



Dear AED 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-- up to 9,000 youth-- 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 info@aidansheart.org or to AHF, P.O. Box 72258, Thorndale, PA 19372. Please allow 4-6 weeks for a determination to be made. 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)	

Financial Information: Aidan's Heart Foundation does not typically award 100% funding for AEDs. Please provide information regarding your efforts and intentions to “meet us in the middle” regarding costs. For reference, one AED can be purchased through our representatives at reduced cost for \$1,200. Wall-mounted cabinets cost approximately \$300. Climate-controlled cabinets for outdoor mounting cost \$700.

Is this a: School For-Profit Company/Organization Non-Profit Organization

Have you/Do you plan to:

- Use already existing funds to invest in partial payment for your AED?
- Hold a fundraiser or fundraising event?
- Reach out to your corporate office?
- Solicite donations from your clients/members specifically for this cause?
- Procure local business sponsorships to support your efforts to protect young hearts?

AED Request Information:

1) Why is your organization/company requesting support from our foundation to purchase an AED?

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

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

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

3) How many AEDs are you requesting financial support for? _____

4) Where will the AED(s) be placed? Please be specific. Include a sketch or map if possible. *If you plan to use your AED as a portable device with sports teams or groups of students, please describe how the machine will be stored in a visible, accessible, safe location when not traveling with the group.*

5) Has your staff received CPR+AED training or certification recently? Or, do you have plans to provide this training in the near future? Please describe:

6) Are you also requesting an AED cabinet to store your AED? (Circle one) YES NO

7) If yes, are you requesting an indoor cabinet or an outdoor climate-controlled cabinet?

INDOOR

OUTDOOR CLIMATE-CONTROLLED (requires electricity)

8) How many **YOUTH (ages 0-24)** will potentially be served by this/these AED(s)? _____

Responsibility Terms and Conditions:

1. **Registration:** Each new AED must be registered with:
 1. The AED manufacturer (instructions included with delivery of machine)
 2. 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:

2. **Installation, Signage and Visibility:** In order for AEDs to save lives, people need to know where they are. Your AED must be mounted in a visible, accessible location in accordance with the specifications that will be included in the AED cabinet packaging. One small 3D "AED" sign will also be included with the AED and should be mounted above the cabinet. If you plan to use your AED portably with a team or group of students, it should be carried in its sturdy, prominently marked protective case at all times. **By signing below, you agree to abide by the recommended installation, signage, and visibility guidelines:**
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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.**
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3. **Training:** Every staff member or personnel in your organization should be trained (not necessarily certified) in recognizing the signs of Sudden Cardiac Arrest, following the Chain of Survival, and implementing Hands-Only CPR+AED. You can request that our foundation provides a training to your staff/personnel, or you can reach out to your local EMS, hospital, or fire and police agencies for training opportunities (this is preferred, so that you build a collaboration within your own locality). **By signing below, you agree to follow through on providing training opportunities for your staff/personnel before or immediately following the acquisition of your AED(s):**
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4. **Emergency Preparedness Plan and Drills:** 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. Aidan's Heart Foundation can provide tips on how to develop your own cardiac emergency response plan, at your request. **By signing below, you agree to develop and implement procedures and routine drills to best ensure survival during a cardiac emergency:**
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5. **Help Us Celebrate:** Our foundation relies solely upon the generosity of donors. We aim to update our donors with news about our latest achievements in protecting young hearts from Sudden Cardiac Arrest. If awarded a grant to support your investment in 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

3. Consider participating in our annual flagship fundraiser, the 5K for Aidan J. Run/Walk for Heart-Safe Communities, held in Downingtown on the 3rd Saturday of June

By signing below, you acknowledge that you intend to support our organization in at least two of the above-mentioned activities:

Thank you for your interest! We look forward to reviewing your application and will 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.

Aidan's Heart Foundation seeks to serve youth (ages 0-24) within the five-county greater Philadelphia metropolitan area. AHF 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 SCA to best ensure survival to potential victims within this subcategory.

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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