

St. Luke's Foundation Rural Healthcare Grant

2018 Grant Application



Application is due at noon on April 16, 2018.

Send to:
St. Luke's Foundation
Rural Healthcare Grant Program
855 A Ave. NE, Suite 105
Cedar Rapids, IA 52402



UnityPoint Health
St. Luke's Foundation

Purpose:

St. Luke's Foundation's Rural Healthcare Grant Program provides matching grant funds towards healthcare services for rural residents.

St. Luke's Rural Healthcare Grant Program's resources are focused in the areas of:

- Equipment for emergency care in the pre-hospital environment
- Training for emergency personnel to gain or enhance their skills
- Mileage reimbursement for Transportation Programs

Eligibility:

To be eligible for a St. Luke's Rural Healthcare Grant you must live in a rural community serving Benton, Cedar, Delaware, Iowa, northern Johnson, Jones and Linn counties. Eligible entities include:

- Ambulance Services
- Fire and Rescue Departments
- First Responders
- Paramedics
- Transportation Programs

St. Luke's Foundation provides grants to:

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

Matching Grant Guidelines

Maximum grant request is \$5,000. St. Luke's Rural Healthcare Grant will not fund more than 50% of the equipment purchase, training costs and/or annual mileage reimbursement.

This is a matching grant. 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:

In general, the Foundation will not consider requests for:

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



All questions must be answered. Please type or print and refrain from using acronyms.

APPLICANT INFORMATION			
NAME OF ORGANIZATION			
FEDERAL TAX ID NUMBER			
PRESIDENT OR CEO			
BOARD CHAIR			
ADDRESS	CITY	STATE	ZIP
COUNTY			
CONTACT PERSON	TELEPHONE		
EMAIL ADDRESS			
TITLE OF 2017 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			
ORGANIZATION INFORMATION			
<p>Provide your organization's mission statement:</p> 			
<p>List the services you provide. <i>Example: XYZ Fire Department provides fire, rescue and emergency medical service (EMT-B non-transport).</i></p> 			

Define your service area.

Example: XYZ Fire Department's service area serves 15,000 residents residing in 225 square miles of Northern XYZ County and a southern portion of ABC County. We serve the communities of

Describe your staffing.

Example: 32 volunteers with 15 trained as EMS personnel including 2 paramedics, 8 EMT-B's and 5 First Responders.

Please define the responsibilities of each of the personnel you listed in 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 your organization's service vehicles.

Example: Three fire engines, two ladder trucks, and two rescue vehicles.

Total number of incidents/services provided in 2017. Please breakdown the types of incidents/services.

Incidents	Number
<i>Example: Structure Fire</i>	191
<i>Example: EMS/Rescue Calls</i>	500
<i>Example: Round trip Transports for Older Adults</i>	550

PROGRAM INFORMATION

Describe your organization's grant project.

- What is your goal?
- How will you accomplish your goal?

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

If this is an equipment request, provide the estimated number of times you would have used this piece of equipment in the last year:

Out in the field: _____

For training purposes: _____

Total: _____

Do you currently have staff to operate the piece of equipment you are requesting? Yes No

If yes, provide the number of staff and their titles. If no, what is your plan?

Describe the benefits to be achieved by this grant for your community.

Has your organization received a St. Luke's Rural Healthcare Grant in the past 10 years? Yes No
If yes, please list the year(s), amount(s), grant program(s) funded and how you matched your grant.



GRANT APPLICATION CHECKLIST ✓

Completed grant application. All questions have been answered	
Organization's 501(c)(3) letter, documentation you are a part of the county, city, etc. or your 28E Agreement.	
Provide a copy of your organization's 2018 budget.	
Signed application plus 10 copies, for a total of 11 applications.	
For equipment requests, please provide a copy of a current sales quote	
Do not staple applications.	

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.

A grant report is due by March 1, 2019. The report should include:

- Progress on the program.
- Budget narrative on how the grant was matched.
- A copy of the receipt for equipment purchases.
- If applicable a picture of the equipment purchased.

Organizations failing to provide this update will not be considered for funding in the upcoming year.

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL	DATE
SIGNATURE AND TITLE OF BOARD CHAIR	DATE