

## The Catalyst Fund Application Special Request – Funding for an Automated External Defibrillator

Organization Name:

Address:

City:

Zip:

Website:

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Executive Director:

Phone:

Fax:

E-mail:

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Primary Contact & Title:

Phone:

Fax:

E-mail:

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Total organization budget: \_\_\_\_\_

***(Only organizations without an AED will be considered for funding)***

1. What leads you to request funding to purchase an AED?

2. What has prevented your organization from purchasing an AED?

3. If BCBSMA Foundation awarded funding to your organization to purchase an AED and provide a one-time training session for up to 6 people in your organization, would your organization be able to cover the expenses for maintenance and future training sessions?

*Maintenance: batteries-\$175/every 5 years; pads-\$30/every 2 years; training renewed every 2 years/\$30 per person.*