LondonStrongFoundation.org

Set Your Dreams AED Grant 2026 Non-School AED GRANT APPLICATION

To be considered for this grant, please submit a proposal on your organization's letterhead that includes the following information:

1. **Organization Name and Address**
   - Please include the name of your organization and full mailing address.

2. **CPR/AED Certification**
   - How many youth are currently involved in your program?
   - How many staff members are CPR/AED certified?

3. **Non-Profit Status**
   - Are you a registered non-profit organization? ☐ Yes ☐ No
   - If yes, please provide your 501(C)(3) ID number: _____

4. **Current AED Inventory**
   - How many AED units does your organization currently have?

5. **Program Description**
   - Please provide a brief overview of your program, including the mission, activities, and the population you serve.

6. **Monthly AED Monitoring**
   - Who in your organization will be responsible for performing monthly AED checks and reporting via email?

7. **Acknowledgment**

I understand that if my organization is awarded this grant and receives an AED, it is our responsibility to replace the pads and batteries if they are used or expire. I also understand that if the AED is not kept in good working order, the London Strong Foundation reserves the right to reclaim the unit.

Authorized Representative Name Print): _____

Title: _____ Date: _____

Signature: _____

Applications must be emailed on or before (July 16, 2026)
Grantee will be announced July 23, 2026 at the London Strong "Set Your Dream" 5K
Grantee Allows London Strong Foundation To Print And Publish Name & Photo

P.O. Box 683
Grand Blanc, MI 48439
Lsf@londonStrongFoundation.org
A 501(c)3 organization

LondonStrongFoundation.org

Set Your Dreams AED Grant 2026 - School AED GRANT APPLICATION

To be considered for this grant, please submit a proposal on your school's letterhead that includes the following information:

1. **School Name and Address**. Also include the name of your School District

2. **CPR/AED Certification**
   - How many youth are enrolled in your school?
   - How many faculty and staff members are CPR/AED certified?

3. **Current AED Inventory**
   - How many AED units does your school currently have?
   - What brand and model of AEDs do you currently have, if any?

4. If awarded, will this AED replace a current one?
   - Would you need a wall mount box? Would you need a wall-mount cabinet? If awarded, will this AED replace a current one?

5. **MI HEARTSafe Certification**
   - Is your school MI HEARTSafe? All MI HEARTSafe schools are given consideration over non-certified schools. To become certified, please ask us for an application or information.

6. **Monthly AED Monitoring**
   - Who in your organization will be responsible for performing monthly AED checks and reporting via email?

7. **Acknowledgment**

I understand that if we are awarded this grant and receive an AED, it is our responsibility to replace the pads and batteries if they are used or expire. I also understand that if the AED is not kept in good working order, the London Strong Foundation reserves the right to reclaim the unit.

Authorized Representative Name (Print): _____

Title: _____ Date: _____

Signature: _____

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