

## Project Heart ReStart AED Application

Applications can be submitted via email or regular mail to Project Heart ReStart—address at bottom of application. Only non-profit organizations need apply. Please expand answer boxes as necessary to tell us about your organization. AEDs shall be awarded periodically based on funding. Applications will remain on file for approximately one year.

Name of organization \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact: \_\_\_\_\_ Title \_\_\_\_\_

Web site: \_\_\_\_\_

Type of organization \_\_\_\_\_

Tax exempt status: \_\_\_\_\_ Year Founded: \_\_\_\_\_

Annual Operating Budget: \_\_\_\_\_

Mission of organization: \_\_\_\_\_

Who do you serve? \_\_\_\_\_

Number of locations: \_\_\_\_\_

Number of employees / customers to cover with AEDs:

1 – 50 \_\_\_\_\_

51 – 100 \_\_\_\_\_

101 – 250 \_\_\_\_\_

251 – 1000 \_\_\_\_\_

1000+ \_\_\_\_\_

How many employees / customers at each location \_\_\_\_\_

Does your organization have an AED? \_\_\_\_\_

Why is your organization interested in obtaining an AED?

Recent cardiac event at organization. \_\_\_\_\_

Concerned about welfare of employees / customers. \_\_\_\_\_

Request from employees / customers. \_\_\_\_\_

Provide additional training for employees. \_\_\_\_\_

Other (please tell us about your organization and/or any other information that may be relevant to the value of an AED to your organization)

Please email completed form to Mark Johnston at [mark.johnston@thechristhospital.com](mailto:mark.johnston@thechristhospital.com) or mail to:

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Project Heart ReStart  
The Christ Hospital Health Network  
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