

# **DAN** AED Matching Grant Application

Divers Alert Network® (DAN) wishes to support deserving organizations and departments by providing Automated External Defibrillators to public safety diving teams and / or organizations that can demonstrate critical operational and financial needs. Matching grant requests are decided on a case-by-case basis.

Training in the use of the equipment by attending a DAN Automated External Defibrillators (AEDs) course of the DAN Basic Life Support and First Aid course is a mandatory requirement to being considered for the grant.

## **PART ONE**

Date \_\_\_\_\_

Organization requesting grant consideration \_\_\_\_\_

Contact person \_\_\_\_\_

Title / Position \_\_\_\_\_

Business address of organization \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip / Postal code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### **Criteria for AED Matching Grant Program**

- Must have a connection to diving (recreational, public service, commercial dive entities not dealing with recreational diving) or the aquatics field (public swimming pool, etc.).
- Must have a demonstrable and financial use need as determined by the grant committee.
- Must have at least two individuals on staff who are current in the DAN *Automated External Defibrillators (AED) for Scuba Diving* course or *Automated External Defibrillators for Aquatic Emergencies* course or at least one DAN Instructor or Instructor Trainer certified to teach these programs.
- Must be able to provide, or raise the funds for, the match.
- Must be able to provide, or pay for, the Medical Oversight (3 years) and sign a statement verifying that funding for oversight will be available.
- Must be able to provide a central, safe, but accessible location to store the AED unit where it will do the most good. If the AED unit itself can't be immediately accessible, signs must be displayed to show that it is available and where. Photographs showing the placement of the unit as well as a copy of the protocol for use must be provided to DAN within 30 days of delivery of unit.
- Must be based in the U.S.

## **PART TWO — APPLICATION**

### **APPLICATION PROPOSAL COMPONENTS**

- The proposal must include these components and be presented in this order. Number each page of the proposal and include the applicant name on the upper right-hand corner of each page;

1. Organizational Overview
2. Financial Needs Statement
3. Goals & Objectives
4. Evaluation
5. Logistics
6. Affirmation

### **1. ORGANIZATIONAL OVERVIEW**

- The organizational introduction includes the history and background of the organization, including when, how and why the organization started, a list of the Board of Directors, major accomplishments, awards received, etc.;
- Must include the mission/purpose statement for the requesting organization;
- Explanation of need for AED;
- The qualifications of those involved:
  - ❖ Documentation of two active members of the organization certified as DAN AED Providers or one active member as an active-status DAN AED Instructor/Instructor Trainer;
  - ❖ Documentation of DAN training within 24 months of the application date.

### **2. FINANCIAL NEEDS STATEMENT**

- Identification of financial need should include:
  - ❖ Documents identifying the nature of the organization (e.g., non-profit, tax-exempt, private corporation, public agency, etc.);
  - ❖ Operating budget for fiscal year of request;
  - ❖ Tax ID number;
  - ❖ Description of current funding sources;
  - ❖ Plan for obtaining matching funds, include sources of matching funds and funds already obtained toward the match;

### **3. GOALS & OBJECTIVES**

- Describe the activities to be affected by the presence of an AED;
- Establish measurable tasks and needs that will be met;
- Include the number of people currently served (i.e., per month or per year), the number of people intended to be served; or another measure of the impact and goals if the grant request is approved.

### **4. EVALUATION**

- Present a plan for monitoring the established goals/objectives and determining the degree of program effectiveness if the grant is approved.
  - ❖ Include the schedule of evaluation/reporting to DAN on the affect of AED presence (i.e., yearly, six months, monthly, upon occasion of use) or upon request by DAN.

## 5. LOGISTICS

- Applicant is responsible for providing Physician authorization to purchase AED unit;
- Plan for maintenance or the unit;
- Plan for storage of the unit.

## 6. AFFIRMATION

I/We, \_\_\_\_\_ hereby submit/s this grant application for consideration by Divers Alert Network. I/we attest that the information provided is true and correct and accurately reflects the current state of affairs for the applicant. By submitting this application I/we recognize and agree that the decision to approve or deny this grant application is the right of Divers Alert Network and I/we will accept the decision of Divers Alert Network regarding this application as final.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Please complete this form in its entirety and return it to:**

Divers Alert Network, **AED MATCHING GRANT PROGRAM**, Education Department  
6 West Colony Place, Durham, NC 27705