



**2024 iGrant Program Application
Application is Due July 1 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. Since 2013, iGrant has provided almost \$2 million of funding for hospital and clinic projects.

iGrant is funded through WeCare (annual employee giving campaign) and other foundation funds. To be eligible, please complete the application and submit it to St. Luke's Foundation by June 30th at noon. The maximum request is \$15,000.

Eligibility

One application per unit can be submitted. The following entities of UnityPoint Health – 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 Clinic
 - o Administration
 - o Bowman Woods
 - o Diabetes & Kidney
 - o Downtown Pediatrics
 - o Express (Lindale)
 - o Express (Pecks Landing)
 - o Gastroenterology
 - o Hiawatha Internal Medicine
 - o Hiawatha Pediatrics
 - o Marion Family Medicine & Urgent Care
 - o Maternal Fetal Medicine
 - o Medical District
 - o Multi-Specialty
 - o Mt. Vernon
 - o Northridge
 - o Pediatric Cardiology
 - o Tower Terrace
 - o Westside Urgent Care
 - o Westdale Family Medicine & Pediatrics

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

Purpose

All projects should be compatible with the iGrant's purpose to assist UnityPoint Health – 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 that can be funded through other opportunities (hospital, clinic and/or foundation)
- Travel Expenses
- 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

- Submit your grant application by the due date of **July 1, 2024 at 3 pm.**
- Answer all questions on the Cover Sheet (page 3)
 - Please remember to have your manager and director sign the application.
- Create a Word document to answer the questions on page 4.
 - Narrative limit is 3 pages. Please answer all the questions.
- Provide a detailed quote for any equipment requests. The quote must be from a UnityPoint Health preferred vendor. **All iGrant applicants must work with St. Luke's Hospital's Purchasing or Facilities Departments to ensure accuracy of the quote for the grant application. Failure to comply will result in your application being disqualified.**
- Please submit your grant application in a hard copy form AND by email by July 1 at 3 pm:**
 - Send the ONE (1) hard copy grant application (with the manager's and director's original signatures) to Tonya Arnold at St. Luke's Foundation. You may drop off your application or use inter-office mail. The Foundation is located at 810 1st Ave NE; Second Floor
 - Send your grant application electronically as a Word Document 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.*
- The iGrant Selection Committee will announce the 2024 iGrant Recipients by August 31st.

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



UnityPoint Health
St. Luke's Foundation

2024 iGrant Program Application

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">• <i>8 - Stryker Tru-Fit Split Top Over Bed Tables</i>	
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2024 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:

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

2. Describe your iGrant program/project.

- Describe the project.
- Identify the need/problem to be addressed.
- Provide a timeline for your project.

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

- Advance the quality of the patient and/or family care experience in any area at UnityPoint Health – Cedar Rapids.
- 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?

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

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.

Provide a detailed quote for any equipment requests. The quote must be from a UnityPoint Health preferred vendor. All iGrant applicants must work with St. Luke's Hospital's Purchasing or Facilities Departments to ensure accuracy of the quote for the grant application. Failure to comply will result in your application being disqualified.

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.