



Available for Public & Private Entities, Organizations & Individuals - (If an individual check here  and only fill out appropriate information below)

Entity Name		
Grant Application Contact Name: (administrator, staff, etc.)		Contact Phone Number: (include area code)
Street Address:		FAX Number: (include area code)
City:	State:	ZIP Code:
Contact E-Mail Address:		Second Contact Name/ Phone Number:

Safety/Risk Manager Name:  <b>Phone Number:</b> <b>E-mail Address:</b> <b>Total Staff Number/Approx:</b>	Estimate of total number of people your organization serves daily... How many: Buildings/Offices: _____ Employees: _____  <b>Proposed Number of AED devices To Be Funded:</b>	Affiliation Check one <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City  <b>Which Brand of AED do you Prefer?</b>  What year was your organization established?
--	--	---

1. Does your agency/institution currently own an Automated External Defibrillator? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of AEDs currently placed by agency/institution: _____	2. Does your agency/institution currently have an Emergency Medical System activation protocol for Sudden Cardiac Arrest (SCA) emergencies occurring at your locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

3. Will your agency/institution implement an EMS activation protocol for SCA that includes the use of AEDs? (If you answered yes to question #3, will you add AEDs to the protocol?) <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Does your agency currently offer CPR training? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Would your agency be interested in CPR & AED training that could be performed at your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

For any AED to be put into use a physician's prescription must first be written. Medical oversight must also be provided for the AED program/protocol you enact. When AEDs are placed, local EMS must be notified of their placement. Also, in the event of their use, the medical director must provide local EMS with the data stored in the unit from the save/save attempt.	7A. Will your agency notify local EMS of AED(s) placement? <input type="checkbox"/> Yes <input type="checkbox"/> No 7B. Will your AED medical oversight director provide local EMS with all save/save attempt data? <input type="checkbox"/> Yes <input type="checkbox"/> No 6A. Will your agency/institution obtain a physician's prescription for use of any/all AEDs purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No 6B. Will your agency/institution provide for medical oversight of its EMS/AED program/protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

**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!**

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

Agency/Institution Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**FEATURED AEDS...**



**defibtech**

**DEFIBTECH 5 or 7 Year AEDS: See Grant Info @ [www.AedGrant.com](http://www.AedGrant.com)**

**Also offered Philips FRx & OnSite, Zoll AED Plus and Zoll AED Pro, Medtronic CR+, LifePak Express & LifePak 1000 AED Grant options!**



**ZOLL** **HeartSine** **PHILIPS** **Medtronic**

**SUBMIT YOUR APPLICATION... BY MAIL: 565 Westlake St., Bldg 100 Encinitas, CA 92024 BY FAX: 760-944-2959 OR SCAN & EMAIL TO: [Review@AedGrant.com](mailto:Review@AedGrant.com)**

**Questions? Call 888-228-6694**  
*Grant offers subject to change at any time...*  
**See more at [www.AEDGrant.com](http://www.AEDGrant.com)**

The [www.AedGrant.com](http://www.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:**

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

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