location will be at Camp Shake-A-Leg. Last year we had 32 kids attend, in which 9 were from Cutler Bay, 4 from Cutler Ridge area and the rest being out of Homestead/Naranja/Coconut Grove and South Miami. The camp is promoted within schools, hospitals as well as through our Hospice service.

As of last week we had 24 individuals on service in Cutler Bay. That number includes patients in ALF's, hospitals and their own homes. The Foundation also grants "wishes". When needed, we assist these patients and families with groceries, utilities, etc.

The City of Cutler Bay has full control over where the Grant funds would go. We can use some for the camp and the rest for our patients and families. It is the City's call.

I have attached a thank you note we received from one of our campers last year who is currently a student at Cutler Ridge Middle School. It really is a wonderful feeling to be able to assist these kids. Very rewarding.

I hope this email helps. The Foundation can really use the Towns help. Please let me know if you have any more questions or need anything further from me.

Enjoy your week!

Dana Borum
 Regional Development Manager
 Seasons Hospice Foundation
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 Rosemont, IL 60018
 Cell: (305) 282-8725
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www.Seasons.org | www.Seasonsfoundation.org

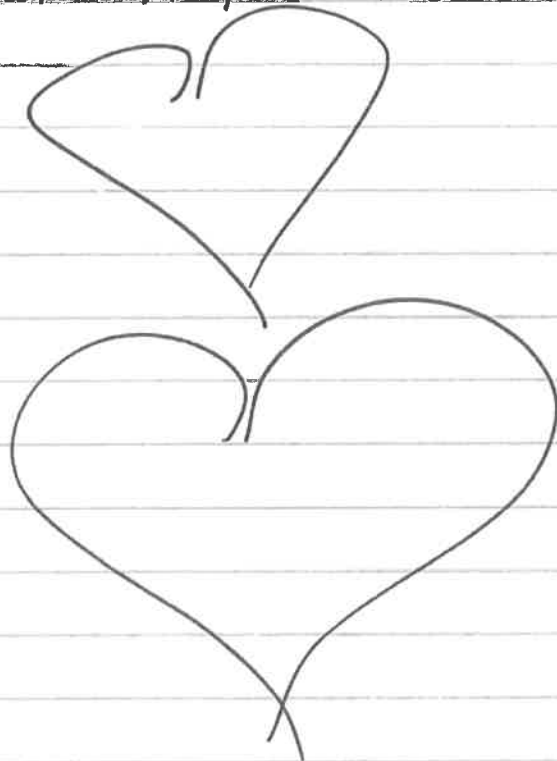
Follow us on [Facebook](#) | [Twitter](#) | [LinkedIn](#)

Honoring Life ~ Offering Hope



SEASONS HOSPICE
 & PALLIATIVE CARE

I would like to thank everyone at Camp Kangaroo for all their help if it wasn't for this camp I wouldn't have learned how to handle my depression or my grief. Thank you for all your help especially to the counselors in my group ms. tina thank-you music therapist just everyone in general thank you I still write in my Journal everyday. I can't wait to come back next year and then become a camp helper.



From: Britana



Now my grades are being so much better after camp



TOWN OF CUTLER BAY

CUTLER BAY COMMUNITY FUND GRANT PROGRAM
MINI-GRANT APPLICATION SCORING RUBRIC

Agency Name: Seasons Hospice Foundation

Project Name: Seasons Hospice Foundation Program

Priority Area (circle): ☐ Educational ☐ Aesthetic (community beautification)☐ Environmental ☐ Cultural ☒ Social Services ☐ Other: _____

Clear and Complete Application	Y/N
Application complete with all checklist items included. List any application elements there were not provided or incomplete: Missing evidence of incorporation (Required)	No
Includes separate Letter of Support (optional).	No
Does applicant provide proof of 501(c)3 Tax Exempt Status? (Required)	Yes
Grant request does not exceed \$2,500 (Required)	Yes
Proposed project targets residents of the Town of Cutler Bay. (Required)	

If any of the **required** categories are not provided, please set this application aside and proceed to the next application.

