

DAN® AED Matching Grant Program

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. These 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 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 _____

Approximate distance of nearest hospital to operational area (miles/time) _____

Name of hospital _____

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 *Automated External Defibrillators (AEDs) 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 U.S.-based.
- Cannot be a federal government organization.

PART TWO – APPLICATION

APPLICATION PROPOSAL COMPONENTS

- The proposal must include these components and be presented in this order:
 - ❖ Table of Contents
 - ❖ Overview
 - ❖ Organizational Introduction
 - ❖ Needs Statement
 - ❖ Objectives
 - ❖ Methods
 - ❖ Evaluation
 - ❖ Budget
- Number each page of the proposal and include the applicant name on the upper right-hand corner of each page;
- Use 12-point Times Roman print;
- Three-hole punch the document on the left margin and place in a soft-sided binder;
- Provide five (5) additional copies not in binders.

1. OVERVIEW

- The proposal in miniature. The overview clearly summarizes most sections in the request.
 - ❖ The overview will include at least one sentence on each of the following:
 - Purpose of the organization;
 - Reason for AED need;
 - Process/method of obtaining matching funds to include source, as well as method and funds already obtained for those budget items to be administered by applicant;
 - The overview must be no more than two pages in length.

2. ORGANIZATIONAL INTRODUCTION

- Describes the applicant qualifications:
 - ❖ Official name, address, telephone, fax, email, internet address of applicant;
 - ❖ 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 applicant;
 - ❖ Must include the number of people served, have served and intend to serve, or another measure of the impact and goals if the matching grant request is approved;
 - ❖ 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 or DAN AED Instructor Trainer;
 - Documentation of DAN training within 12 months of the application date.

3. 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.

■ Identification of the needs of the applicant in relation to AED use:

- ❖ The qualifications of those involved:
 - Must relate to the specific use of the AED;
 - Must relate to the specific purpose(s) and goal(s) of the applicant;
 - Must be no more than one page in length.

Description of funding sources (membership dues, local/state taxes, private contributions, etc.)

4. OBJECTIVES

■ Establishes measurable tasks and needs that will be met. These are outcomes, not methods.

5. METHODS

■ Describes the activities to be affected by the presence of an AED. Generally, this will be a paragraph to support each individual objective.

- Methods clearly describe the program activities, reasons the activities were selected, staffing and training considerations, etc.

6. EVALUATION

■ Presents a plan for monitoring and determining the degree to which AED use is met and methods are followed.

- Includes the schedule of evaluation/reporting to DAN on the effect of AED presence (i.e., yearly, six months, monthly, upon occasion of use) or upon request by DAN.

7. BUDGET

■ Clearly identifies the funding source of applicants funds to be matched by DAN. As a minimum, the following must be identified:

- ❖ Matching funds: source and amount;
- ❖ Maintenance;
- ❖ Medical oversight: certification;
- ❖ Storage of the unit.

The _____ Organization name _____ hereby submits 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**, Training Department,
The Peter B. Bennett Center, 6 West Colony Place, Durham, NC 27705