



I am a: Public or Private Entity Organization Individual (only fill out appropriate fields)

Grant Application Contact Name (admin, staff, etc.): _____

Phone: _____ Email: _____

Fax: _____

Street Address: _____ Apt / Suite: _____

City: _____ State: _____ Zip Code: _____

How did you hear about the Mesquite Heart Board AED grant program? _____

Safety Manager Name: _____

Phone: _____ Email: _____

of Staff: _____ Year Established: _____

Estimate the total number of people your organization serves daily: _____

Buildings / Offices of your business: _____ Employees: _____

- 1. Does your agency/institution currently own an Automated External Defibrillator?
 Yes No
a. If yes, how many: _____
- 2. Does your agency/institution currently have an Emergency Medical System activation protocol for Sudden Cardiac Arrest (SCA) emergencies occurring at your locations?
a. Yes No If no, will you add AEDs to the protocol? Yes No
- 3. Would your agency be interested in CPR & AED training that could be performed at your facility? Yes No
- 4. Will your agency/institution obtain a physician's prescription for use of any/all AEDs provided? Yes No
- 5. Will your agency/institution provide for medical oversight of its EMS/AED program/protocol? Yes No
- 6. Will your agency notify local EMS of AED(s) placement? Yes No
- 7. Will your agency/institution provide local EMS with all save / save attempt data?
 Yes No
- 8. Will your agency/institution ensure that a CPR/AED certified employee is available to perform CPR/AED should the need arise? Yes No
- 9. Will your agency/institution agree to maintain the AED according to the manufacturer's instructions including periodic checks to ensure proper function? Yes No
- 10. Will your agency/institution agree to change batteries and electrodes prior to expiration of those AED elements? Yes No

I agree to Mesquite Heart Board AED grant program terms and conditions (See p. 2). Submitting this application in no way obligates me to participate.

_____ Agency / Institution Contact

Signature _____

Medical Director _____ Date _____



Submit application to: Mesquite Heart Board: AED Grant, PO Box 3055, Mesquite, TX 75185.

Any applicant (receiving agency or institution) selected for an AED Grant from the Mesquite Heart Board agrees to the following terms and conditions upon receipt of the Grant AED.

Terms & conditions:

1. The agency/institution shall implement an Emergency Medical System (EMS) activation protocol for Sudden Cardiac Arrest (SCA) emergencies occurring at the location where the Grant AED is located.
2. The agency/institution shall review its Emergency Medical System activation protocol for Sudden Cardiac Arrest (SCA) emergencies annually on or before the anniversary of receipt of the Grant AED.
3. The receiving agency/institution shall obtain a physician's prescription for use of any/all AEDs provided.
4. The receiving agency/institution shall obtain medical oversight of its EMS/AED program/protocols.
5. The agency/institution shall notify local EMS of AED(s) placement.
6. Upon request, the agency/institution shall provide local EMS and/or the affected patient's physician with all save/save attempt data each time the Grant AED is utilized.
7. The agency/institution shall ensure that a CPR/AED certified employee is available to perform CPR/AED should the need arise. The MHB offers CPR/AED certification at no charge for Mesquite residents.
8. The agency/institution shall maintain the Grant AED according to the manufacturer's instructions including periodic checks to ensure proper function.
9. The agency/institution shall ensure batteries and electrodes are updated prior to expiration of the batteries and/or electrodes.

Once the Grant AED is received by the agency/institution, the MHB relinquishes all control and/or responsibility for AED maintenance and/or function. The Grant AED becomes the sole responsibility of the receiving agency/institution.