The Janet Fund AED Grant Application

The Janet Fund AED Grant is open to New Jersey public and non-profit private schools, non-profit youth organizations and township recreation departments. Priority will be given to schools that do not presently have an Automated External Defibrillator on the school premises. All grant applications must be completed in its entirety to be eligible for consideration.

1. All grant recipients must be a public or non-profit private school or a non-profit youth organization located in New Jersey.
2. Schools must comply with all requirements of Janet’s Law including having at least 5 responders in the school trained in CPR and AED.
3. Youth organizations must have a minimum of least 5 responders at all events who are trained in CPR and AED.
4. All grant recipients must provide an emergency action plan with the grant application. If you do not have an emergency action plan, you may write on your application that assistance from The Janet Fund is needed in order to develop one. Sample emergency action plans are available.
5. All grant recipients will ensure that the AED is available at all times and is never locked away.
6. All grant recipients will maintain the units as instructed by the manufacturer and have proper medical oversight.
7. All grant recipients will post signs throughout the school or on the playing fields that direct people to the location of the AED. Signs can be downloaded from www.thejanetfund.org
8. All grant recipients agree to raise a minimum of $400 to donate to The Janet Fund so other organizations may continue to receive grants. This can be done over the course of one year.
9. All grant recipients agree that should they not want or can’t maintain the AED, they will return it back to The Janet Fund so it can be re-donated.
10. All grant recipients agreeing to the above and approved by the Board of Directors will receive 1 AED, 1 wall-mounted storage cabinet or Janet Bag and training for up to 8 people in both CPR and AED.

Terms and Conditions

In agreeing to these terms, the grant recipient acknowledges that should the grant recipient fail to meet or maintain any of the above guidelines; The Janet Fund will seek to have the donation returned immediately. Please mail completed grant application, along with your emergency action plan and a letter stating your request/intent. The letter must be signed and dated by an executive or official of your organization.

Please direct any questions to: The Janet Fund at 732-805-0013 or info@janetzilinsk.org

All grant applications and documents can be sent via email or mail to:

The Janet Fund
Attention: Grants
P.O. Box 150 Martinsville, NJ 08836
Info@janetzilinski.org

The Janet Zilinski Memorial Fund
A Non-profit, 501 (3) (c) Organization; FEIN 37-6413464
P.O. Box 150 Martinsville, NJ 08836
www.thejanetfund.org
Grant Application Request Form

*Please Print Clearly*

School/Organization Name ________________________________

Type of School / Organization ____________________________________________
(Public, Private, Elementary, Middle, High, Youth Sports, etc.)

Address _____________________________________________________________

City _________________________________ State ___________ Zip Code __________

Is your organization a Not for Profit? **Circle one**  YES  NO

Tax exempt Id Number if applicable _______________________________________

# Children Enrolled in School/Program _________________________________

Location Where AED Will Be Placed ______________________________________

Approximate Distance to Closest Hospital ________________________________

Do local police have AEDs in their cars? ___________________________________
Does your school/organization currently have an AED? **Circle one** YES NO

If yes, where is the AED located: _____________________________________________________________

_____________________________________________________________________________________

Check that the following are attached and are required to have your application reviewed:

- Letter Stating Description of Need/Request
- Copy of Emergency Action Plan
- Check if assistance is needed with an EAP
- Signed Grant Application

I agree to the Terms and Conditions stated in The Janet Fund Grant Application.

Contact
person______________________________________________________________

Phone Number________________________ Email Address: ___________________________________________________________________

Signature_____________________________________________________________