St. Luke's Foundation 2025 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, Manikins.
- Mileage reimbursement for Transportation Programs

Eligibility

Applicants must be in a rural community serving Benton, Buchanan, 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 $6,000. 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 ($1) for every one dollar ($1) raised.

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
- Pass-thru grants

Application Deadline

Tuesday, May 27, 2025 at 3 p.m.

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

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

GRANT APPLICATION CHECKLIST	(✓) COMPLETE
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.	
Complete all questions of the Application Form (pages 3-7)	
Please provide ONE copy of organization's legal structure (*as applicable*) • Organization's 501(c)(3) letter • Documentation showing organization is part of the county/city/etc. • Organization's 28E Agreement	
Please provide ONE copy of the organization's most recent Financial Audit or 990.	
Please provide TEN copies of the organization's 2025 Budget. (This is in addition to the grant budget provided on page 7)	
Sign the application Submit the original application plus NINE complete copies (total of TEN applications) DO NOT STAPLE applications.	
St. Luke's Foundation is located at 810 1ˢᵗ Ave NE, 2ⁿᵈ floor, Cedar Rapids, Iowa 52402. **Applications may be mailed via U.S. Post Office or hand-delivered.**	

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

Please state what the grant funds will purchase

Amount Requested	Type of Request
	☐ Equipment ☐ Training ☐ Transportation

APPLICATION SIGNATURES

Applications must be received by 3 p.m. on **Tuesday, May 27, 2025.** Questions regarding the application and selection process should be directed to Tonya Arnold at St. Luke's Foundation.

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.

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 2, 2026. (*Organizations failing to provide this update will not be considered for funding in the upcoming year.*) The report should include:
- 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.

Print Name and Title of Authorized Official	Signature	Date

Print Name of Board Chair	Signature	Date

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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 2024 INCIDENT REPORT

Please breakdown the types and numbers of incidents/services this organization responded to in 2024.

Type of Incident	Number in 2024
(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 and/or piece of equipment. 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.

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GRANT BUDGET

State the entire cost of the proposed equipment / project.

Maximum grant request from St. Luke's Foundation is $6,000. The grant will not fund more than 50% of the project. The grant is made on a matching basis whereby St. Luke's Foundation will award one dollar ($1) for every one dollar ($1) raised.

State the name and dollar amount of each funding source who will match this grant to support the project.
The St. Luke's Foundation grant can be matched through fundraisers (ie: pancake breakfast), another grant or a donation.

Name of Funding Source	Amount ($)	Funds are pending or secured?

If you are purchasing equipment, please attach a detailed quote for the item(s) and check here ☐

PREVIOUS GRANT INFORMATION

Has this organization received a St. Luke's Rural Healthcare Grant in the past 5 years?

☐ Yes   ☐ No

If yes, for each grant received, please list the year, project funded, grant amount, and how the grant was matched.