



A MEMBER OF GEISINGER HEALTH SYSTEM

AtlantiCare Heart Heroes AED Matching Funds Program

*A partnership to place automated external defibrillators (AEDs)
in our community*

The ARMC Heart Heroes is a volunteer group that raises funds for The Heart Institute at ARMC through the AtlantiCare Foundation.

Organizations requesting an AED—upon approval of matching funds must:

- Notify local Emergency Medical Services office that their organization holds an AED
- Have a licensed physician or medical authority provide medical oversight to ensure quality control
- Have personnel responsible for using the AED certified in CPR and use of an AED
- Conduct programs or services for the public where there is potential for emergency response to a heart attack

***Meeting criteria does not confirm matching funds will be granted.**

Matching funds program
\$700 per AED

Automated External Defibrillator Application/Request Form

Contact Name: _____

Contact Title: _____

Phone: _____

Email address: _____

Organization Name: _____

What area of concentration does your organization fall under?

Community, Health/Human Services, Art/Culture/Education _____

If a 501 (c) (3) organization, please provide your number: _____

Address _____

City _____ State _____ Zip Code _____

Number of persons served by your organization annually: _____

If awarded, where would the AED be placed? _____

Is the request for a new or replacement AED? _____

Are matching funds for the AED (\$700) available? Yes/No _____

How many staff/volunteers hold current certification in CPR/AED? _____

Does your staff/volunteers need assistance in obtaining CPR/AED certification: Yes/No _____

Identify the licensed physician or medical authority that will provide medical oversight to ensure quality control of the AED: _____

Please describe need: _____

As an authorized representative of the organization, I acknowledge that if selected by the Heart Heroes AED Matching Fund program, AtlantiCare will supply my organization with an AED upon receipt of payment of the organization's portion of the cost of the AED. The organization acknowledges that it is solely responsible for training individuals on the use of the AED, security of the AED and maintenance of the AED, and that AtlantiCare is not a supplier or manufacturer of the AED. I also understand that periodically my organization may be contacted to participate in promotional or feedback opportunities to enhance the Heart Heroes Program.

Signature: _____

Date: _____

For more information please contact:

Rose McCarthy, RN
AtlantiCare Heart Institute
609-404-7979
Rosemarie.mccarthy@atlanticare.org

To be reviewed and approved by the following AtlantiCare members:

Administrative Approval: _____

Foundation Approval: _____

Cardiology Chief Approval: _____