

Lawrence County Safety Council (LCSC)
Automated External Defibrillator (AED) Matching Fund Grant Program

The Lawrence County Safety Council (LCSC) has established a program to promote the availability of AED's within the community by contributing matching funds to schools, Community Clubs, Volunteer Fire Departments and Civic Organizations in their purchase of an Automated External Defibrillator (AED). Eligible organizations must meet the following guidelines to be eligible to receive funding from the LCSC:

1. The LCSC will match AED funds raised by eligible organizations dollar-for-dollar up to \$750.00.
2. Only one fund match will be granted per eligible organization.
3. Organizations may apply for matching fund grant consideration by completing the "LCSC AED Matching Fund Grant Application Form" and submitting it to any LCSC member.
4. The LCSC retains the right to decide which applicant will receive a grant based upon available funds, potential risk, organization need and a majority vote of LCSC members present during a regularly scheduled council meeting.
5. If a matching fund grant is approved, the grant recipient must raise their share of the matching funds within three months of approval, or forfeit eligibility to the LCSC contribution.
6. All training and maintenance associated with the AED will be the responsibility of the organization receiving the matching fund grant. This includes user training, inspections, testing, maintenance and care as specified by both the AED manufacturer and described in good practice guidelines from the American Red Cross, TOSHA and/or other recognized authorities (for example, <http://www.osha.gov/SLTC/aed/solutions.html>).
7. The organization representative applying for a matching fund grant must sign a responsibility waiver included on the grant application form covering the LCSC and its members.

**Lawrence County Safety Council
Automated External Defibrillator (AED) Matching Fund Grant Application Form**

Organization Name _____

Organization Contact/Applicant _____

Address _____

Phone _____ FAX _____ E-Mail _____

Proposed Installation Location of the AED _____

Describe whom this AED would serve _____

Do you already have an AED on-site? Yes ____ No ____

Proposed AED Model and Cost _____

Matching Fund Grant Request (Up to \$750) \$ _____

Responsibility Waiver: Our organization holds harmless the LCSC and its members for any and all responsibility for damage or injury resulting from the use or misuse of the AED purchased with these matching grant funds. We also assume all responsibility for training, storage, use, maintenance and care of this AED.

Name of Organization Representative (Print or Type) _____

Title _____

Signature _____

Date _____

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