



Michael Abt Jr. Have a Heart Foundation

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CH21741

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Thank you for contacting us about equipping your school or sports program with an AED. Please fill out the questionnaire below and email or fax back to us. A representative from our organization will contact you after it has been received.

AED Grant Application

Facility Name: _____ Date: _____

Facility Address: _____

Contact Person: _____ Title: _____

Phone _____ Email: _____

Why do you want an AED?

Do you currently have any AED's? Y_____ N_____

If so, how many, and what brand? _____(Qty)
_____ (brand)

Who maintains the AED's-checks and replaces the batteries and pads and how often?

Approximately how many students/children are in attendance? _____

Approximately how many staff are CPR/AED trained? _____

Will you be seeking new or additional CPR/AED training? Y _____ N _____

Do you have a Cardiac Emergency Response Plan (CERP) in place? Y_____ N_____

Do you practice a drill of this CERP?

If so, please describe in short detail what you do and how often

If not, would you be willing to implement a plan into your program? Y _____ N _____

If we should donate an AED to your facility, is there a specific brand that you, your school, or the school district prefers? _____

Any additional comments that you feel may help your application? _____

