

Nason Foundation
Application for Automatic External
Defibrillation Grant

1. Organization _____

Contact Person _____

Street Address _____ P.O. Box/Suite _____

City _____ State _____ Zip Code _____

Email _____ Phone _____ Fax _____

2. Type of Organization (circle)

Ambulance Service

Police Department

School District

Fire Service

Quick Response Service

Public Access

Rescue

Community Service

Other _____

3. Do you have an AED? Yes _____ No _____

4. Where will this unit be placed? _____

5. AED Program Coordinator

Name of AED Coordinator _____

Street Address _____ P.O. Box/Suite _____

City _____ State _____ Zip Code _____

Email _____ Phone _____ Fax _____

6. If your organization is not an organized EMS Service, please provide a brief description of how your organization will coordinate efforts with the EMS system and local 911 Center.

7. Acceptance of an AED requires your organization to train a core group in the operation of the device as well as CPR. Please provide a brief maintenance plan for the AED.

8. What is the zip code where the AED unit will be placed? _____

9. Attach a letter of commitment to this application. (Example attached)

10. I have reviewed the application and all of the information contained herein, and agree to the terms as outlined.

_____	_____
Signature of Individual Completing this Application	Title
_____	_____
Telephone	Date
_____	_____
Email	Date

Return Application to: Nason Foundation
c/o Southern Alleghenies EMS
2900 Beale Ave., Suite 126
Altoona, PA 16601

Nason Foundation & SAEMS Use Only

I have reviewed the attached application and information provided and recommend funding to this organization.

Signature _____ Title _____

Printed Name _____ Date _____

Letter of Commitment Format Guide

Your Letterhead Here

This letter of commitment is being written to express our acceptance of the terms of the Nason Foundation in cooperation with Southern Alleghenies EMS AED Grant.

As a recipient of the device, we will ensure that the awarded AED is maintained and serviced to the manufacturer's standard; and that the minimum requirements for training, reporting and quality assurance activities are maintained.

AED Coordinator

AED Coordinator Signature

Date

<u>NF Service Area</u>	<u>Zip Code</u>
Broad Top	16621
Claysburg	16625
Curryville	16631
Dudley	16634
East Freedom	16637
Hopewell	16650
Imler	16655
James Creek	16657
Loysburg	16659
Martinsburg	16662
New Enterprise	16664
Newry	16665
Osterberg	16667
Portage	15946
Riddlesburg	16672
Roaring Spring	16673
Saxton	16678
Six Mile Run	16679
Williamsburg	16693
Woodbury	16695