

Each year around 300,000 people will be affected by sudden cardiac arrest, most commonly mistaken for a heart attack. Described by the Mayo Clinic sudden cardiac arrest symptoms include no pulse, no breathing, and a sudden collapse in the victim. Immediate CPR is helpful but without the shock from a defibrillator normal heart rhythm may not be able to be restored.

NorthStar Medical Equipment is a nationwide leader in the sales, training, and distribution of automatic external defibrillators. The company was founded over 15 years ago with the basic goal of placing these life saving devices within the communities we love. Now, NorthStar wants to extend our helping hand by granting funds to those qualifying organizations.

To apply for this AED grant program complete the following application and return it to Angela Dzickowski at angela@northstarmed.com. All applications will be individually reviewed and approved based on eligibility.

Eligibility Requirements:

- Must hold a sanctioned, USAT Event.
- Organization expresses its need for further assistance
- Organization exhibits efforts to support their new AED; management and financial planning for replacement materials

Approved Applicants will receive the following AED package for \$1,500.00. The list cost for this package is around \$2200.00 granting over \$700.00 to those qualifying applicants.

- Philips Heartstart FRx automatic external defibrillator with a 8 year warranty
- Hard Shell Carrying Case
- 4 year warrantied long life lithium ion battery
- 2 year warrantied adult smart pads
- CPR fast response kit

Training DVD, wall sticker, AED check tag

If selected for this AED grant through NorthStar Medical Equipment applicants will receive an email notification indicating they have been approved. At that time once the \$1500.00 is received the package will be processed and shipped.

Our main focus is to aid those in any community who wishes to have one of these devices. If you have any questions feel free to email me or contact me at angela@northstarmed.com, 888-364-7307 (office), or 248-863-8302 (personal line).

Organization Information:		
Organization Name:		
City:	State:	Zip Code:
Phone #:	Fax #:	
Web Address:		
Primary Contact Person:	Title:	
Phone:	Emai	l:

2.) How many events do you host a year?

1.) Why did you originally get involved with triathlons/marathons?

Qualifying Questions:

3.) How many employees' or volunteers make up your event(s)?
4.) Describe the financial constraints that make your organization in need of a grant?
5.) Does your organization/company have a budget in place to fund the replacement supplies? (pads every two years with an average cost of \$75.00 and every 4 years a new batter around \$140.00)
6.) How many AED's does your organization wish to acquire?
7.) Does your organization currently have an AED, if so how many?

8.) Has your company identified someone to coordinate or manage your AED or AED's? If so please provide the name, title, contact number, and email address.			
With this signature, I authorize this information provided is true and accurate to the best of my knowledge.			
Applicants Signature:			
Printed Name:			
Date:			

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