

External Grant **Application Form** 2010
REQUEST FOR AN AUTOMATIC EXTERNAL DEFIBRILLATOR
(AED)

The Rockford Memorial Development Foundation is proud of its history of providing Automatic External Defibrillators to not-for-profit organizations in the Rockford area. To request an AED for your organization, please complete this form and return it to the Foundation. A small number of AEDs are funded each year. All applications will be reviewed by the AED Committee which reserves the right to approve or deny any request for an AED. Questions on AED program should be directed to the Foundation Office at 971-4141.

AED Request Number: _____
(to be supplied by Foundation)

Date Received: _____
(to be supplied by Foundation)

A. Grant Cycle

This application is for the grant cycle with a grant submission deadline of:

December 31, 2009 for the 2010 year.

B. Contact Information

Organization Name: _____

Contact Name: _____ Title: _____

Address: _____

Telephone Number: _____ E-mail: _____

C. Eligibility Criteria

- ✓ Are you a not-for-profit organization? No Yes, documentation is attached.
- ✓ Do you agree to organize training for appropriate staff on the use of an AED. (Training is provided free of charge by the Rockford Health System Community Training Center.) No Yes
- ✓ What is the primary service area of your organization: _____.

D. Need for an AED:

Please describe the need your organization has for an AED. Include the number of people you serve, and describe any special risk factors your population may have for sudden cardiac arrest.

What will your organization do regarding an AED if this request is NOT funded:

Additional comments you would like to add for the Committee's review

Applicant's signature _____ Date _____



**Please submit to: *Annual Giving Director, Rockford Memorial Development Foundation*
*2400 N. Rockton Avenue, Rockford, IL 61103***

(The 2010 External Grant review meeting will be held in January of 2010.)