

2026 Heart Saver Grant Program

The use of an Automated External Defibrillator (AED) can literally mean the difference between life and death. Roughly 70 percent of cardiac arrests happen outside of a hospital. A staggering 70 to 90 percent of individuals with an out-of-hospital cardiac arrest will die before reaching the hospital.

Having an AED on site, as well as trained individuals who can use the device, is critical for these types of medical emergencies. Nine in 10 cardiac arrest victims will survive if they receive a shock from an AED within the first minute of their attack.

Grant Purpose

As the area's nationally recognized leader in heart care, UnityPoint Health - St. Luke's Hospital created the Heart Saver Grant Program with a goal of using early intervention to save lives in cases of cardiac arrest.

Through the generosity of St. Luke's Health Care Foundation, St. Luke's Heart Saver Grant Program will award Automated External Defibrillators (AEDs) and training for up to 50 eligible organizations.

Eligibility Criteria

To qualify for this Grant program, applicants must be:

- Non-profit organizations
- Government entities
- Public or private schools
- Located in Benton, Cedar, Delaware, Iowa, northern Johnson, Jones or Linn counties
- Requests from individuals and/or families will NOT be considered



If your organization is selected to receive an AED, an authorized individual must sign a Grant Agreement as a condition of the donation and prior to receipt of the item(s). As part of the Grant Agreement your organization assumes full responsibility for

all aspects of your AED, which includes regular maintenance of the electrodes and batteries, and for compliance with all relevant laws, regulations and standards of care applicable to your organization.

Amount of Funding

St. Luke's has pre-purchased the AEDs. Grant recipients will receive:

- One Zoll Automatic External Defibrillator with display case and signage (also includes Pedi-Padz II for pediatrics).
- Participation in a one-hour training session for at least two individuals (maximum of four) from your organization on the proper use and maintenance of the AED. Please note, this training session does not provide a certification for CPR.

Grant Application Deadline

Monday, May 11 at Noon

Please provide the original grant application and nine copies to:

UnityPoint Health – St. Luke's Health Care Foundation
Attn: Heart Saver Grant Program
810 1st Avenue NE, 2nd floor
Cedar Rapids, IA 52402

Award Notification

July 2026

Questions regarding the grant application should be directed to:

Tonya Arnold, Senior Director of Operations
St. Luke's Health Care Foundation
319-369-7572 • tonya.arnold@unitypoint.org

GRANT APPLICATION CHECKLIST	(✓) COMPLETE
<p>It is the applicant's responsibility to ensure all components of St. Luke's Heart Saver 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.</p>	
<p>Complete all questions of the application (pages 3-4)</p>	
<p>Sign the application (page 4)</p>	
<p>Attach a copy of your organization's 501(c)(3) letter if applicable</p>	
<p>Submit the original application plus nine (9) complete copies (for a total of 10 applications) St. Luke's Health Care Foundation Heart Saver Grant Program 810 1st Ave NE, 2nd floor Cedar Rapids, IA 52402</p>	
<p>DO NOT STAPLE THE APPLICATIONS</p>	
<p>St. Luke's Health Care 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.</p>	

All questions must be answered. Please type or print. *Do not use acronyms.*

APPLICANT INFORMATION			
Name of Organization (<i>Do not use acronyms</i>)		Federal Tax ID Number (if applicable, also attach a copy of your 501(c)(3) letter)	
President or CEO		Board Chair	
Mailing Address		City	State
		Zip	
County		Phone	
Contact Person for Grant		Email	
<p>Type of Organization</p> <p> <input type="checkbox"/> Non-profit <input type="checkbox"/> Government organization <input type="checkbox"/> Public/private school <input type="checkbox"/> Library <input type="checkbox"/> Church/religious organization <input type="checkbox"/> Other </p>			
<p>How many miles are you from the nearest hospital?</p> <p> <input type="checkbox"/> 0-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50+ </p>			
<p>Provide the organization's mission statement.</p>			
<p>Provide an overview of your organization.</p>			
<p>Who is your organization's target audience?</p>			
<p>Number of people served per month:</p> <p> <input type="checkbox"/> 1-99 <input type="checkbox"/> 100-249 <input type="checkbox"/> 250-499 <input type="checkbox"/> 500+ </p>			

Do you currently have an AED onsite?

- Yes, but we need an additional AED.
- Yes, but our existing AED is outdated
- No, we do not have an AED

Please explain why you need an AED at your facility.

Where will you locate the AED? (If you are requesting an additional AED, explain where the existing and additional units will be located.)

Who will be responsible for necessary AED maintenance, replacing expired pads and batteries, and continued employee training to ensure both equipment and staff are rescue ready?

Provide an overview of how you plan to implement and maintain trained staff members on the proper use of your AED.

Do you have a Cardiac Emergency Response Plan?

- Yes
- Yes, but needs refinement
- Need help implementing
- No

APPLICATION SIGNATURE

Print name and title of President/CEO

Date

Signature