



Heart Safe City Initiative - AED Grant Application



Date of Application:
Legal Name of Organization:
DBA (if applicable):
Mailing Address:
Phone:
Employer Identification Number (EIN):
Website:
Organization Email:
Name of CEO or Executive Director:
Direct Phone:
Email:
Application Contact & Title (if not the CEO or ED):
Direct Phone:
Email:
Year Organization Founded:
Mission Statement:
Geographic Area Served (specific to this proposal):
Is organization a 501c3?
Is organization using a fiscal agent/sponsor?
If yes, name of fiscal agent/sponsor:
Is organization other than a 501c3?
Number of Full-Time Employees:

Number of Part-Time Employees:
Provide a brief description of your program/project and the need:
Describe the population, demographics, and number of population served.
Number of AEDs Requesting:
Organizational Budget for Fiscal Year Ending:
Income:
Expenses:

Please submit to the Weld Legacy Foundation offices at the address below or email Diana Wood at diana.wood@weldlegacy.org.

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

APPLICANT SIGNATURE	TITLE	DATE