



Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

Heartsaver AED Fund: Grant Distribution

The General Assembly has again appropriated \$100,000 for matching grants for the purchase of Automated External Defibrillators (AEDs). The following process will be followed in the fulfillment of the legislation.

A grant program will provide matching funds for AEDs for approved applicants. Awards will be made to qualified applicants who demonstrate that they have the funds to pay 50% of the cost of the AEDs for which the matching grant moneys are sought as that cost is determined by the State Master Contract. Deadline for submission of applications for the AED Heartsaver Fund Grant is February 14, 2011. All applications must be made on Department-approved forms. Only mailed applications will be accepted. Grants will be limited to one unit per recipient. All AEDs purchased between July 1, 2010 and June 30, 2011 will qualify for the grant.

The grant program will be administered by the Illinois Department of Public Health, Division of Emergency Medical Services and Highway Safety.

The following, which are located in the State of Illinois, are eligible for the grant:

Schools	Conservation Districts
Public Park Districts	Forest Preserve Districts
Municipal Recreation Departments	Colleges or Universities

The following criteria apply:

- Only one unit per entity will be awarded.
- Applications must be made on Department-approved forms and completed fully.
- Deadline for submission of applications is February 14, 2011.
- Notification of award will be mailed to each successful applicant.
- **Please do not call the Department for this information, as it slows the process of the grant program. Only mailed applications will be accepted.**

Request for applications and completed applications should be submitted to:

Paula Atteberry RN, BSN
Division of Emergency Medical
Services and Highway Safety
Illinois Department of Public Health
422 South 5th Street, 3rd Floor
Springfield, Illinois 62701

FOR IDPH Use Only

Application No. _____

Date Received _____



ILLINOIS DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR PUBLIC HEALTH GRANT

**Office of Preparedness and Response
Division of EMS and Highway Safety/Heartsaver AED**

Section 1. APPLICANT INFORMATION

Name of Agency:	
Name of Contact Person:	
Applicant Address:	
City, State, ZIP Code:	
Telephone:	
E-Mail:	

Section 2. APPLICANT ORGANIZATION INFORMATION

Legal Name of Applicant: As shown on W-9 form		
Legal Status:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership/Legal Corporation <input type="checkbox"/> Tax Exempt <input type="checkbox"/> Corporation providing or billing medical and/or health services <input type="checkbox"/> Corporation NOT providing or billing medical and/or health services <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Governmental <input type="checkbox"/> Nonresident alien <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Pharmacy (Non-Corporation) <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corporation) <input type="checkbox"/> Limited Liability Company (select applicable tax classification) <input type="checkbox"/> D = Disregarded Entity <input type="checkbox"/> C = Corporation <input type="checkbox"/> P = Partnership
Federal Tax Payer Identification (FEIN) Number or Social Security Number (SSN) of Applicant if not an organization:		
Type of Entity:	School <input type="checkbox"/> Public Park District <input type="checkbox"/> Municipal Recreation Dept. <input type="checkbox"/>	College or University <input type="checkbox"/> Forest Preserve District <input type="checkbox"/> Conservation District <input type="checkbox"/>
Legislative Senate District:		
Legislative House District:		
Congressional District:		

Section 3. GRANT PROJECT PROPOSAL	
Project Title:	Heartsaver AED Fund; grants
Source of matching funds:	
Total Applicant Match: Matching fund must be equal to or greater than \$467.50.	

Section 4. APPLICANT CERTIFICATION		
<p>Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.</p> <p>I, hereby release to IDPH, the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication on the IDPH web site, unless the applicant submits a written request asking that the information not be disclosed.</p>		
Signature	Printed Name/Title	Date

FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

Type of Grant Application

- Direct Appropriation ☐
 Allocation by Administrative Rule ☐
 Competitive Request for Application ☐
 Statutory Board Review Required ☐
 Formula and/or Caseload Allocation ☐
 Non-Competitive ☐

Funding Source:

- General Revenue Fund ☐
 State Special Fund ☐
 Federal ☐

Grant Application Funding Recommendation by Division/Program:

<input type="checkbox"/>	Grant Application Disqualified/Not Eligible for Funding under this Award
<input type="checkbox"/>	Grant Application Recommended for Funding at Full Request
<input type="checkbox"/>	Grant Application Recommended for Funding at \$_____.

Division Chief/Program Manager: _____ **Date:** _____

Grant Application Funding Recommendation Approved by:

Deputy Director _____ **Date:** _____

Grants Review Committee

Score:

_____ (Full review grants only)

Assistant Director

_____ **Date:** _____