Automated External Defibrillator Donation Program Guidelines

The Pulse3 Foundation is making automated external defibrillators (AEDs) available to area ice arenas, schools and nonprofit agencies with facilities where people gather. The funding for this effort is provided primarily by a charity hockey game, Shocks and Saves®, organized in partnership with Mobile Medical Response and the Saginaw Spirit.

Does your organization have an AED on site? If not, we invite you to submit the enclosed application. Units are awarded annually in the spring. The application deadline is March 1 of each year.

Eligibility:
- Nonprofit 501(c)3 organization, recreation center, school, church or government agency
- Located within the Great Lakes Bay Region (Midland, Bay, Saginaw and Isabella counties) and the Thumb Area (Huron and Tuscola counties)
- For nonprofit organizations, your facility must include space where people - beyond staff members - gather
- Only one AED will be donated per recipient agency and/or site

This is a competitive process. Submission of an eligible application is not a guarantee that a unit will be provided to you.

If you have any questions, please contact:
Pulse3 Foundation
1015 S. Washington
Saginaw, MI 48601
(989) 907-7283
info@pulse3.org

Automated External Defibrillator (AED) Application

APPLICATION DEADLINE MARCH 1

Instructions: Please complete the following. Along with your signed application, please submit a copy of your IRS Tax Determination Letter, if a 501(c)3 organization, and return by March 1 to:

      Pulse3 Foundation
      1015 S. Washington
      Saginaw, MI 48601
      (989) 907-7283
      info@pulse3.org

Organization _____

Address _____

City, State, Zip _____

County _____

Contact Person _____

Title _____

Phone _____ **Fax** _____

Email _____**Website**_____

Our organization is a(n):

☐ 501(c)3   ☐ government entity   ☐ school, charter   ☐ school, private   ☐ school, public

Does your organization already have an AED? ☐ yes ☐ no

Would the unit be installed at the location listed above? ☐ yes ☐ no

If not, please provide the name and address of the facility where the unit will be located.

Please describe the type of usage in your facility where the unit will be located. Include the type(s) of activities, number and ages of athletes, and number and ages of spectators.

Agreements:

If selected to receive an AED unit with a mounting case, our organization agrees to:

- Mount and maintain the unit in an obvious and easily accessible location.
- Designate a staff member or volunteer as AED coordinator.

_____
Name of AED coordinator

_____
Contact information

- Maintain the unit with monthly checks that include monitoring of battery and pad expiration dates.
- Have a minimum of one person within the organization and at the facility who has completed a course(s) in basic cardiopulmonary resuscitation and AED use. Submit proof of the training (CPR card).
- Develop and train staff and volunteers on facility emergency procedures related to AED use.

Certification:

Our governing board approves the submission of this request. I certify that the information contained herein is accurate to the best of my knowledge.

_____   _____
Authorized Signature   **Date**

_____
Print Name and Title

Remember to include your IRS Tax Determination letter with your completed application.