



The Summit County Safety Council has created a grant program to annually award two \$1000.00 grants for purchase of Automated External Defibrillators (AEDs). Applicants must 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. Two AEDs will be sponsored annually. Applications will be accepted from May 13, 2019 through July 5, 2019 and the grant will be awarded by July 31st.

To qualify for the grant, applicants 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.

The Board will randomly select the applicants to receive the grants if multiple applications are submitted in one calendar year.

The applicant 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 recipients must be willing to attend one of the monthly safety council meetings (held on the 3rd 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 _____

Entity Name _____

BWC Policy # _____

Address _____

City _____ Postal Code _____ County _____

Phone Number _____

Email Address _____

Describe the nature of your business _____

Estimate the total number of...

Buildings / Offices of your business: _____

Employees: _____

1. Does your company currently own an Automated External Defibrillator? Yes No
If yes, how many: _____
2. Does your company 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 company provide CPR & AED training for employees or volunteers who will use it?

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

5. Will your Company 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 you notify local EMS of AED(s) placement? Yes No

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

8. Will your company 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

Name

Signature

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.

Signature

Date