

# AED Grant Application

Thank you for your interest in the Hugh Chatham AED Grant Program for community non-profit, public service and religious organizations.

Please complete the following form, then scan and email it to [eparks@hughchatham.org](mailto:eparks@hughchatham.org), or mail to:

Emily Parks  
c/o AED Grant Application  
Hugh Chatham Memorial Hospital  
180 Parkwood Drive  
Elkin, NC 28621

Name First: \_\_\_\_\_ Last: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone with area code: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide the following information about your organization:

How many people are employed at your organization?: \_\_\_\_\_

What does your organization do? How do you serve the public? (You may attached additional information):

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

Do you currently have any AEDs in your facility? \_\_\_\_\_ Have you applied for an AED grant in the past? \_\_\_\_\_

Are you willing to maintain the AED once it is placed? \_\_\_\_\_

Are you willing to have at least 10 members trained in hands only CPR and the AED? \_\_\_\_\_

Are you willing to make a contribution to the foundation to further this effort? \_\_\_\_\_