



REDEVELOPMENT AUTHORITY

of the County of Bucks

216 Pond Street, Bristol, PA 19007

215-781-8711 FAX 781-8716

RALPH DIGUISEPPE, CHAIRMAN
BRYAN SERVIS
JAMES PROKOPIAK, ESQ.
KENNETH HAYES
EDWARD SCHOLL

JEFFREY D. DARWAK
EXECUTIVE DIRECTOR

SEAN KILKENNY, ESQUIRE
SOLICITOR

Bucks Couty Nonprofit Organization Automated External Defibrillator (AED) Program Application

*This Program is funded by a grant from the Commonwealth of Pennsylvania,
Department of Community and Economic Development.*

Section 1. Applicant Information

1) Nonprofit Organization Legal Name: _____

2) Required Attachment:

Please attach documentation verifying your nonprofit status, such as:

- ☐ IRS determination letter;
- ☐ Current IRS tax-exempt status documentation; or
- ☐ Other organizational documents demonstrating nonprofit status.

3) EIN/Taxpayer Identification Number: _____

4) Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Municipality: _____

5) Primary Contact Name: _____

Primary Contact Title: _____

Primary Contact Phone Number: _____

Primary Contact Email: _____

SECTION 2: Project Summary

1) Address where AED will be located: _____

City: _____ State: _____ ZIP: _____

2) Provide a brief overview of organization (include population served & program/service area):

3) Provide a brief description of the need & benefits of an AED for your organization & facility:

4) Does your organization currently own an AED or AEDs? ☐ Yes ☐ No

If yes, list how many, age and location:

SECTION 3: Compliance, Certification & Indemnification (Check ALL Boxes)

☐ I/We hereby certify, on behalf of the Applicant, that all information contained in this document and attachments are true and correct to the best of my knowledge. If I/We knowingly make a false statement or overvalue a security to obtain assistance from the Redevelopment Authority of the County of Bucks, I/We (entity and signer) may be required to repay or return any assistance or equipment received through the program and I/We may be subject to criminal prosecution.

☐ I/We hereby certify, on behalf of the Applicant, that we will fully comply with all applicable federal, state, and local laws, regulations, executive orders, and administrative requirements as they relate to the planning, procurement, execution, and reporting of the project funded by this grant. The Applicant further agrees to maintain all documentation necessary for a period of five (5) years from the date of final audit or close out of the grant by the Redevelopment Authority of the County of Bucks and to make such records available for inspection or audit upon request by federal, state, or local oversight authorities.

☐ I/We, on behalf of the Applicant, acknowledge that the RDA's role is limited to administering the program, purchasing Automated External Defibrillators (AEDs) and distributing the equipment to approved Applicants. Upon receipt of the AED, the Applicant assumes responsibility for its possession, proper placement, installation, operation, training, maintenance and use. The Applicant further agrees to:

- Install and place the AED in accordance with applicable laws, manufacturer instructions and relevant safety standards.
- Maintain, inspect and test the AED and replace batteries, pads and other components as necessary to ensure operational readiness.
- Comply with all applicable federal, state and local laws, regulations and requirements governing AED ownership and use, including applicable registration, notification and reporting requirements.
- Ensure that personnel responsible for using the AED receive appropriate training and certification as required by applicable law.
- Establish and maintain any necessary internal policies and procedures for AED accessibility, maintenance and emergency response.
- Promptly notify the RDA of any material issue affecting the AED's condition, operational readiness or continued availability for its intended purpose.

The RDA makes no representations or warranties regarding the suitability of the AED for the Applicant's particular needs or the installation, operation, training, maintenance or use of the equipment. To the extent permitted by law, the RDA shall not be responsible for claims, damages, injuries, liabilities, losses or expenses arising from the Applicant's receipt, possession, installation, maintenance, operation or use of the AED.

Indemnification Clause:

☐ The Applicant agrees to defend, indemnify and hold harmless the Redevelopment Authority of the County of Bucks, its officers, employees, and agents from and against any and all claims, demands, liabilities, damages, losses, costs, or expenses (including reasonable attorneys' fees) arising out of or resulting from any act or omission of the Applicant, its officers, agents, employees, contractors, or subcontractors in connection with the performance or implementation of this grant-funded project, as determined by the Redevelopment Authority of the County of Bucks at its sole discretion.

Organization Name: _____

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

The Redevelopment Authority of the County of Bucks reserves the right to accept or reject any or all applications submitted contingent upon available funding sources and respective applicant eligibility.

You must return the completed application and all backup documentation to the Redevelopment Authority of the County of Bucks:

If Sending By Mail: Redevelopment Authority of the County of Bucks 216 Pond Street Bristol, PA 19007	If Sending By Email: Attention: Ellen Burns, Program Director ellen@bcrda.com
---	--

It is the sole responsibility of the **Applicant** to ensure that the completed grant application and all required supporting documentation are submitted to the Redevelopment Authority. The Redevelopment Authority is not responsible for incomplete, delayed, or unconfirmed submissions. Applicants are strongly encouraged to obtain written confirmation of receipt.

Questions? Call the Redevelopment Authority office: 215-781-8711 or email Ellen Burns, Program Director.