



The Summit County Safety Council has created a grant program to purchase one Automated External Defibrillators (AEDs) annually for one nonprofit entity located in Summit County area. The nonprofit does not have to be a member of the Summit County Safety Council. The maximum allowable for this grant is \$1,000 USD.

The program year is effective from January 1 to December 31. One AED will be sponsored annually. Applications will be accepted from April 23, 2018 through June 29, 2018 and the grant will be awarded by July 31st. This grant program is effective beginning January 1, 2013.

To qualify for the grant, the non-profit entity must complete the attached application and submit to the Summit Council Safety Council Board at the following address:

PO Box 67, Navarre OH 44662 or e-mailed to Sally Cox at [summitcountysafetycouncil@gmail.com](mailto:summitcountysafetycouncil@gmail.com).

The Board reserves the right to choose the nonprofit entity to receive the grant if multiple applications are submitted in one calendar year.

The nonprofit entity shall choose the type and vendor for the equipment and submit a quote with the application to be considered. Once the grant is received and the AED is purchased, proof of payment must be submitted to the Summit County Safety Council.

The nonprofit entity must be willing to attend one of the monthly safety council meeting (held on the 3<sup>rd</sup> Wednesday of each month) to receive the grant and recognition.

There are certain state law requirements that must be met for any person who possesses an Automated External Defibrillator (AED). These requirements can be found at <http://codes.ohio.gov/orc/3701.85>



## Automated External Defibrillator (AED) Grant Application

Date of Application \_\_\_\_\_

Name of Nonprofit \_\_\_\_\_

Nonprofit # \_\_\_\_\_

BWC Policy # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Describe the nature of your nonprofit entity \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Estimate the total number of...

People your organization serves daily: \_\_\_\_\_

Buildings / Offices of your business: \_\_\_\_\_

Employees: \_\_\_\_\_

1. Does your agency/institution currently own an Automated External Defibrillator?  
 Yes  No If yes, how many: \_\_\_\_\_
2. Does your agency institution currently have an Emergency Medical System activation protocol for Sudden Cardiac Arrest (SCA) emergencies occurring at your locations?  Yes  No If no, will you add AEDs to the protocol?  Yes  No
3. How will your agency provide CPR & AED training for employees or volunteers who will use it?  
\_\_\_\_\_

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4. Will your agency/institution obtain a physician's prescription for use of any/all AEDs purchased?  Yes  No

5. Will your agency/institution provide for medical oversight of its EMS/AED program/protocol?  Yes  No

a. PLEASE INCLUDE A COPY OF YOUR MEDICAL OVERSIGHT PROGRAM PER THE CODE <http://codes.ohio.gov/orc/3701.85>

6. Will your agency notify local EMS of AED(s) placement?  Yes  No

7. Will your agency/institution provide local EMS and the Summit County Safety Council with all save / save attempt data?  Yes  No

8. Will your agency perform inspections required by the manufacturer of the equipment?  Yes  No

You are required to submit a quote for the brand and type of AED you are requesting.

I verify that the information provided above is true and accurate

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Name

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Signature

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Date

## RELEASE & INDEMNITY AGREEMENT

In consideration of accepting this Grant, I, hereby, for myself, heirs, guardians, legal representatives, assigns, executors and administrators, waive and release any and all rights, actions, demands and claims that I now have or may hereafter have, for any damages, injuries and liabilities of any kind arising out of the use of the provided automated external defibrillator (AED) against all persons, entities, officials, agencies and their employees involved with providing or awarding the device(s), including but not limited to The Summit County Safety Council, its officers, board members, employees, sponsors and volunteers.

I further accept and assume all responsibility and liability (subject to the provisions of Ohio Revised Code Section 2305.235) in connection with the selection, placement, care and use of the AED, including but not limited to compliance with Ohio Revised Code Section 3701.85 regarding requirements for use. I further agree to completely and totally indemnify and hold harmless The Summit County Safety Council, its officers and board members (both jointly and individually) as well as employees, sponsors and volunteers from any and all damages, injuries and/or liabilities of any kind arising out of my acceptance of any automated external defibrillator (AED) or subsequent use thereafter.

I further hereby acknowledge that I, and any and all other expected users of the AED, have or will successfully complete a course in automated external defibrillation and CPR offered or approved by the American Heart Association or other nationally recognized organization. I further acknowledge that I and all other expected users will inspect, maintain and test the AED according to manufacturer's guidelines and will consult a physician in order to ensure compliance with O.R.C. 3701.85 and notify local emergency service organizations of the location of the AED.

By signing below the Grant recipient signifies that the terms, conditions and limitations of this grant have been read and understood as a condition of acceptance and that I understand and assume all risk associated with the use of the AED.

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Signature

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Date