

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) APPLICATION

For application FAQs, please visit phfgive.org/faq

PHF Mission:

To positively influence a healthier community through enhanced philanthropy and collaboration.

PHF Vision:

To influence a shared vision.
To foster collaborations and partnerships.
To build community capacity to shape outcomes.

PHF Service Area:

Baraga, Houghton, Keweenaw and Ontonagon Counties, Michigan

FUNDING ELIGIBILITY

To be eligible to apply for grant funding through the Portage Health Foundation (PHF), your organization must be one of the following:

- a) registered 501(c)(3) non-profit organization;
- b) government entity or local municipality; or
- c) publicly funded institution of education.

To apply, the following conditions must be met and documentation **MUST** be included with the Request for Funding Application. **PHF will not consider incomplete applications.**

501(c)(3) Non-Profit Organization		Government Entity		Public Institution of Education	
<input type="checkbox"/>	Be domiciled in PHF service area	<input type="checkbox"/>	Be domiciled in PHF service area	<input type="checkbox"/>	Be domiciled in PHF service area
<input type="checkbox"/>	Current IRS Tax-Exempt status letter	<input type="checkbox"/>	Current IRS Tax-Exempt Status Letter	<input type="checkbox"/>	Current IRS Tax-Exempt status letter
<input type="checkbox"/>	Current 990 filing cover sheet	<input type="checkbox"/>	Certified financial audit letter	<input type="checkbox"/>	Certified financial audit letter
<input type="checkbox"/>	Certified financial audit or CPA reviewed financial statements	<input type="checkbox"/>	Completed application with supporting materials	<input type="checkbox"/>	Completed application with supporting materials
<input type="checkbox"/>	Current License to Solicit				
<input type="checkbox"/>	Completed application with supporting materials				

If you have questions or need additional information, please refer to our Grant Policies and Guidelines on our website (www.phfgive.org/grants), email info@phfgive.org or contact our office at (906) 523-5920.

APPLICATION SUBMISSION

All application requests must be submitted on the Request for Funding Application form. **Please note the deadline date for submission of the application material within the RFP instructions.** Return completed applications to:

Portage Health Foundation
400 Quincy St., PO Box 299
Hancock, MI 49930

Phone: 906.523.5920
Fax: 906.523.5925
email: info@phfgive.org (as a PDF)

We consider applicants regardless of race, color, religion, sex, national origin, age, marital or veteran status.

Submission of an application is not an implied guarantee of funding.



APPLICANT INFORMATION

Organization Name: _____ EIN/Tax ID #: _____

Organization Website: _____

Organization Type: Non-Profit Government/Local Municipality Public Institution of Education

Organization Address: _____
Street/PO Box City State Zip

Project Contact: _____
Name E-mail Telephone

Who will be responsible for grant reporting requirements: _____
Name Contact Information

Member authorized to submit application: _____
(e.g., CEO – see FAQs on website for acceptable signatories) Name Position

Authorized member's signature: _____

PHF is unable to provide funding for individual or family fundraisers.

Would you like to receive the PHF Monthly Newsletter? No Yes, e-mail: _____

PROPOSAL INFORMATION

Application Date: _____

Quantity of AED Requested: _____ Date Equipment is Needed: _____
(Please note: due to the limited supply, there is no guarantee all requests will be fulfilled.)

TARGET POPULATION

Anticipated Number of Persons Served: _____ per Month per Annum per Project/Activity

County Served: Baraga Houghton Keweenaw Ontonagon

PROPOSAL NARRATIVE

Applicants must answer all of the questions in the order listed below. If the question is not applicable to your grant request, please answer “not applicable.” Please use a separate sheet(s) of paper for your answers and attach to your application. PHF will not consider incomplete applications.

1. Please provide a brief description of your organization.
2. Do you currently have an AED in your facility? If yes, when did you purchase, when does it expire?
3. What type of CPR/First Aid/AED training does your staff and volunteers currently have? Please describe?
4. Where do you plan to locate the AED (i.e., public, office, etc.)?
5. Will this AED be available to other community members? (i.e., will it be placed or carried into other public events where it could assist a non-member of your organization?)
6. How will you ensure proper training on AED use?
7. How will you ensure that this machine will be maintained? (i.e., patch replacement, battery check/replacement). Who will be responsible for the maintenance?

Please note: if you are chosen to receive AED equipment, you will be responsible for all training, pad replacement and battery maintenance. PHF assumes no liability with the issuance of the AED unit to applicant/recipient.

APPLICATION CHECKLIST

Please make sure to submit the following documents as **PHF will not consider incomplete applications:**

- | | |
|--|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Financial Information |
| <input type="checkbox"/> Proof of Tax Exemption | <input type="checkbox"/> Form 990 cover sheet (page 1) |
| <input type="checkbox"/> License to Solicit Charitable Contributions | |

PHF RECOGNITION & FOLLOW-UP REPORTING

All grantees are required to recognize PHF as a funding provider on all printed materials and publicity for the project. Please contact the PHF office for our publicity policy and/or logo.

If awarded funding, all grantees will be required to submit a final report 90 days from the date of distribution.

PHF reserves the right to revoke a grant award and/or deny subsequent requests for funding if PHF does not receive follow-up reports from a grantee.

DO NOT COMPLETE – PHF USE ONLY

Proposal Approved: Yes No

Approved or Denied by: _____ Date: _____

Signature: _____ Title: _____

Grant Amount: \$ _____ Check #: _____ Check Sent: _____

Notes: _____
