



## St. Luke's Foundation 2026 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 Non-Emergency 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, First Responders (Non-Transport and Transport Agencies) and Non-Emergency Transportation Programs.

### 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

Monday, May 11, 2026 at 3 p.m.

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

**Tonya Arnold**

(319) 369-7572 • [Tonya.Arnold@unitypoint.org](mailto: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** (pages 3-7)

**Sign the Application** (page 3)

**Submit the Original Application plus nine (9) complete copies** (for a total of 10 Applications)

**Provide ten (10) copies of the Organization's 2026 Budget.**

This request is in addition to the requested grant budget, found on page 7.  
An organization budget is a financial plan detailing your projected revenues and expenses for a specific period (calendar or fiscal year).

**Provide ten (10) copies of Organization's Licensure with the State of Iowa.**

**For grants requesting equipment, provide ten (10) copies of the quote for the item(s) requested.**

**DO NOT STAPLE THE APPLICATIONS**

**Provide one (1) copy of organization's legal structure**

- 501(c)(3) Non-Profit Letter
- 28E Agreement

**Provide one (1) copy of the organization's most recent Financial Audit or 990.**

**St. Luke's Foundation is located at 810 1<sup>st</sup> Ave NE, 2<sup>nd</sup> 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.*

<b>APPLICANT INFORMATION</b>			
Name of Organization		Federal Tax ID Number	
President or CEO		Board Chair	
Mailing Address		City	State
County		Phone	
Contact Person		Email	
<p><b>Please state what the grant funds will purchase</b></p>   			
Amount Requested		<b>Type of Request</b> <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Transportation	

### **APPLICATION SIGNATURES**

Applications must be received by 3 p.m. on **Monday, May 11, 2026**. 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, 2027. (*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

## 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 2025 INCIDENT REPORT**

**Please breakdown the types and numbers of incidents/services this organization responded to in 2025.**

<b>Type of Incident</b>	<b>Number in 2025</b>
(example: Structure fires)	191
(example: EMS/rescue calls)	500
(example: Round trip transports for older adults)	550

## 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.**



## 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.**

**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.**