



St. Luke's Foundation 2022 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

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

Tonya Arnold

(319) 369-7572 • Tonya.Arnold@unitypoint.org



| GRANT APPLICATION CHECKLIST | (✓) COMPLETE |
|--|-----------------|
| <p align="center">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.</p> | |
| <p>Complete all questions of the Application Form (pages 2-8)</p> | |
| <p>Attach a copy of organization's legal structure <i>(as applicable)</i></p> <ul style="list-style-type: none"> • Organization's 501(c)(3) letter • Documentation showing organization is part of the county/city/etc. • Organization's 28E Agreement | |
| <p>Attach a copy of the organization's 2022 Budget. (This is in addition to the program budget provided on page 8)</p> | |
| <p>Attach a copy of the organization's most recent Financial Audit or 990.</p> | |
| <p>Sign the application Submit the original application plus nine (9) complete copies (total of 10 applications) DO NOT STAPLE applications.</p> | |
| <p>Grant Report Requirement 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, 2023. <i>(Organizations failing to provide this update will not be considered for funding in the upcoming year.)</i> The report should include:</p> <ul style="list-style-type: none"> • Progress on the project. • Budget narrative on how the grant was matched. • Copies of receipts for equipment purchases. • If applicable, a photograph of the equipment purchased. | |
| <p align="center">St. Luke's Foundation is located in the Medical Office Plaza at 855 A Avenue NE, Suite 105. Applications may be mailed via U.S. Post Office or hand-delivered.</p> | |



All questions must be answered. Please type or print. *Do not use acronyms.*

| APPLICANT INFORMATION | | | |
|--|--|---|--------------|
| Name of Organization | | Federal Tax ID Number | |
| President or CEO | | Board Chair | |
| Mailing Address | | City | State Zip |
| County | | Phone | |
| Contact Person | | Email | |
| Title of 2022 St. Luke's Foundation Rural Healthcare Grant Request | | | |
| Amount Requested | | Type of Request <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Transportation | |
| APPLICATION SIGNATURES | | | |
| <p>Applications must be received by 3 p.m. on Monday, June 6, 2022. 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 |



ORGANIZATION INFORMATION

Provide the organization's mission statement.

List the services this organization provides. (example: XYZ Fire Department provides fire, rescue and emergency medical service/EMT-B non-transport)

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.)



ORGANIZATION INFORMATION (continued)

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.)

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 2021 INCIDENT REPORT

Please breakdown the types and numbers of incidents/services this organization responded to in 2021.

| Type of Incident | Number in 2021 |
|---|----------------|
| (example: Structure fires) | 191 |
| (example: EMS/rescue calls) | 500 |
| (example: Round trip transports for older adults) | 550 |
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PROJECT INFORMATION

Describe the project the Rural Healthcare Grant would fund.

If you are purchasing equipment, please describe it and estimate how often (monthly/annually) it will be used in the field.

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

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.

