



AED Request
2018-2019

Name of Organization, group or person:

Contact person:

Address:

Zip Code:

Phone Number:

Email Address:

Website address:

Tax Status:

Executive Director:

Please check: Public Facility Agency Type: _____
 Government Facility 501c3 agency

On a Separate sheet, please answer the following questions:

1. Program/Mission or Organization, Services offered, Geographic area (s) served.
2. Has this organization previously received AED from the Heart of the Community? If so, is this an additional one or a replacement?
3. Estimate the number of people who could benefit, if needed by this AED?
4. In a short narrative indicate the justification for this request.

Applications should be sent to The Heart of the Community Foundation
P.O. Box 5064
Rome, Georgia 30162

If approved, you will be notified that the AED has been ordered. When received you will receive an agreement to sign between your agency and the Heart of the Community.

For additional Information: Wanda J. Whitten 706 802-3924