



BroMenn Medical Center

Automated External Defibrillator (AED) Grant Application 2023

Grant Application Contact: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Phone: _____

Non-Profit Organization Information:

Name of Nonprofit Organization: _____

Identified AED/Safety Program Manager: _____

No. of Staff/Employees: _____

The year your organization was Established: _____

Needs assessment: (Tell us why you need an AED) _____

Population served: _____

Please estimate the total number of:

Average monthly people served at your organization: _____

Buildings at your organization: _____

Supplemental Questions:

1. Does your agency/entity/organization currently have one or more AEDS? Yes___No___, If so, how many? _____
2. Does your organization currently have an emergency management plan for sudden cardiac arrest? _____
3. Is your organization prepared to participate in mandated CPR/AED Training? _____
4. How did you hear about the Carle BroMenn AED Grant? _____