



**I am a:**  Public or Private Entity  Organization  Individual (only fill out appropriate fields)

Grant Application Contact Name (admin, staff, etc.): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Apt / Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Proposed # of AEDs:** \_\_\_\_\_ **Preferred AED Brand:** \_\_\_\_\_

**How did you hear about AEDGrant.com?** (check one, and then write which agency, safety instructor, etc. referred you)

Government Agency  Safety Instructor  AED Manufacturer  Search Engine **Please be specific:** \_\_\_\_\_

**Agency / Institution Information** — (answer only if applicable)

Entity Name: \_\_\_\_\_ Affiliation:  City  County  State  None

Safety Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ # of Staff: \_\_\_\_\_ Year Established: \_\_\_\_\_

**Estimate the total number of...**

People your organization serves daily: \_\_\_\_\_ Buildings / Offices of your business: \_\_\_\_\_ Employees: \_\_\_\_\_

- Does your agency/institution currently own an Automated External Defibrillator?  Yes  No If yes, how many: \_\_\_\_\_
- Does your agency/institution currently have an Emergency Medical System activation protocol for Sudden Cardiac Arrest (SCA) emergencies occurring at your locations?  Yes  No If no, will you add AEDs to the protocol?  Yes  No
- Would your agency be interested in CPR & AED training that could be performed at your facility?  Yes  No
- Will your agency/institution obtain a physician's prescription for use of any/all AEDs purchased?  Yes  No
- Will your agency/institution provide for medical oversight of its EMS/AED program/protocol?  Yes  No
- Will your agency notify local EMS of AED(s) placement?  Yes  No
- Will your agency/institution provide local EMS with all save / save attempt data?  Yes  No

I agree to the AEDGrant.com online terms and conditions. Submitting this application in no way obligates me to participate. I have read the "About the Program" page @ [www.AEDGrant.com](http://www.AEDGrant.com)

**Application Submission**

Mail: 565 Westlake Street  
Building 100  
Encinitas, CA 92024

Fax: (760) 944-2959

Email: [Review@AEDGrant.com](mailto:Review@AEDGrant.com)

Questions? Call 888.228.6694

Agency / Institution Contact Signature

Date

Medical Director Signature (optional)

Date



**ABOUT THE GRANT...**

The Grant AED Packages change periodically. Currently we have several Special Grant Packages with the Corporate Grant Buy Down...

Individuals, Organizations, Public and Private Institutions can all obtain these entire AED Packages for a fraction of the normal retail price! Grant offers subject to change at any time...

See more @ [www.AEDGrant.com](http://www.AEDGrant.com)

The AEDGrant.com program is constantly changing & improving...

See current offers online, or simply submit your Application, you will receive all current AED Funding options for which you qualify upon your Grant Approval!

**Remember:**

- Applying for the [www.AEDGrant.com](http://www.AEDGrant.com) Corporate Buy Down Grant Funding in **NO WAY obligates you to participate.**
- Individuals, as well as Public & Private Organizations/Groups, may **ALL** qualify for this Manufacturer Sponsored Corporate Buy Down Grant Program.
- FREE** Prescriptions are now Available with your Grant Approval!

**ATTACH ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER ON A SECOND PAGE**