



## **St. Luke's Foundation 2021 Rural Healthcare Grant Application**



The St. Luke's Foundation Rural Healthcare Grant Program supports:

- Equipment for emergency care in the pre-hospital environment
- Training for emergency personnel to gain or enhance their skills
- Basic, life-supporting training equipment such as Hand-Only CPR, Little Anne
- Mileage reimbursement for Transportation Programs

### **Eligibility**

Applicants must reside in a rural community serving Benton, Cedar, Delaware, Iowa, northern Johnson, Jones and Linn counties.

Eligible entities include Ambulance Services, Paramedics, Fire and Rescue Departments, Transportation Programs and First Responders.

St. Luke's Foundation provides grants to:

- Nonprofit organizations with a 501(c)(3) tax status with the U.S. Internal Revenue Service.
- Organizations that are part of a governmental unit (county, city, etc.) Documentation is required.
- If an entity is not part of the main government, provide a copy of the 28E Agreement.

### **Matching Grant Guidelines**

Maximum grant request is \$5,000. The grant will not fund more than 50% of the grant project. The grant is made on a matching basis whereby St. Luke's Foundation will award one dollar for every \$1 raised between, January 1 to December 31 of the calendar year the grant is awarded. The deadline for matching this grant is December 31.

### **Grant Restrictions**

The Foundation will not consider requests for:

- Basic infrastructure needs (vehicles, vehicle repairs, furniture)
- Fundraising events
- Capital campaigns
- Individuals
- Emergency or continued operating support
- Multiple year commitments
- Endowment campaigns
- Political advocacy, lobbying organizations

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**Questions regarding the application and selection process should be directed to:**

**Tonya Arnold**

(319) 369-7572 • [Tonya.Arnold@unitypoint.org](mailto:Tonya.Arnold@unitypoint.org)



<b>GRANT APPLICATION CHECKLIST</b>		(✓) <b>COMPLETE</b>
<p><b>It is the applicant's responsibility to ensure all components of the St. Luke's Rural Healthcare Grant Application are complete. This checklist is provided to assist the applicant. Failure to submit a complete application may result in the application being deemed ineligible.</b></p>		
<p><b>Complete all questions of the Application Form</b> (pages 2-8)</p>		
<p><b>Attach a copy of organization's legal structure</b> (as applicable)</p> <ul style="list-style-type: none"> <li>• Organization's 501(c)(3) letter</li> <li>• Documentation showing organization is part of the county/city/etc.</li> <li>• Organization's 28E Agreement</li> </ul>		
<p><b>Attach a copy of the organization's 2021 Budget.</b> (This is in addition to the program budget provided on page 8)</p>		
<p><b>Attach a copy of the organization's most recent Financial Audit or 990.</b></p>		
<p><b>Sign the application</b> (below) Submit the original application plus ten (10) complete copies (total of 11 applications) DO NOT STAPLE applications.</p>		
<p><b>Grant Report Requirement</b> By checking here, organization understands that as a requirement of receiving a grant, an update report must be submitted to UnityPoint Health St. Luke's Foundation by March 1, 2022. (Organizations failing to provide this update will not be considered for funding in the upcoming year.) The report should include:</p> <ul style="list-style-type: none"> <li>• Progress on the project.</li> <li>• Budget narrative on how the grant was matched.</li> <li>• Copies of receipts for equipment purchases.</li> <li>• If applicable, a photograph of the equipment purchased.</li> </ul>		
<b>APPLICATION SIGNATURES</b>		
<p>Applications must be received by 3 p.m. on <b>Monday, April 12, 2021</b>. Questions regarding the application and selection process should be directed to Tonya Arnold at St. Luke's Foundation.</p> <p>I certify the information included with this application is correct and to the best of my knowledge. Funds will be used for the project outlined in the application. I understand if St. Luke's Rural Healthcare Grant dollars are not used for the described program, St. Luke's Foundation will request the funds to be returned.</p>		
Print Name and Title of Authorized Official	Signature	Date
Print Name of Board Chair	Signature	Date
<p><b>St. Luke's Foundation is located in the Medical Office Plaza at 855 A Avenue NE, Suite 105.</b> <b>Applications may be mailed via U.S. Post Office or hand-delivered.</b></p>		





**ORGANIZATION INFORMATION (continued)**

**Define the organization's service area.** (example: XYZ Fire Department serves 15,000 residents in 225 square miles of Northern XYZ County and a southern portion of ABC County. We serve the communities of ...)

**If applicable, describe the major highways in the organization's service area and how they may impact the services provided.** (example: The XYZ Fire Department service area includes Highways 2, 15 and 40 as well as several miles of paved and unpaved secondary roads. Highways 40 and 15 present a high-speed risk to motorists while Highway 2 is a popular motorcycle route in the summer.)

**Describe any seasonal variances in the organization's service area and how they may impact the services provided.** (example: XYZ Fire Department covers approximately 20 miles of the Big River, which includes Pine State Park, a popular attraction for hiking and swimming. Our department is responsible for providing rescue services. Big River is also prone to flooding, which can result in flooded roadways and stranded motorists.)

**Describe the organization's staffing.** (example: XYZ Fire Department has 32 volunteers with 15 trained as EMS personnel. This includes 2 paramedics, 8 EMT-B and 5 first responders.)



**ORGANIZATION INFORMATION (continued)**

**Define the responsibilities of each of the personnel listed in the previous question.** (example: EMT-Basic operates our ambulances in a safe manner. They provide beginning, non-invasive emergency care and give life support under the supervision of an EMT-Intermediate or paramedic. Some common medical treatments they perform are: controlling bleeding, bandaging injuries, splinting broken bones and using automated external defibrillators.)

**If applicable, describe organization's service vehicles.** (example: Three fire engines, two ladder trucks and two rescue vehicles.)

**ORGANIZATION 2020 INCIDENT REPORT**

**Please breakdown the types and numbers of incidents/services this organization responded to in 2020.**

Type of Incident	Number in 2020
(example: Structure fires)	191
(example: EMS/rescue calls)	500
(example: Round trip transports for older adults)	550



## PROJECT INFORMATION

**Describe the organization's grant project:**

- **What is the goal?**
- **How will the goal be accomplished?**
- **What will the grant fund?**

**Describe the community's need for this project. What issue(s) or problem(s) does this project address?**



**PROJECT INFORMATION (continued)**

**If this is an equipment request, estimate the number of times this piece of equipment would have been used in the last year:**

Out in the field	
For training purposes	
Total	

**Provide the number and titles of current staff who will operate the equipment being requested. (example: 2 paramedics, 8 EMT-B)  
If no current staff members can operate the equipment, please provide an implementation plan.**

**Describe the benefits the community achieves by being awarded this grant.**



**PROJECT INFORMATION (continued)**

Has this organization received a St. Luke's Rural Healthcare Grant in the past 10 years?

Yes     No

If yes, for each grant received, please list the year, project funded, grant amount, and how the grant was matched.

**PROJECT BUDGET**

Provide a detailed budget for this proposed project. (Use the form below or if addition space is needed, attach a similar-format report.)

Income	Amount	Secured or Pending
Include (if applicable) revenue from city, county, grants, fundraisers, memorials, annual letter drive, etc.		If pending, provide date of estimated notification
(example: Benton County Community Foundation)	\$2,500	Secured
(example: St. Luke's Foundation RHC Grant)	\$2,500	Pending – April 2021
<b>Total Project Budget</b>		
Expenses		Amount
(example: Lifepak 12 and Accessories)		\$5,000
<b>Total Project Expenses</b>		