

# memo

**TO:** Mid-Michigan Nonprofit Agencies  
**FROM:** Kelly Kleinschmidt, Program Assistant  
**DATE:** January 11, 2012  
**RE:** Automated External Defibrillators (AEDs) Offered

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The Michigan CardioVascular Institute Foundation is making automated external defibrillators (AED) available to area ice arenas, schools and nonprofit agencies with facilities where people gather. The funding for this effort is provided by Shocks and Saves™, a charity hockey game 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. The application deadline is March 1, 2012.

**Eligibility:**

- Nonprofit 501(c)3 organization, recreation center, school, church or government agency.
- Located within the following counties: Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Iosco, Isabella, Lapeer, Midland, Ogemaw, Roscommon, Saginaw, Sanilac, Tuscola.
- 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.

If you have any questions, please contact the MCVI Foundation. Thank you.



A project of the

Michigan CardioVascular Institute Foundation  
Mobile Medical Response  
Saginaw Spirit

## Automated External Defibrillator (AED) Application Form

**Application deadline March 1, 2012.**

**Instructions:** Please complete the following. Along with your signed application, please submit a copy of your IRS Tax Determination Letter if a nonprofit, 501(c)3 organization and return by March 1, 2012 to:

MCVI Foundation  
1015 S. Washington  
Saginaw, MI 48601  
(989) 754-7283 (SAVE)  
kkleinschmidt@m cvi.com

**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.

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Name of AED coordinator

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Contact Information

- 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.

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**Authorized Signature**

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**Date**

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**Print Name and Title**