



Wayne HealthCare Foundation in partnership with Midmark Corporation & Spirit Medical Services have AEDs & training available to 501(c)3 organizations & other non-profits.

AED (Automatic External Defibrillator) Grant Request

Eligibility: Applicant must reside in Darke County or the surrounding service area of Ohio/Indiana

Date of Request: _____ Organization Legal Name: _____

Tax Exempt Status: 501(c)(3) Organization _____ Tax ID Number: _____

Other (specify)

(Please provide a copy of your IRS determination letter with this request)

Year organization was founded: _____ Director: _____

Address: _____

Phone Number: _____ Email Address: _____

Contact Person: _____ Contact Phone Number: _____

Request Amount: _____ Type of Request: _____

Reason for Request: _____

Mission: _____

Does the organization have an identified medical director for the AED program? _____

Name of Physician: _____



To have an AED on site, you are required to have staff or volunteers trained in CPR and the monitor use.

Please list names and dates of CPR training for your personnel:

Date	Name	Date	Name

Call Wayne HealthCare Foundation at 937-569-6408 with any questions.

** Spirit Medical has offered to provide this training to your organization through a voucher program for up to ten participants. Contact Brian Hathaway at 548-2800.*

To have an AED on site, your organization is required to notify in writing the rescue squad that covers your area of the existence of an AED. Please attach a copy of the letter you intend to send to the appropriate rescue squad with this application.

Requests are evaluated based on our mission statement and granted on a first come, first serve basis, so please let us know of your needs quickly. Your organization, Wayne HealthCare Foundation & Midmark Corporation will share the cost, 1/3 each of the AED.

The above information is true and we hold harmless Wayne HealthCare Foundation, Midmark Corporation, and Spirit Medical Services in any activity associated with this AED program. This AED is now property of the applying organization and will be maintained by the applying organization. Signature of representative: _____ Date: _____

Wayne HealthCare Foundation Use Only:

- 501(c)(3) status confirmed – IRS Publication 78
 - copy of IRS determination letter obtained
 - certificate of non-termination obtained

- Grant Agreement executed
- Date Paid: _____
- Check Number: _____

“Collaborating through philanthropy with Wayne HealthCare in order to enhance community education and wellness close to home.”