	NO (0)	Somewhat (3)	YES (5)	Score & Comments
Is the project aligned with the Community Fund's priority area(s)?		3		Yes, although Seasons Hospice Foundation is focused more on providing services to Miami-Dade County residents, these services are also available to Cutler Bay residents.
Does the proposal clearly describe proposed program/project?			5	Yes, there are multiple projects mentioned, but the intention of each program is clearly outline (this grant is for specifically Camp Kangaroo and Wish Fulfillment
Is the method of strategy for implementation feasible?			5	Yes, these programs already have already long been established and have been able to operate successfully.
Does the applicant provide a clear evaluation plan?			5	Yes, there are clear goals defined for each each program
Is the budget clear and aligned?			5	Yes, there are many financial details provided for the programs (particularly Camp Kangaroo) and budget

TOTAL SCORE: 23

RECOMMEND FOR FUNDING: ☒ YES ☐ NO

DATE: 05/07/20



TOWN OF CUTLER BAY

CUTLER BAY COMMUNITY FUND GRANT PROGRAM
MINI-GRANT APPLICATION SCORING RUBRIC

Agency Name: Seasons Hospice Foundation

Project Name: Seasons Hospice Foundation Programs

Priority Area (circle): ☐ Educational ☐ Aesthetic (community beautification)☐ Environmental ☐ Cultural ☒ Social Services ☐ Other: _____

Clear and Complete Application	Y/N
Application complete with all checklist items included. List any application elements there were not provided or incomplete: Missing Sunbiz page (evidence of incorporation) (Required)	N
Includes separate Letter of Support (optional).	N
Does applicant provide proof of 501(c)3 Tax Exempt Status? (Required)	Y
Grant request does not exceed \$2,500 (Required)	Y
Proposed project targets residents of the Town of Cutler Bay. (Required)	Y

If any of the **required** categories are not provided, please set this application aside and proceed to the next application.

	NO (0)	Somewhat (3)	YES (5)	Score & Comments
Is the project aligned with the Community Fund's priority area(s)?			4	The foundation's mission statement and the core services it provides clearly demonstrates that the project aligns with the social services category of Cutler Bay's Community Fund, specifically with the fund's goal.
Does the proposal clearly describe proposed program/project?			4	Program objectives and goals are realistic and clearly described. The proposal establishes a need for the various services offered by the foundation. Unclear if funded if monies will be dispersed to residents outside
Is the method of strategy for implementation feasible?			5	Applicant provides a very concise, clear, and realistic method of strategy for implementation, including a breakdown for each program. The foundation has been successfully running this program for several years in
Does the applicant provide a clear evaluation plan?			5	Evaluation plan is sound and clear as it measures the success, sustainability, and overall impact of their programs through surveys completed by the
Is the budget clear and aligned?			4	Budget is clear and aligned. The applicant provides a budget of the overall program, as well as a budget for how the grant monies will be used. Grant request budget justification notes are not specific.

TOTAL SCORE: 22

RECOMMEND FOR FUNDING: ☒ YES ☐ NO

DATE: 05/06/20



TOWN OF CUTLER BAY

CUTLER BAY COMMUNITY FUND GRANT PROGRAM
MINI-GRANT APPLICATION SCORING RUBRIC

Agency Name: Seasons Hospice Foundation

Project Name: Seasons Hospice Foundation Programs

Priority Area (circle): ☐ Educational ☐ Aesthetic (community beautification)☐ Environmental ☐ Cultural ☒ Social Services ☐ Other: _____

Clear and Complete Application	Y/N
Application complete with all checklist items included. List any application elements there were not provided or incomplete: Y (Required)	
Includes separate Letter of Support (optional).	N
Does applicant provide proof of 501(c)3 Tax Exempt Status? (Required)	Y
Grant request does not exceed \$2,500 (Required)	Y
Proposed project targets residents of the Town of Cutler Bay. (Required)	Y

If any of the **required** categories are not provided, please set this application aside and proceed to the next application.

	NO (0)	Somewhat (3)	YES (5)	Score & Comments
Is the project aligned with the Community Fund's priority area(s)?		3		The project is somewhat aligned with the Community Fund's priority area of social services because it appears that it would improve the quality of life of Cutler Bay residents by providing youth development to
Does the proposal clearly describe proposed program/project?		3		The proposal somewhat describes the project because although it lists the many areas the organization helps, it does not pinpoint how specifically the program will help Cutler Bay residents.
Is the method of strategy for implementation feasible?			5	The method of strategy for implementation is feasible as it is organized and well thought out. The program has already been operating in many regions of the country and their volunteers and staff seem appear to be
Does the applicant provide a clear evaluation plan?			5	The applicant provides a clear evaluation plan as they use family surveys and feedback from staff as methods to gauge success.
Is the budget clear and aligned?			5	The budget is clear and aligned as it lists the many categories where funds are distributed. However, it is not specific on how exactly funds are used.

TOTAL SCORE: 21

RECOMMEND FOR FUNDING: ☒ YES ☐ NO

DATE: 05/05/20