DIRECT AED GRANT INTEREST FORM

League/Program Name: ___________________________  Primary Contact: ___________________________
E-mail: ___________________________  Phone Number: ___________________________
Program Age(s): ___________________________  Program Gender(s): ___________________________
Other Program Focus: ___________________________  Number of AEDs Needed: ___________________________
Number of athletes/year impacted: ___________________________

Does the Program Require US Lacrosse Membership?
☐ Coaches  ☐ Athletes

Has the Program made contact with the appropriate state and local authorities for registering the AED? Certification? (If so, attach to this document. If not, instruct that this is a mandatory requirement).
☐ Yes  ☐ No

Does the Program have a written Emergency Action Plan that includes cardiac arrest scenario and require an AED be available at all practices and games? (If so, attach to this document/link, or timeline to complete. If not, instruct that this is a mandatory requirement).
☐ Yes  ☐ No

Does the Program have a written requirement for coaches to be trained in at least hands-only CPR? Does the Program have a plan to offer this training to its coaches each year? (If so, attach to this document/link or timeline to complete. If not, instruct that this is a mandatory requirement).
☐ Yes  ☐ No

Does the Program have a written policy and/or code of conduct that prohibits discrimination on the basis of race, gender, gender identity, age, national origin, or sexual orientation? (If so, attach to this document/link. If not, instruct that this is a mandatory requirement).
☐ Yes  ☐ No

Does the Program understand the need to provide AED maintenance/upkeep and have a written program to achieve? (If so, attach to this document/link. If not, instruct that this is a mandatory requirement).
☐ Yes  ☐ No