



**Mercy Medical Center – Automatic External Defibrillator (AED) Donation Program
FY 2021 (July 1, 2020 – June 30, 2021)**

How to apply:

1. Complete the AED Donation application
2. Return applications to the following by **October 1, 2020**:
 - a. Email: Melissa Cullum at mcullum@mercyare.org
 - b. Mail: Mercy Medical Center
Attn: Melissa Cullum, Community Benefit Office
701 10th Street SE
Cedar Rapids, IA 52403
3. All applications are reviewed by Mercy's contributions committee and awarded based on eligibility and AED availability.
4. Applicants will be notified by email of decision by **November 15, 2020**.

Eligibility Requirements:

1. Organization that demonstrates a financial need for an AED
2. Organization that exhibits a lack of AED coverage for the proposed facility
3. Organization with 501(c)(3) tax status with the IRS
4. Organization aligned with mission of Mercy Medical Center
5. Organization that is located in the Mercy Medical Center service area

Approved applicants will receive the following:

- AED with pads, battery, carrying case, and full warranty
- AED alarmed cabinet with AED signage
- AED response kit
- Ongoing AED program support through Think Safe, including:
 - AED use protocols
 - Online AED Program Manager accessibility
 - Full phone technical support or online technical support
 - AED recall advice, guidance and warranty servicing
 - Post-event review, technical support and assistance for any AED event
 - Access online link for AED training
 - *Note: Paula Wickham PWickham@think-safe.com or 319-377-5125 is contact for Think Safe*



AED Application Form

Name of requesting organization:

Street Address:

City:

State:

Zip Code:

Primary Contact Person:

Title:

Phone number:

Email address:

Federal I.D. number and nonprofit status:

1. What is the primary purpose/function of your organization?
2. How many hours a week is your facility open? What are your hours of operation?
3. How is your organization funded?
4. Describe the financial constraints that prohibit your organization from purchasing an AED.
5. Does your organization have the budget to fund replacement supplies (i.e. pads/battery \$155 - \$370 every 2-4 years depending on brand of AED)?
6. How many AEDs is your organization seeking (please specify if indoor or outdoor)?
7. Does your organization currently have AEDs onsite? If yes, how many? Are you requesting new or replacement AEDs?

8. How many of your employees are CPR trained?

9. Please describe the difference this will make in your ability to provide services.

With my signature, I attest the above information is true and accurate.

Applicant's Signature

Printed Name

Date