



2025-2026 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: _____

Mail or email your application to:
P.O. BOX 683
Grand Blanc, MI 48439