

STEVEN M. GOOTTER FOUNDATION AUTOMATED EXTERNAL DEFIBRILLATOR (AED) APPLICATION



PLEASE NOTE THAT THE AED DONATION PROGRAM IS LIMITED TO SOUTHERN ARIZONA NONPROFIT ORGANIZATIONS ONLY.

Are you a 501(c) (3) organization? Yes No

Please attach a copy of your IRS designation letter

Facility requesting AED: _____

Contact Person and Title: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____

E-Mail: _____ Fax: _____

Reason for request: _____

Describe unique needs i.e. at risk population, multi-use facility, fiscal restraints, etc.: _____

Do you currently have an AED at this location? Yes No

If you have an AED, please explain why an additional AED is requested: _____

What is the number of people served? Daily _____ Monthly _____ Annually _____

What age groups are served? _____

Will this facility accept responsibility for all AED maintenance such as replacement of defibrillator pads, batteries, and AED accessories? Yes No

Site for intended AED (site should be accessible during hours of operation): _____

Name of person who will monitor the AED's readiness for use: _____

PLEASE SAVE AND EMAIL TO GOOTTERFOUNDATION@GMAIL.COM OR MAIL TO:

Steven M. Gootter Foundation AED Project

c/o Murphy

4467 E. Haven Lane

Tucson, AZ 85712

A requirement for receiving an AED is registering the AED with and following the guidelines of the SHARE program: Arizona Dept. of Health Services, 150 N. 18th Ave. Suite 540 Phoenix, AZ 85007. If you are accepted as an AED recipient, you must sign our AED Donation & Acceptance Agreement.

FOR GOOTTER FOUNDATION USE ONLY:

Date application received _____ Date processed _____

Review Comments: _____

Action Taken: _____