



AED GRANT APPLICATION

Name of organization requesting assistance: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ Zip Code: _____

Name of person filing application: _____

Email (if different than above): _____

Does the organization currently have an AED? **YES OR NO**

Approximate year AED was purchased: _____

People your organization serves daily: _____ Number of people in office routinely: _____

Max number of people during a meeting or special event: _____

How often does the group meet? _____

It is estimated that an AED will cost approximately \$1500 per a unit. The goal is to match as many grants as possible. In this effort, we would like to see the organization raise at least ½ of the estimated cost: do you think this will be possible and can you make this commitment? **YES OR NO**

Organizations capable of providing the full price feel free to submit the application for Medical Direction necessary to complete project and future training.

A regular evaluation of application will be held during 2014 by Saint Luke's Foundation at Saint Luke's North Hospital and NRAD to attempt to fund as many grants as possible.

FOR QUESTIONS CONTACT:

Scott Roy, Executive Director
Northland Regional Ambulance District
816-858-4450
SRoy@nrad-ems.org

SUBMIT APPLICATION TO:

Elizabeth Schonfeldt
Saint Luke's North Hospital Marketing
5830 NW Barry Road, Kansas City, MO 64154
816-880-6344 or eschonfeldt@saint-lukes.org