



Automated External Defibrillator Grant Application

Dear Grant Applicant,

We are thrilled that your organization is interested in acquiring an Automated External Defibrillator (AED), which is the crucial life-saving machine necessary to restart a heart in the event of cardiac arrest. Since Sudden Cardiac Arrest claims the lives of 325,000 people each year having an AED nearby and a trained, educated staff can best ensure chances of survival for a victim.

Please have the owner/director of your organization complete this application. Return the completed form to sehealthfoundation@southeasthealth.org or mail to the Southeast Health Foundation, 1806 Fairview Avenue, Dothan, AL 36301. One application per organization is permitted.

Contact Information

*Please note that the person completing this form should be an **authorized representative (director, principal, etc.) of the requesting organization.***

Organization/ Company Name	
Your Name	
Your Position	
Phone	
Email	
Street Address	
City, State, Zip	
Website	
EIN# (if non-profit)	

Approval Information

Upon grant approval, Southeast Health Foundation will award partial funding for the purchase of an AED or provide a new Zoll AED Plus to the applicant.

Requirements

Only applicants that are prequalified for a Heart Safe designation will be considered.

In order to be prequalified you must have completed the Heart Safe designation checklist for which you are applying, with exception to the AED requirement.

Please check the Heart Safe designation in which you are prequalified:

Heart Safe Community Heart Safe Workplace Heart Safe Campus

Funding Request

Please select your funding request below:

Partial funding for a Zoll AED Plus

*Base Purchase Price \$1,245 (Coro Medical discounted pricing) - not including grant funding credit. **If you are requesting funding for more than one AED, please include that information on page 2, question number 3.** Approved grant funding credits are awarded in the following amounts: \$400, \$600, \$800. Grant funding credits will be paid directly to the AED vendor, Coro Medical.*

One Zoll AED Plus

Includes a 5yr warranty, 1 PR-D-Padz one piece adult electrode pads, Duracell lithium battery set, carry case, data software, demonstration CD, premium AED/CPR responder pack, decal, inspection tag, and a wall cabinet with alarm.

Two Zoll AED Plus

*Each includes a 5yr warranty, 1 PR-D-Padz one piece adult electrode pads, Duracell lithium battery set, carry case, data software, demonstration CD, premium AED/CPR responder pack, decal, inspection tag, and a wall cabinet with alarm. **If you are requesting more than two AEDs, please include that information on page 2, question number 3.***

AED Request Information

1. Why is your organization/company requesting support from our foundation to purchase an AED, or a donation of an AED in full?

2. Does your organization/company currently have an AED or AEDs?

Circle one: YES or NO

If so, please list each AED's brand name, age, and location:

Brand (Zoll, Cardiac Science, Phillips, etc.)	Age (approximate)	Location

3. How many AEDs are you requesting financial support or a donation in full for?

Responsibility, Terms & Conditions

1. **Registration:** Each new AED must be registered with:
 - i. The AED manufacturer (instructions included with delivery of machine)
 - ii. Local EMS providers (police and fire emergency responders)**By signing below, you are agreeing to register your AED with both of these entities to best ensure the functionality and the use of the machine during a local emergency:**

Signature: _____

2. **Installation, Signage and Visibility:** In order for AEDs to save lives, people need to know where they are. Your AED cabinet must be mounted in a visible, accessible location in accordance with the specifications that will be included in the AED cabinet packaging and following the requirements listed under the Heart Safe designation in which you have applied. One small "AED" decal will also be included with the AED and must be displayed in a prominent location.
If you plan to use your AED portably at an event or function, it should be carried in its sturdy, prominently marked protective case at all times and returned to the cabinet following the event or function.
By signing below, you agree to abide by the recommended installation, signage, and visibility guidelines:

Signature: _____

3. **Maintenance:** AEDs need to be checked routinely to ensure that they are in proper working condition.
Every three years, the battery will need to be replaced (\$300). Every four years, or after use during an emergency, the pads will need to be replaced (\$200).
By signing below, you are claiming responsibility for keeping a maintenance log, and scheduling and providing for battery and pad replacements upon expiration:

Signature: _____

4. **Training:** Based on the Heart Safe designation application in which you are applying, 10% of your work staff or 10% of your population aged 16 years and older, should be trained in Hands-Only CPR + AED and able to recognize the signs of Sudden Cardiac Arrest. Your local EMS & Fire Department will be your resource for staff/personnel/population Hands-Only CPR+AED training.

By signing below, you agree to follow through on providing training opportunities for your staff/population prior to the acquisition of your AED(s):

Signature: _____

5. **Emergency Action Plan:** In order for AEDs to save lives, the people close to the machines need to be clear about how to respond in a cardiac emergency. You must have a written Emergency Action Plan that includes response to medical emergencies and maintenance of AED(s). Your local EMS & Fire Department will approve your plan prior to the acquisition of your AED(s).

By signing below, you agree to have an Emergency Action Plan in place and approved by the Dothan Fire Department prior to the acquisition of your AED(s):

Signature: _____

6. **Help Us Celebrate:** The Southeast Health Foundation relies solely upon the generosity of donors. We aim to update our donors with news about our latest achievements in protecting our community from Sudden Cardiac Arrest. If awarded funding for the purchase of an AED, or awarded an AED, we ask that you:

1. Provide a two- or three-sentence written testimonial about what having an AED means to your organization
2. Send us a photo of members of your organization with your AED with rights for publicizing in our print and online media

By signing below, you acknowledge that you intend to support the Southeast Health Foundation in the two (2) ways listed above:

Signature: _____

Thank you for your interest! We look forward to reviewing your application and will do our best to have a response for you within 6 weeks of receiving this completed application. Please note that all decisions are made by our board on a case-by-case basis. We may contact you with further questions as we review your application.

The Southeast Health Foundation seeks to serve the citizens of southeast Alabama, southwest Georgia and the Florida Panhandle. The Southeast Health Foundation does not discriminate on the basis of need, gender, race, ethnicity, or religion; however, our goal is to honor our mission and the intentions of our supporters to provide preventative and responsive measures to sudden cardiac arrest to best ensure survival to potential victims.

Thank you! A confirmation of the receipt of this completed application will be sent within 48 hours. We will be in touch shortly regarding our decision!

Name of Applicant (Printed): _____

Position: _____

Date Submitted: _____

FOR OFFICE USE ONLY:

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