



AED Grant Application



Our goal is to save lives by promoting early defibrillation, education in sudden cardiac arrest, and promotion of training throughout New Mexico.

Along with providing you with an AED, we will also provide Project Heart Start training to your staff/organization. This includes training in how to perform hands-only CPR, use the AED, how to recognize Heart Attack signs/symptoms and what to do, and how to save the life of someone with a restricted airway using the Heimlich Maneuver.

Our funding is provided through donations to the New Mexico Heart Institute Foundation by the generous people of New Mexico. As you can imagine, we receive many requests from many worthwhile organizations. Unfortunately, we can't support them all, but be assured that your application will be carefully reviewed and considered.

Name of Organization requesting award of AED plus Project Heart Start training:

Address: _____

City: _____ State: NM Zip: _____

Non-Profit: Yes _____ No _____

Website: www. _____

E-mail: _____

Contact Person: _____

Title: _____

Phone: _____

Date: _____

of staff members at this location: _____

Average # of people at this location: _____

****Please be aware that there are always ongoing costs associated with the maintenance of the AED unit to keep it working properly. Your organization will be responsible for the maintenance costs and should plan to set aside funds for this expense.**



I accept that:



1. Obligations of the Foundation. Subject to the terms of this Agreement, the Foundation agrees to donate to Donee, without cost:

- I. 1 AED device including 1 battery pack with adult pads.
- II. Initial Project Heart Start training for designated response team lead.
- III. If AED is to be mounted on a wall, the Foundation agrees to donate a single wall cabinet.
- IV. All AED donations will include an AED carrying case and sign that can be placed flat or in wall corners.

2. Obligations of Donee. In consideration for the receipt of the donated Equipment, Donee hereby: Understands, acknowledges and agrees that the Foundation is not, responsible for any aspect of Donee's use, attempted use, or non-use of, the Equipment or Donee's AED program.

- A. Understands, acknowledges, and agrees that, to the extent that any manufacturer or distributor provides any training or services in connection with the Equipment, such training and services are in no way associated with by the Foundation.
- B. Assumes sole and exclusive responsibility for all aspects of Recipients use, attempted use, or non-use of the Equipment and the creation, implementation, and operation of all aspects of Recipients AED program;
- C. Agrees to comply with all applicable laws, regulations, and standards of care governing the placement and use of AEDs in non-medical, school, community center, and/or recreation center settings.

3. Equipment Ownership. Upon the Foundation's donation to Donee of the Equipment, all right, title and interest in and to the Equipment is irrevocably transferred to Donee.

Program Renewal

It is the responsibility of AED recipient to provide or arrange training and refresher training in AED use for your first responder team members every two years. It is also the responsibility of the AED recipient to replace the batteries and pads as per the manufacturer's specifications, and document yearly inspection by a designated first responder team member. The Medical Direction, Program Management, and Quality Assurance are an ongoing program that is the responsibility of the AED recipient.

Maintenance Fees

Your organization will be responsible for the maintenance costs and should plan to set aside funds for these expenses.

Replace pad/battery cartridge: **\$180/cartridge (every 4 years)**

Optional: Tracking Software: \$150

Email Completed Application to whitneyr@newheartnm.com or
Mail to 601 Lomas Blvd. NE 87102



Do not mark this page



Donee is to be given at no cost:

AED Device(s) (Automated External Defibrillator) _____

(Includes AED device, carrying case, signage, and Project Heart Start training)

Cabinet(s) _____

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Your organization will be responsible for the maintenance costs and should plan to set aside funds for these expenses.

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Optional: Tracking Software: \$150

New adult pads can be purchased at <https://purchaseaeds.com/>

Signed this _____ day of _____, 2022

Recipient of AED (organization)

New Mexico Heart Institute Foundation