

memo

TO: Mid-Michigan Nonprofit Agencies
FROM: Jamie Lewis, Program Associate
DATE: March 1, 2011
RE: Automated External Defibrillators (AEDs) Offered, Deadline Extended

In partnership with the Jiri Fischer Healthy Hope Foundation and Mobile Medical Response, 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.

Does your organization have an AED on site? If not, we invite you to submit the enclosed application. We have extended this year's deadline from March 1, 2011 to March 31, 2011.

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.

These units are made available through the proceeds raised by the annual Shocks and Saves game created by the MCVI Foundation in partnership with the Jiri Fischer Healthy Hope Foundation, Mobile Medical Response and the Saginaw Spirit.

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



A project of the
Jiri Fischer Healthy Hope Foundation
Michigan CardioVascular Institute Foundation
Mobile Medical Response

Automated External Defibrillator (AED) Application Form

Application deadline extended to March 31, 2011!

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, 2011 to:

MCVI Foundation
1015 S. Washington
Saginaw, MI 48601
(989) 754-3368
jamielewis@mcvi.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.

Name of AED coordinator

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.

Authorized Signature

Date

Print Name and Title