



*INSURANCE BENEFITS, INC. – FUND ADMINISTRATOR  
4901 S. Isabel Place #210, Sioux Falls, SD 57108  
Telephone: 800-233-9073 Fax: 605-275-6193  
info@sdmlwcfund.com www.sdmlwcfund.com*

## **2025 SDML Workers' Compensation Fund EMS Equipment Grant Application**

In partnership with  
**stryker**<sup>®</sup>

\*The **SDML WC FUND GRANTS** will be awarded on a first come first received basis.

### **Program Information:**

**Background:** The SDML Workers' Compensation Fund (SDML WCF) has funds available to grant to EMS services that have their workers' compensation coverage through the SDML WCF, for the purchase of **Stryker EMS Equipment** listed below. A member may apply once per calendar year and the grant only applies to one new piece of equipment. Used or refurbished equipment is not eligible for the grant.

### **For the Stryker Power-LOAD™ System Model 6390**

Not Included: The Power-Load Cot Compatibility Upgrade.

### **For the Stryker Power-PRO™ XT Model 6506**

Accessories Include: IV Pole, Head-End Storage and Fowler O2 holder.

### **For the Stryker Power-PRO™ 2 Model 6507 MID or HIGH CONFIG**

Accessories Include: 2 Batteries and Charger.

### **For the LUCAS 3,v3.1 Chest Compression System Model 99576**

Accessories Include: External Power Supply & 3 Battery Dark Grey Rechargeable LiPo.

### **For the Stryker Stair-PRO® Model 6252**

Accessories Include: Foot Rest and Head Support Option.

### **For the Stryker Xpedition™ Powered Stair Chair Model 6257 MID or HIGH CONFIG**

Accessories Include: 2 Batteries and Charger.

**The grant will pay 50% of the cost of the equipment with a maximum grant award of \$4,000.**

**The grant recipient will be required to pay the invoice in full, then provide a copy of the cleared check and a copy of the paid invoice to the SDML WCF Administrator. Then the SDML WCF will issue the grant check payable directly to the grant recipient.**

In an effort to aid services who wish to acquire more than the allotted equipment in this grant (i.e. additional Power-LOAD™ Cot Compatibility Upgrade, Power-PRO™ XT cots, Power-PRO™ 2 cots, Xpedition™ or Stair-PRO® tracked chairs, LUCAS 3,v3.1 Chest Compression Systems or additional accessories not listed above as included accessories) a negotiated discount is available only for SDML WCF members. The SDML WCF will not provide additional funds for these items. Please reference your affiliation with the SDML WCF to Stryker to obtain this discount.

**Purpose:** To provide EMS services with ergonomically beneficial equipment in an effort to reduce risk and injury to the EMS caregiver during patient handling and transport.

**Application period:** Grants will be awarded on a first come, first received basis until the grant funds are exhausted. Applications will be accepted beginning at 12:01 a.m. January 1, 2025, CT. If grant funds are available, the final deadline to submit an application is 5:00 P.M., Dec. 31<sup>st</sup> 2025, CT. Applications must be received or postmarked by this date to be considered for the grant. If you awarded a grant, your order must be placed on or before December 31<sup>st</sup>, 2025. Applications should be delivered to:

SDML Workers Compensation Fund  
c/o Insurance Benefits, Inc.  
4901 S. Isabel Pl #210  
Sioux Falls, SD 57108  
Email: [info@sdmlwcfund.com](mailto:info@sdmlwcfund.com)  
Fax: 605-275-6193

It is recommended that the application be submitted by e-mail to [info@sdmlwcfund.com](mailto:info@sdmlwcfund.com). When your application is received you will receive an email confirmation from the SDML WCF Administrator.

**Application Availability:**

Applications are available online at [www.sdmlwcfund.com](http://www.sdmlwcfund.com) or can be obtained by contacting Brad Wilson or Kim Curry at Insurance Benefits, Inc. at 800-233-9073.

**Award Notification Date:** All applicants will be notified of their receipt or non-receipt of awards as soon as possible, but no later than December 31, 2025.

**Selection Criteria:** Applications will be reviewed and funds will be awarded using the following selection criteria:

- Member must be in compliance with loss control recommendations. If the work comp coverage is provided by a city, county, etc., every department must be in compliance with loss control recommendations.
- Grant funds availability

**Eligibility Requirements:**

**Eligibility:** Applicant must be a current member of the SDML WCF:

1. as of the date of the application
2. in the year the grant will be awarded
3. in the year the grant check is delivered

**Application Guidelines:**

The SDML WCF has the discretion in approving or denying any, all, or a portion of the grant applications. A member may apply once per calendar year and the grant only applies to one new piece of equipment. Only new equipment is eligible for the grant. Used or refurbished equipment is not eligible for the grant. Eligible equipment must be ordered in the grant year. Purchases made or orders placed prior to or after the grant year are not eligible for the current grant year.

**The grant will pay 50% of the cost of the equipment with a maximum grant award of \$4,000.**

**The grant recipient will be required to pay the invoice in full, then provide a copy of the cleared check and a copy of the paid invoice to the SDML WCF Administrator. Then the SDML WCF will issue the grant check payable directly to the grant recipient.**

All applications must include the following completed information:

**Organization Information:**

Applicant/Member: \_\_\_\_\_

Address: \_\_\_\_\_

Department Involved: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

# Full-time & Volunteer staff: \_\_\_\_\_

Ambulance Call volume per year: \_\_\_\_\_

# of emergency calls: \_\_\_\_\_

# of transfer calls: \_\_\_\_\_

Please **circle** which item you are applying for:

- 1 New Stryker Power-LOAD™ Model 6390
- 1 New Stryker Power-PRO™ XT Model 6506
- 1 New Stryker Power-PRO™ 2 Model 6507 MID or HIGH CONFIG
- 1 New LUCAS 3, v3.1 Chest Compression System Model 99576
- 1 New Stryker Stair-PRO Model 6252
- 1 New Stryker Xpedition™ Powered Stair Chair Model 6257 MID or HIGH CONFIG

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Project and application authorized by: (governing body) \_\_\_\_\_

Signature (Authorizing Person): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (Authorizing Person): \_\_\_\_\_ Title: \_\_\_\_\_

All Stryker EMS equipment pricing quotes may be obtained by contacting: Will Frantz. (please reference that you are applying for the SDML WCF grant)

**Will Frantz**  
EMS Account Manager  
**stryker** EMS Equipment

M / (605) 521-1408  
E / [will.frantz@stryker.com](mailto:will.frantz@stryker.com)  
Website / [www.ems.stryker.com](http://www.ems.stryker.com)