



2025 iGrant Program Application
Application is Due July 1, 2025 at 3 pm

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

iGrant is funded through the Foundation's annual employee giving campaign and other funds. To be eligible, please complete the application and submit it to St. Luke's Foundation by July 1st at 3 pm. The maximum request is \$15,000.

Eligibility

One application per unit/clinic can be submitted. The following entities of UPH – Cedar Rapids are eligible to apply:

- St. Luke's Hospital Departments
- AbbeHealth
- Helen G. Nassif Community Cancer Center
- Jones Regional Medical Center*
- MedLabs
- Surgery Center
- UnityPoint at Home and Hospice
- UnityPoint Health Information Technology (IT)
- UnityPoint Clinics
 - Administration
 - Bowman Woods
 - Diabetes & Kidney
 - Downtown Pediatrics
 - Express (Lindale)
 - Express (Pecks Landing)
 - Gastroenterology
 - Hiawatha Internal Medicine
 - Hiawatha Pediatrics
 - Marion Family Medicine & Urgent Care
 - Maternal Fetal Medicine
 - Medical District
 - Multi-Specialty
 - Mt. Vernon
 - North Liberty
 - Northridge
 - Pediatric Cardiology
 - Tower Terrace
 - Westside Urgent Care
 - Westdale Family Medicine & Pediatrics

***JRMCM has their own application and process.*

Purpose

All projects should be compatible with the iGrant's purpose to assist UPH – Cedar Rapids to:

- Advance the quality of the patient and/or family care experience.
- Improve the care innovation and/or care delivery for our patients and their families.

iGrant Restrictions

- Education and travel that could be funded through other opportunities from the Hospital or Foundation.
- IT expenses (exceptions include a larger monitor or software licensing).
- Extended Warranties.
- Subscriptions.
- Salaries and Benefits.
- Routine infrastructure (Examples: floor coverings, construction costs, paint/wall coverings)
- Items that could be viewed as enticement.
- Requests to assist an individual.

iGrant Application Checklist

- Submit your grant application by the due date of **July 1, 2025 at 3 pm.**
- Answer all questions on the Cover Sheet (page 3)
 - Please remember to have your manager and director sign the application.
 - Narrative limit is 3 pages. Please answer all the questions.
- Provide a detailed quote for any equipment or construction requests. The quote must be from a UnityPoint Health (UPH) preferred vendor. All iGrant applicants must work with St. Luke's Hospital's Inventory Management or Facilities Departments to ensure accuracy of the quote. Failure to comply will result in your application being disqualified.**
- Follow UnityPoint Health's policy on purchasing of medical equipment and furniture.
 - Furniture is not to be ordered via Amazon as UPH has contracted vendors that are vetted for risk, and limitation of liability. The vendors are fully insured and have product liability coverage. These are on a contractual relationship that we do not have with Amazon.
 - No medical items are authorized to be ordered from Amazon as these are not vetted medical vendors and sellers and is too large of a liability for UPH. As a healthcare system, we put team members and patients first when it comes to safety and all items we purchase must come from preferred vendors.
- If the iGrant has Amazon purchases (non-furniture or medical equipment), please work with the Inventory Management Department to determine if Amazon is an appropriate vendor for your request.
- Follow UPH's policy for construction projects. Construction projects must be vetted through St. Luke's Facilities Department to ensure accurate project costs/equipment and correct vendor to complete the project (internal or external).
- Submit your grant application in a hard copy form AND by email by July 1 at 3 pm:**
 - Send the ONE (1) hard copy of your grant application (with the manager's and director's original signatures) to Tonya Arnold at the Foundation. You may drop off your application or use inter-office mail (Foundation is located at 810 1st Ave NE; 2nd Floor).
 - Email your grant application to Tonya Arnold at tonya.arnold@unitypoint.org. *It is ok for the electronic version to not have the manager's and director's signature.*



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If you have a question, please contact Tonya Arnold at tonya.arnold@unitypoint.org or 319-369-7572.

Department/Program Name	
Manager's Name	
Director's Name	

Team Member's Name Completing the Application	
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Project Title	
Amount Requesting	

Manager's Signature	
Date	

Director's Signature	
Date	

<p>Please list number and name of items you are requesting.</p> <p>Example:</p> <ul style="list-style-type: none"> • 8 - Stryker Tru-Fit Split Top Over Bed Tables 	
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2025 iGrant Program Narrative Questions

Please answer every question – incomplete applications will be difficult to review and score. Funding is limited so this is a competitive process. Please limit your narrative to 3 pages.

1. Explain your department items to include:

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

2. Describe your iGrant program/project.

- a. Describe the project.
- b. Identify the need/problem to be addressed.
- c. What are you currently doing to address the problem?
- d. Provide a timeline for your project.

3. Explain how your project fits into ONE of the purposes of iGrant:

- a. Advance the quality of the patient and/or family care experience in any area at UnityPoint Health – Cedar Rapids.
- b. Assist UnityPoint Health – Cedar Rapids in improving care innovation and/or care delivery for our patients and their families.

4. What will the funds purchase?

- a. Describe the piece of equipment or project the iGrant would fund. How often do you estimate the equipment will be used daily? Annually?
- b. State the estimated useful life of the piece of equipment and if there is a warranty associated with it.
- c. 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. Please create a table as shown in the example.

- a. State what you will do if you do not receive funding.

Item	Cost Per Item	Budget Narrative	Total Cost
8 Stryker Tru-Fit Split Top Over Bed Tables	\$651/table	\$651/table X 8 tables = \$5,208	\$5,208
Delivery for Overbed Tables	10% of \$5,208	10% of \$5,208 = \$521	\$521
Shipping and Handling for Clocks	\$120	\$120	\$120
Total Cost			\$6,489

6. Provide a detailed quote(s) for any equipment requests.

Please see the Application Checklist (page 2) and follow the necessary steps in securing an accurate quote from St. Luke's Hospital's Inventory Management or Facilities Departments.

7. What is the cost per unit for the 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.