



City of Elgin AED Grant Program Application

(Available for Public & Private Organizations)

The AED Grant Program is limited to those organizations located within city limits, that demonstrate the need for financial assistance to purchase an Automated External Defibrillator(s). Completed forms shall be submitted to Emergency Medical Dispatch Coordinator Arnold Zabran in one of the following ways: (1) Via mail to Elgin Police Department, Attn: EMD Coordinator Zabran, 151 Douglas Ave., Elgin, IL 60120, (2) Fax at (847) 289-2799, or (3) Via the e-mail submit button located on the bottom of this form.

Select one

Date: _____ Organization Name: _____ Private Public

Address: _____

(Include city/state/zip)

Grant Application Contact Name: _____ Title, if any: _____

Phone Number: _____ Fax Number: _____ Email: _____

Secondary Contact Name: _____ Phone Number: _____

Safety/Risk Manager Name: _____ Phone Number: _____

Email: _____

Organization Information

Year of establishment: _____ Total employees: _____ Number buildings/offices: _____

Does the organization currently own an Automated External Defibrillator: Yes No If yes, how many: _____

Does the organization have an Emergency Medical System activation protocol for Sudden Cardiac Arrest emergencies: Yes No

Will the organization implement an Emergency Medical System activation protocol for Sudden Cardiac Arrests that includes use of an AED: Yes No

Does your organization offer CPR Training: Yes No

Would your organization be interested in CPR & AED training: Yes No

Additional Information, if any