FOR IDPH Use Only
Application No. _____

Date Received _____

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH GRANT APPLICATION

Office of Preparedness and Response

EMS and Highway Safety/Heartsaver AED Grant
Insert Name of Division/Grant Program

Section 1. APPLICANT INFORMATION	
Legal name of applicant *(Attach copy of W-9)*	
Name and title of chief officer ***(****If more than one, attach a list of all officers)*	Name: Title: Address: Phone: Fax: E-mail:
Applicant address	
City, state, ZIP code	
Telephone	
Fax	
E-mail	
Web site	

Section 2. APPLICANT GRANT HISTORY	
Description of applicant organization *(200 character maximum)*	
Has this applicant received a grant from the federal government or the state of Illinois within the last three years? **If yes, provide the following:** *(Add additional rows if needed)*	☐ **YES** ☐ **NO** Agency providing grant funding: Grant number: Grant amount: Grant term: Brief description of grant:
How long has applicant been incorporated?	
Is the applicant in "good standing" with the Illinois Office of the Secretary of State?	☐ **YES** ☐ **NO**

Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business?	☐ **YES** ☐ **NO** If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible.
Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant's knowledge threatened against applicant and/or any principal that may result in any adverse change in applicant's financial condition or materially and adversely affect applicant's operations?	☐ **YES** ☐ **NO** If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations.
Does the applicant or any principal owe any debt to the state of Illinois?	☐ **YES** ☐ **NO** If yes, list the amount and reason for the debt. Attach additional documentation to explain the debt owed to the state.

Section 3. APPLICANT ORGANIZATION INFORMATION

Legal status:	☐ Individual ☐ Sole proprietor ☐ Partnership/legal corporation ☐ Tax exempt ☐ Corporation providing or billing medical and/or health services ☐ Corporation NOT providing or billing medical and/or health services ☐ Other (describe):	☐ Governmental ☐ Nonresident alien ☐ Estate or trust ☐ Pharmacy (non-corporation) ☐ Pharmacy/funeral home/cemetery (corporation) ☐ Limited liability company (select applicable tax classification) ☐ D = Disregarded entity ☐ C = Corporation ☐ P = Partnership
Federal Employer Identification Number (FEIN) or Social Security Number (SSN) of applicant if not an organization:		
If applicable, list all names and FEINs registered to your organization or have been registered during the last three years.	**Name**	**FEIN**
	Name	**FEIN**
	Name	**FEIN**
D-U-N-S Number		
Illinois Department of Human Rights number (if applicable):		

Legislative Senate District	
Legislative House District	
Congressional District	

Section 4. KEY GRANT CONTACT INFORMATION	
Grant application contact/title	
Telephone	
Fax	
E-mail	
Fiscal contact/title	
Telephone	
Fax	
E-mail	

Section 5. GRANT PROJECT PROPOSAL	
Project title	Heartsaver AED Fund Grant
Brief project description *(350 character maximum). Note that the scope of work must be completed separately.*	The Heartsaver AED Fund is awarded to any Illinois school, public park district, forest preserve district, conservation district, municipal recreation department, college, or university to purchase automated external defibrillators.
Project period *(Include start and end date)*	July 1, 2012 to June 31, 2013
Total amount of funding requested from IDPH	$458.62
Total applicant match or in-kind contribution	

If subcontractors will be used under this grant application, provide name, address and description of services.	Subcontractor name: Address: City, state, ZIP code: Phone: Description of services: Subcontractor name: Address: City, state, ZIP code: Phone: Description of services:

Section 6. GRANT BUDGET SUMMARY

(Note: This section is for summary purposes only. A detailed budget is/may be required. See Section 7)

Budget line items requested	**Requested grant budget amount**	**Applicant match of in-kind contribution**
Personal services *(includes salary and wages)*		
Fringe benefits (*percent use for calculation* _____%)		
Contractual services (*detailed information about the contractual services amount must be submitted on the attached budget excel form***)**		
Travel		
Commodities/supplies		
Printing		
Equipment		
Telecommunications		
Patient/client care		
Administrative costs *(if applicable/allowable)* This line item can be removed by program if not allowable		
TOTAL		
If the proposed budget includes personal services (salary or wage) related costs, indicate the type of documentation that will be maintained and used to allocate staff costs to the grant.	☐ Time Sheets ☐ Cost allocation plans ☐ Certifications of time allocable to grant ☐ Other, describe _____ ☐ Not applicable to this grant application	

Section 7. GRANT SCOPE OF WORK

Type of Entity:	**School** ☐	**College or University** ☐
	Public Park District ☐	**Forest Preserve District** ☐
	Municipal Recreation Dept. ☐	**Conservation District** ☐

To be eligible to receive a grant from the Heartsaver AED Fund, the applicant shall be an Illinois school, public park district, forest preserve district, conservation district, municipal recreation department, college, or university, demonstrate that they have the funds to pay 50% of the cost of the AEDs for which matching grant moneys are sought and place the AED into public service within eight weeks after receipt of grant funds.

The grant cycle runs from July 1-June 30 of each year. The AED must be purchase within the grant cycle for which the grant was awarded.

Quarterly objectives do not apply as the grants are for the purchase of an AED. Once the equipment is bought and education completed the objective is met.

Letters of Support are not necessary as all grant applicants who meet the criteria are eligible for a grant. The grant awardees are chosen on a first come first serve basis.

Measurements and outcomes of this grant will be met by, education of the proper use of the automated external defibrillator (AED) and showing timely response to medical emergency situations requiring the use an AED.

Objectives and goals of this grant will be to purchase the AED during the grant period.

Expected outcomes of this grant are to improve the outcome of a cardiac emergency by saving lives.

Outcomes will be measured by reporting AED use in accordance with requirements of Adm. Code 525.600 for maintenance and oversight of automated external defibrillators and in accordance with data collection and submission pursuant to 77 Ill. Adm. Code 515.350 (Emergency Medical Services and Trauma Center Code − Data Collection and Submission).

Name of Grant Program _____

Legal Name of Applicant _____

Section 8. APPLICANT CERTIFICATION

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.

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.

Signature	**Printed Name/Title**	**Date**

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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

☐	Grant application disqualified/not eligible for funding under this award
☐	Grant application recommended for funding at full request
☐	Grant application recommended for funding at $_____.

Division Chief/Program Manager _____ Date _____

Grant Application Funding Recommendation Approved by:

Deputy Director: _____ Date: _____

Director (or Delegate): _____ Date: _____