



### AED Grant Request Form

If your organization would like to be considered for an automated external defibrillator (AED) from Friends of Heart, please fill out the information below. Your request will go before the Friends of Heart Executive Board at their next meeting for a decision.

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact's Role with the Organization: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Type:     Church     School     Medical Facility     Nonprofit

Business     Other: \_\_\_\_\_

Organization Address:

\_\_\_\_\_

(Street)

(City)

(County)

Are you able to pay the requested \$500 portion to purchase your device?    \_\_\_\_Y    \_\_\_\_N

Who will maintain the AED? (Check batteries, change pads, etc.)

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Where will the device be stored?

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Will the device always remain at this location/on this vehicle?

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Do you have a plan of action for device usage?

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Please return completed forms to [aedgrants@friendsofheart.org](mailto:aedgrants@friendsofheart.org). If you have any questions, please contact us at this email address or by phone at 731.343.3330.

Friends of Heart is a fund of the West Tennessee Healthcare Foundation.