



# UnityPoint Health

## St. Luke's Foundation

### **St. Luke's Foundation 2017 iGrant Application** **Application is Due Monday, July 31 at 3 p.m.**

UnityPoint Health - St. Luke's Foundation's iGrant Program gives priority consideration to support innovative programs and equipment to enhance and strengthen the strategic framework of UnityPoint Health – Cedar Rapids.

St. Luke's Foundation's iGrant is funded through iCare, our annual employee giving campaign.

**To be eligible for an iGrant, please complete the application and submit it to St. Luke's Foundation by July 31, 2017 at 3 p.m. iGrant maximum request is \$15,000.**

#### **Eligibility**

Eligible entities for iGrant include all units of UnityPoint Health – Cedar Rapids who participate in the iCare Campaign:

- St. Luke's Hospital
- Helen G. Nassif Community Cancer Center
- MedLabs
- Surgery Center
- UnityPoint Clinics
- UnityPoint at Home Care and Hospice
- UnityPoint Health Information Technology (IT)

One application per unit can be awarded every 12 months. The term "unit" could be a:

- Nursing Unit like 5 Center
- Department like Physical Medicine & Rehabilitation
- Work Group and/or Hospital-Wide Project like Safe Patient Handling
- Service like Fit Zone

A department and unit can receive funding at the same time. Example:

*During 2016, Therapy Plus received iGrant funds to purchase a Total Gym Power Tower. The Physical Medicine & Rehabilitation Department received funds to purchase a wheel chair mover.*

#### **Purpose**

All projects should be compatible with iGrant's purpose to:

- Advance the quality of the patient and/or family care experience in any area at UnityPoint Health – Cedar Rapids
- Improve the atmosphere for UnityPoint Health – Cedar Rapids' associates, physicians and volunteers
- Assist departments, nursing units, clinics and/or the hospital as a whole. Requests to assist an individual will not be accepted.

## **iGrant Restrictions**

- Education that can be funded through other opportunities from the Hospital or Foundation
- Travel Expenses
- IT expenses; iPads (exceptions may include a larger monitor or software licensing, such as Adobe Pro etc.)
- Salaries and Benefits
- Routine infrastructure (Examples: floor coverings, construction costs, paint/wall coverings)
- Items that could be viewed as enticement (Example: equipment given to a patient to use in their home. This could include a scale, wheelchair, walker, etc.)

## **iGrant Application Checklist**

- Please make sure you complete the 2017 iGrant Application. Incomplete grant applications, including those not using the correct application, will not be reviewed.
- Maximum iGrant request is \$15,000.
- Please submit 20 copies (double-sided) plus 1 original of your application. Copies should be:
  - 3-hole punched
  - Do not staple
  - Do not place in a binder and/or folder
  - Save paper – do not submit pages 1 and 2 with your application

Please make sure you provide the following information (on page 3):

- Unit name applying for funds
  - Unit Lawson number
  - Unit manager name
  - Associate's name completing the application
  - Contact phone number and email address
  - Project title
  - Amount requesting
  - Purpose of the project – Provide a short summary of your project. This summary will be used in publications, like Images.
  - Signatures from your unit approver and department director.
- Please answer all of the narrative questions (on page 4):
- Explain your unit
  - Describe your iGrant request
  - Describe the need for your iGrant request
  - Describe what the iGrant funds will purchase (include a picture of the equipment requested)
  - Provide a budget for your iGrant request (include a quote for the equipment requested)
  - Provide the cost per unit for your iGrant request
  - Provide your unit's annual budget for minor equipment
- iGrant applications can be submitted through interoffice mail or hand-delivered to St. Luke's Foundation – (first floor of the Medical Office Plaza - 855 A Avenue NE; Suite 105)



Please contact Tonya Arnold with questions – [tonya.arnold@unitypoint.org](mailto:tonya.arnold@unitypoint.org) or 369-7572.



Unit Applying for the Funds: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Associate's Name Completing the Application: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_

Project Title: \_\_\_\_\_

Amount Requesting: \$ \_\_\_\_\_

Purpose of the project: (this description will be used in publications if your grant is awarded).

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Signature by Unit Manager:

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Department Director: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## 2017 iGrant Narrative Questions

Please create a Word document and answer the below questions. Please answer every question – **incomplete iGrant applications will not be reviewed.** Please limit your narrative to four pages.

### 1. Explain your unit.\* Items to include:

- Number and type of staff
- Describe the target population your unit serves (patients, families, associates, volunteers, etc).
- Number of annual admissions or visits your unit provides
- Describe the services you provide to your target population

\*The term “unit” could be:

- **Nursing Unit** like 5 Center
- **Department** like Physical Medicine & Rehabilitation
- **Work Group and/or Hospital-Wide Project** like Safe Patient Handling
- **Service** like Fit Zone

### 2. Describe your iGrant request.

- What do you want to accomplish with this iGrant?
- How will your request benefit patients, families, associates and/or the community?
- Why should your iGrant request be funded?

### 3. Describe the need for your iGrant request.

- What issue(s) or problem(s) are you trying to fix/help?

### 4. Describe what the iGrant funds will purchase.

- If you are purchasing a piece of equipment, please provide a picture(s) of the equipment you are requesting.

### 5. Provide a budget for the project (if requesting a piece of equipment, also include a detailed quote). If possible, please create a table as shown in the example. **Example:**

<i>Item</i>	<i>Cost per Item</i>	<i>Budget Narrative</i>	<i>Total Cost</i>
<i>8 Stryker Tru-Fit Split Top Over Bed Tables</i>	<i>\$651/table</i>	<i>\$651/table X 8 tables = \$5,208</i>	<i>\$5,208</i>
<i>8 Ivation Oversize Clocks</i>	<i>\$80/clock</i>	<i>\$80/clock X 8 clocks = \$640</i>	<i>\$640</i>
<i>Delivery for OverbedTables</i>	<i>10% of \$5,208</i>	<i>10% of \$5,208 = \$521</i>	<i>\$521</i>
<i>Shipping and Handling for Clocks</i>	<i>\$120</i>	<i>\$120</i>	<i>\$120</i>
<b>Total Cost</b>			<b>\$6,489</b>

### 6. What is the cost per unit for your project? **Example:**

CCU will purchase \$6,489 of equipment for the unit. It is estimated 1,000 patients will use the equipment in one year.  $\$6,489 / 1,000 = \$6.48$  / cost per patient for the first year

Please answer Questions 7 and 8 if you are requesting equipment:

### 7. What is your unit’s annual budget for minor equipment?

- How have you utilized those funds this year?
- Can you use any of those funds to support your iGrant request?

### 8. If your piece of equipment is more than \$5,000 have you submitted it to Capital?

- If yes, was it approved or denied? If it was denied, why?
- If no you will need to submit the equipment to Capital before purchase.