



Utah Department of Health
Bureau of Emergency Medical Services
RAED Grant Program



The Utah Department of Health, Bureau of Emergency Medical Service (BEMS) has been awarded a Rural Access to Emergency Devices grant from the Federal Office of Rural Health Policy, Health Resources and Services Administration for Automated External Defibrillators (AED).

The goals of the program are to place AEDs in the community and increase community awareness and knowledge. The project will place, ensure training, and track the use of these AEDs.

Awards are available to rural counties in the state as defined by the federal program. Davis, Morgan, Salt Lake, Utah, and Weber counties are not eligible. Cache, Summit, Tooele and Washington counties have limited eligibility.

Information is available from members of the coalition partnership formed for this program; i.e., the Utah Sheriffs Association members (local sheriffs), the Utah Fire Chiefs Association members (local fire chiefs) and BEMS. BEMS has created an application process for this program. Applications are available on the BEMS website at www.health.utah.gov/ems.

As part of the application process a sustainability plan detailing a budget plan to replace the AED in five years and a Memorandum of Agreement between recipients and the Bureau of EMS are required for participation in this project. Applications should be submitted to the Utah Department of Health, Bureau of Emergency Medical Services, attn: RAED, P.O. Box 142004, Salt Lake City, Utah 84114-2004, **no later than Thursday, March 26, 2009. Applications received after this date will not be considered.** Incomplete applications will be returned without consideration. Questions can be directed to the Utah Department of Health, BEMS at 801-538-6435 or 800-284-1131. Eligible applications will be reviewed, and award decisions will be based on the priority system, the justification narrative and the sustainability plan contained within the application.

The priority established to determine eligibility are in the following order:

1. Licensed or Designated EMS first responders without AEDs;
2. Licensed or Designated EMS first responders with AEDs greater than five years old with little or no replacement support;
3. Public safety entities not designated as first responders;
4. Public or community buildings or gathering places (public access defibrillators)



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RAED Application Details

APPLICATIONS MUST BE TYPED OR NEATLY HANDWRITTEN

1. **County**
-Identify the county your agency is in.
2. **Name of Agency/Entity**
-Provide the full and correct name of your agency/business
3. **Name of Responsible Person**
-This is the contact person who will be responsible for the oversight and monitoring of the AED, and training coordination.
4. **Phone**
-Provide a telephone number and a cell phone number to contact your Responsible Person.
5. **Email**
-Provide the email address to contact your Responsible Person.
6. **Mailing Address**
-Provide the current mailing address of your agency/business. If your mailing address is different than the AED placement address, please indicate the placement address in section 10 of this application.
7. **Status of Recipient**
-Indicate which category describes your agency/business. If your agency/business is not listed, check other and describe in the section provided. If you are a BEMS recognized pre-hospital agency, provide your agency number.
8. **Nearest pre-hospital (EMS) agency.**
-If you are not a BEMS licensed pre-hospital agency (EMS response), please identify the nearest pre-hospital agency.
9. **Current AED**
-Is there currently an AED placed within your agency/business. Please indicate Y or N and describe the brand, model and age of the machine.
10. **Previous Grant recipients**
-Indicate whether or not you received an AED in previous years of this program. Provide the machine type and the date you received it.
11. **Description of need (attach a separate sheet)**
-Please describe the need to place an AED at your agency/business. Be descriptive. Examples: high rate of cardiac emergencies, high senior population, large group gatherings etc.
12. **Sustainability Plan (attach a separate sheet)**
-On a separate piece of paper describe your agency/business' plan to sustain your AED placement beyond the expiration date of this program. The sustainability plan must include a budget plan to replace the AED in five years.
13. **Where will the AED be placed**
-Describe where the AED will be placed. **BE SPECIFIC** Describe the location within the building or vehicle, i.e. hallway, wall, drawer, cabinet, trunk etc. What is the physical address of the AED placement if different from your agency/business mailing address.
14. **CPR/AED Training**
-Identify the number of people you will commit to provide CPR/AED training for. Indicate whether your agency is able to provide this training. Indicate whether or not you can complete the training (either provided by you or by the grant) within 60 days of placement of your machine. Please identify your Instructor.
15. **Memorandum of Agreement**
-Read and sign the Memorandum of Agreement included in the application packet.
16. **W9 Form**
-Include a copy of your agency's W9 Tax Form. If you do not have this form one can be downloaded from our website.
17. **Sign acknowledging that you understand the terms and expectations of the RAED program.**

December 2008



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 AED Placement Application



Application must be typed or neatly printed

Mail completed applications to BEMS, attn: Riki Rice, PO Box 142004, Salt Lake City, Utah 84114-2004

Application deadline is March 26, 2009, applications received after this date will not be considered.

