



# GWYNETH'S GIFT FOUNDATION AED FUNDING APPLICATION

Type of Facility: ☐ Public ☐ School Private ☐ School ☐ Business ☐ Other: \_\_\_\_\_

Facility Requesting AED: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

What is the number of people served at this location? Daily: \_\_\_\_\_ Monthly: \_\_\_\_\_ Annually: \_\_\_\_\_

Are you a Title I school? ☐ YES ☐ NO

Do you currently have an AED at this location? ☐ YES ☐ NO If yes, how many: \_\_\_\_\_

If you have an AED, please list the make and model: \_\_\_\_\_

Is your school district or institution required to work with a specific AED manufacturer? If so, please explain requirements: \_\_\_\_\_

Site for intended AED (should be visible & accessible during hours of operation): \_\_\_\_\_

Explain who provides maintenance and how the AED will be monitored for proper operation: \_\_\_\_\_

Do you have staff members trained in CPR & the use of an AED? YES Number of trained staff: \_\_\_\_\_

☐ NO When will training occur? \_\_\_\_\_

Distance to nearest hospital: \_\_\_\_\_

PLEASE MAIL COMPLETED APPLICATION & ANY SUPPORTING DOCUMENTATION TO:

**Gwyneth's Gift Foundation  
AED Funding  
2217 Princess Anne Street, Suite 101  
Fredericksburg, VA 22401**

FOR GWYNETH'S GIFT FOUNDATION USE ONLY:

Date Application received \_\_\_\_\_ Date Processed \_\_\_\_\_

Review Comments \_\_\_\_\_

Date Distributor Notified \_\_\_\_\_ Date AED Delivered \_\_\_\_\_



## GWYNETH'S GIFT FOUNDATION AED FUNDING ACCEPTANCE AGREEMENT

PLEASE INITIAL EACH BOX

☐

I understand that Gwyneth's Gift Foundation will provide funding to a distributor of their choice for the purchase of an AED.

☐

I understand that Gwyneth's Gift Foundation will provide funding for the purchase of (1) Automated External Defibrillator (AED), (1) set of Adult size pads and (1) set of child size pads. Purchase of any other AED accessories will be at cost to myself.

☐

I understand that the facility/organization receiving the AED from Gwyneth's Gift Foundation will be responsible for implementing an ongoing maintenance routine for the AED.

☐

I understand that the adult and child size pads must be replaced after one use.

☐

I understand that the AED must be registered with local EMS within 48 hours of installation.

☐

I understand that after the AED is installed, information regarding its location and use will be provided to all current and future employees.

☐

I understand that by signing this agreement I stipulate that I am the authorized representative to legally bind this organization.

Applicant acknowledges that the Gwyneth's Gift Foundation has not and will not be providing any medical advice regarding the AED to be purchased.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_