[](http://www.peytonwalker.org)

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**AED Grant Request Application**

The Peyton Walker Foundation’s mission is to increase awareness and survival rates of Sudden Cardiac Arrest. As part of our mission, we donate Automated External Defibrillators (AED) to non-profit groups in the Central Pennsylvania region. **Central Pennsylvania consists of the following counties: Adams, Berks, Chester, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry, York. Unfortunately, we are unable to donate outside of those counties.**

We require that our Saving Lives Partners share the cost of the AED. **The value of the AED is over $2,100, but we only request a minimum cost share of $350.** Please confirm that your organization has the funds available to pay this fee.

To request an AED, have the owner/director of your organization complete this AED Grant Application and email to [aed@peytonwalker.org](mailto:aed@peytonwalker.org). **Please include your 501c3 letter and an updated 990 or financial statement**. We review applications quarterly following our deadlines of 3/31, 6/30, 9/30, 12/15. We will contact you if we need additional information or clarification. A list of what is included in the donation package is on our website at [PeytonWalker.org](http://www.peytonwalker.org).

**Organization Information**

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| **Organization** | Click or tap here to enter text. |
| **EIN#** | Click or tap here to enter text. |
| **Nonprofit?** | **YES (Please attach your 501c3 Verification Letter) NO** |
| **Website** | Click or tap here to enter text. |
| **Mailing Address** | Click or tap here to enter text. |
| **Contact Name** | Click or tap here to enter text. |
| **Position** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |

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| **Why is your organization requesting support for an AED?** |
| Click or tap here to enter text. |
| **Will you have the $350 cost share payable to The Peyton Walker Foundation available upon receipt of the AED?** |
| Click or tap here to enter text. |
| **How many people use the facility on a daily basis? How many hours per day, and days per week?** |
| Click or tap here to enter text. |
| **How many youths will potentially be served by the AED? Out of those, how many are under 8 years old?** |
| Click or tap here to enter text. |
| **Does your organization currently have an AED? If so, what is the brand and age?** |
| Click or tap here to enter text. |

**Access**Quick access to the AED is crucial to the efficacy of the chain of survival. The AED should be located where it is highly visible and immediately accessible to trained lay responders and the general public.

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| **Where and how will the AED be stored?** |
| Click or tap here to enter text. |
| **If the AED will be used as a portable device, please describe how the machine will be stored when not traveling with the group.** |
| Click or tap here to enter text. |

**Training**Your organization must have individuals trained in CPR/AED. The Peyton Walker Foundation offers CPR and AED training. We also recommend that a cardiac response plan is developed and implemented in your organization. For information on CPR/AED training dates and how to create a cardiac response plan – go to [PeytonWalker.org](http://www.peytonwalker.org).

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| **Are there individuals who are AED trained? If no, what is your plan to train individuals in your organization?** |
| Click or tap here to enter text. |
| **Please share your cardiac response plan.** |
| Click or tap here to enter text. |

**Awareness**The understanding of where the AED is located and how it works is critical. We request that signs are placed on the entrance doors to your facility as well as at the location it is stored. All members of your organization should be aware of its location and your cardiac response plan.

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| **What is your plan for educating your members about the location of the AED and your cardiac response plan?** |
| Click or tap here to enter text. |

**Maintenance**AEDs need to be checked routinely to ensure that they are in proper working condition. It is the organization’s responsibility to check the AED monthly and to replace the battery and pads approximately every three years. Pads will need replaced if they are used. Current replacement fees are available at PeytonWalker.org.

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| **Who will be responsible for the routine maintenance/monitoring of the AED?** |
| Click or tap here to enter text. |
| **Who will be responsible for registering AED with the manufacturer and with local EMS providers?** |
| Click or tap here to enter text. |
| **Who will be responsible for providing future maintenance and be the contact for The Peyton Walker Foundation?** |
| Click or tap here to enter text. |

**Foundation Support**

The Peyton Walker Foundation relies on backing from the community. We ask for your support to help us spread our life saving work through presentations, community events and local media.

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| **Do you have a meeting or a special time that you would like to receive the AED donation?** |
| Click or tap here to enter text. |
| **May we make a presentation to your group/members?** |
| Click or tap here to enter text. |
| **How will your organization promote the AED donation to the community?** |
| Click or tap here to enter text. |
| **Would you be willing to host a fundraising event (such as a dress down day) to help us support our Mission?** |
| Click or tap here to enter text. |

**Terms and Conditions**

1. Pay the cost share of $350 upon receipt of the AED.

2. Register the AED with the manufacturer & with Local EMS.

3. Inform The Peyton Walker Foundation when your contact person changes.

4. Assure the AED will be accessible, properly stored and maintained.

5. Assure staff will be trained and cardiac response plan will be in place.

6. Promote the donation and The Peyton Walker Foundation through social media, newsletter, etc.

7. Inform The Peyton Walker Foundation if the AED was used in an emergency.

8. This donation is only for the organization requesting the AED. If your organization disbands, we   
 request that you promptly return the AED unit to The Peyton Walker Foundation.

**By signing below, you agree to the Terms and Conditions of The Peyton Walker Foundation’s Saving Lives Partnership/AED Grant Program.** *Electronic submission is validation of signature.*

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| **Name of Applicant** | Click or tap here to enter text. |
| **Signature** | Click or tap here to enter text. |

Date Received:  
Date Reviewed:  
Approved:

Contacted:  
Date Delivered:

***Thank you!***