1. County _____ 2. Agency _____

3. Responsible person _____ 4. Phone _____ Cell _____

5. email _____

6. Mailing Address: _____ (street) _____ (city) _____ (zip)

7. Status of Recipient:

- | | |
|---|--|
| <input type="checkbox"/> Prehospital EMS Agency # _____ | <input type="checkbox"/> Fire Agency |
| <input type="checkbox"/> Medical Provider (hospital, clinic, nursing home etc.) | <input type="checkbox"/> Dispatch Agency |
| <input type="checkbox"/> Law Enforcement Agency | <input type="checkbox"/> Business |
| <input type="checkbox"/> Other (describe) _____ | |

8. If not a pre-hospital agency please name the nearest pre-hospital agency _____

9. Do you currently have an AED: Y N Make/Model: _____ Age _____

10. Have you received an AED from BEMS through the RAED grant program: Y N

Make/Model _____ Date Received _____

11. Description of Need (Attach a separate sheet)

12. Sustainability Plan (Attach a separate sheet)

13. Where will the AED be placed? (Attach a separate sheet, please refer to the RAED application details for instruction)

14. How many people will you commit to CPR/AED train? _____ Can you provide CPR/AED training? Y N

Please identify your CPR/AED Instructor _____

Can you complete CPR/AED training within 60 days of receipt of machine. Y N

(Whether provided by you or by the grant)

15. Memorandum of Agreement (Read, sign and attach the Memorandum of Agreement accompanying this application)

16. Please include a copy of your agency W-9 Tax form.

17. As a recipient of an AED provided by the Rural Access to Emergency Devices Grant Program through the Utah Bureau of Emergency Medical Services I agree to fulfill the requirements of the grant and to adhere to the laws and rules of the State of Utah.

signature of responsible person

date

printed name



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MEMORANDUM OF AGREEMENT

This agreement is made and entered into by and between the Utah Department of Health, Division of Health Systems Improvement, Bureau of Emergency Medical Services hereinafter called the DEPARTMENT, and (name) _____ hereinafter called the PROVIDER. (please print)

AGREEMENT PERIOD

This agreement shall be in effect for a time period of five years or until either the DEPARTMENT or the PROVIDER agrees to terminate this relationship. This agreement may be terminated after a written notification is sent to either party at least 30 days in advance of the termination.

AGREEMENT

- 1) The PROVIDER agrees to:
 - a) Develop a plan describing how the AED will be monitored to ensure that the machine and battery are in good working condition, that the selfchecks show no faults, and that any periodic maintenance required by the manufacturer will be accomplished. Provide the Bureau of Emergency Medical Services (BEMS) with a copy of the plan within ten (10) days of receipt of machine.
 - b) Report any usage of the AED through a DEPARTMENT-approved reporting system, which includes both the electronic data and the appropriate written incident report form.
 - c) Install the AED in a location that is known by qualified providers and can be accessed by the providers without delay. Notify BEMS of placement within ten (10) days of receipt of machine and if the placement of the machine changes.
 - d) Designate a person who is responsible to comply with all the provision of this agreement. Notify BEMS if the responsible person changes.
 - e) Replace the AED if lost, stolen, or damaged beyond repair.
 - f) Replace the battery, electrodes and data reporting technology when used or becomes expired.
 - g) Hold the DEPARTMENT harmless from liability arising from any use or misuse of the AED. However, this does not constitute a waiver of immunity under the Utah Government Immunity Act, Title 63, Chapter 30, Utah Code Annotated.
 - h) Provide a sustainability plan which identifies funding for the provision of a new AED at the current location after the five-year grant period.
 - i) Provide BEMS with a CPR/AED training plan within 10 days of receipt of machine and complete all training within 60 days of receipt of the machine.

- 2) The DEPARTMENT agrees to:
 - a) Provide either a set amount of funds to the PROVIDER for the purchase of each AED awarded to the PROVIDER or provide an AED.
 - b) Coordinate and provide a one-time CPR/AED training as identified by priorities and funding availability.

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TERMINATION OF THE AGREEMENT

IT IS AGREED THAT any alteration, variations, modifications, or waivers of the provisions of this agreement will be valid only when reduced to writing and approved by the DEPARTMENT.

THIS AGREEMENT may be canceled, and all grant activities halted, by the DEPARTMENT, at any time, for unsatisfactory performance of the terms and conditions of this agreement.

Utah Department of Health
Division of Health Systems Improvement
Bureau of Emergency Medical Services

PROVIDER

Printed name

Printed name

Signature

Signature

Date _____

Date _____