

Public and Charter School AED Grant Application
Fiscal year 2024 Due: **December 15, 2023, by 5:00pm**

Mississippi Public/Charter School



AED Application

Application must be returned to:

Mississippi State Department of Health
Attn: AED Grant Administrator
310 Airport Rd S
Pearl, MS 39208

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Please Provide All Information Requested

Please carefully review the Policy and Instruction booklet sent with this application. It will guide you step by step on how to fill out the entire application. If you have any questions, please call the Bureau of EMS at 601-576-7380.

NOTE: *Applications Must Be Received by **December 15, 2023**, or money will be reassigned to another public or charter school.*

Number of AED requested: _____

Number of AEDs awarded: _____

Step 1

Applicant Information:

School Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Authorized Agent/Contact Person: (Principal, Headmaster, or School Superintendent)

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Title: _____

Email Address: _____

NOTE: If a school district is applying for more than one school a separate application must be completed for **each school**.

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Step 2: Tell us about your School

Questions 1-2 on this page should be answered only if applying for an AED Unit

1. What is the total population of your school (Faculty and Students)?	_____
2. How many AED's does the school already have?	_____

Step 3: Tell us about your Public Access Program

Questions 1-3 on this page should be answered only if applying for an AED Unit

1. Does the location serve an "at-risk population"?	Yes	No
2. How many staff will be trained and will respond to cardiac calls with the AED if needed?	_____	
3. Will proper maintenance of the AED be assured?	Yes	No

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Step 4: Tell us what your plan is for this AED

You should **attach a program narrative** to this application. The program narrative may be no longer than five (5) pages double space typed with no less than a 12-point font.

The program narrative should be labeled by the numbers below and include:

1. Needs Statement – Briefly describe your organization, its purpose and why AED placement proposed by your organization makes sense for your school. Cite specific emergency examples or data that demonstrates the need for AED placement.
 - a. Describe your CPR and AED training/retraining and how often this training will be accomplished.
 - b. Describe how EMS is activated.
 - c. Describe your procedures for ensuring AED readiness.
 - d. Describe your method for capturing data.
 - e. Describe your method for patient care transfer to local EMS agency.
 - f. Describe your method for cardiac event review, quality improvement and rescuer debriefing.

Step 5: Describe the new AED you are buying.

The budget Narrative applies to proceeds from the Mississippi Public/Charter School AED grant.

Quantity	Description	Unit Cost	Total Cost
New Automatic External Defibrillator			
<i>(Maximum reimbursement for an AED from the Mississippi Public/Charter School AED grant is dependent on availability of funds)</i>			
#	Vendor: Model:		

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Fiscal year 2024 Due: **December 15, 2023, by 5:00pm**

Step 6: Contractual Terms

For the purposes of providing AED units to public/charter schools, and in consideration for the mutual covenants contained herein, it is hereby agreed by and between the (hereinafter referred to as the applicant) and the Bureau of Emergency Medical Services Public/Charter School AED Program of the Mississippi State Department of Health (hereinafter referred to as the Department) as follows:

The Applicant agrees that:

1. Funds received from the Department will be used for the purchasing new or additional automatic external defibrillators and supplies to assist patients within the applicant's school district in accordance with the specification set forth in the application and hereby incorporated into and made a part of this agreement.
2. No funds received from the Department shall be used for the payment of any attorney's fees.
3. Financial and progress reports will be submitted by the applicant to the Department by December 15th of the following fiscal year, and/or as requested by the Department.
4. Emergency medical services will be delivered in compliance with the licensing requirements and regulations of the Department.
5. The applicant understands that the Mississippi Public/Charter School AED Program is a reimbursement program, and that the reimbursement can only be accomplished under a contract between the applicant and the Department.
6. The applicant agrees to permit reasonable program review and evaluation by the Department; to provide access to its records; and to cooperate in any other reasonable request for program information.
7. Within 30 days of receipt of AED units purchased under the conditions of this contract, must register each unit along with inventory number with the Mississippi State Department of Health, Bureau of Emergency Medical Services.
8. Progress and usage reports will be submitted to the BEMS by June 30 of each year or as requested by the BEMS.
9. The applicant will provide information to support the ORHP AED Placement Model as well as the following Performance Indicators:
 - Increase the number of persons trained in the life saving skills of Cardio-Pulmonary Resuscitation (CPR) and use of an Automated External Defibrillator (AED) by 20% over the next 12 months.
10. Agrees to permit reasonable review and evaluation by the BEMS, to provide access to its records, and to cooperate in any other reasonable request for program information.
11. Must adhere to manufacturer's instructions on unit maintenance and unit calibration.
12. Must participate in the AED Public Relations campaign of the BEMS as requested.

Public and Charter School AED Grant Application

Fiscal year 2024 Due: **December 15, 2023, by 5:00pm**

Step 6: Contractual Terms (Continued)

13. Must notify local 911 and/or Dispatch Center of AED location(s).
14. Must demonstrate within 30 days of receipt of AED units, submit quote, purchase order, and copy of canceled check.
15. **School Recipients:**
 - The applicant will maintain, at minimum, 50% of its first response staff trained in CPR and AED.
 - Must create and submit, with application a policy/procedure manual that includes the following information:
 - 1) CPR and AED training plans and credentialing for first responders who will respond with each unit.
 - 2) Recertification of first responders who will respond with each unit.
 - 3) Scheduling and conducting of periodic maintenance checks.
 - 4) Activation of local EMS.
 - 5) Method for data capture.

Step 7: Signature

The Department agrees that:

1. Funds appropriated to the Department for Mississippi Rural AED Program shall be distributed to applicants for the support of emergency medical services.
2. After execution of proper contract, the applicant shall receive funds equal to applicant's allocated share of the Mississippi Rural AED Program funds based on review of the Mississippi Rural AED Consortium.

Signed

Applicant/Grantee (School Principal or Headmaster) _____ Date _____

Applicant/Grantee (School District Superintendent or Charter School Board President) _____ Date _____

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Mississippi State Department of Health Use Only

AED Grant Manager, Emergency Medical Services	Date _____
Director, Emergency Medical Services	Date _____
Director, Office of Emergency Planning and Response	Date _____
Director, Health Protection	Date _____
Chief Financial Officer, MSDH	Date _____