



BUSINESS IMPROVEMENT DISTRICT AED PLACEMENT GRANT PROGRAM

Coliseum Central Business Improvement District is dedicated to increasing the Survivability of “Sudden Cardiac Arrest” (SCA) victims. Over 300,000 people from all age groups die each year due to SCA. Coliseum Central’s goal is to lower this number and saves lives within our District by assisting with the deployment of Automated External Defibrillators (AEDs) under our Security Grant Program.

To be eligible businesses must be located within the DISTRCT. Grant applications will be reviewed by the District’s Security Committee and, if recommended by the committee, will be forwarded to the District’s Board of Directors for final approval. This program requires that all proposals meet the following guidelines:

- Applications must come from the owners of the business.
- Applications for grants must be submitted and approved prior to purchase of the AED.
- In order to be eligible for funding an application must be for a grant of \$1,000 or less. Eligible businesses may only be awarded grant funding one time in a given fiscal year.
- Any grant funding must be matched by non-DISTRCT funding, and the share of total costs accounted for by DISTRCT funding may not exceed 50% of the cost of the AED.
- Training and Coordination Required—A local business must have successfully completed training, with the expectation that the certification shall be maintained, in the use of automated external defibrillators and in cardiopulmonary resuscitation, conducted by the American Heart Association, the American Red Cross, the National Safety Council, or another nationally recognized organization offering training programs of similar caliber.
- Local paramedics and other emergency services personnel are notified where the automated external defibrillators are to be located; and
- The automated external defibrillator will be integrated into the business’s emergency response plan or procedures.

COLISEUM CENTRAL BUSINESS IMPROVEMENT DISTRICT, INC,
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COLISEUMCENTRAL.COM OR EMAIL ECOUNCIL@COLISEUMCENTRAL.COM

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GET CENTERED



Date: _____ Contact Person: _____

Requesting Business: _____

Business Address: _____

Phone Number: _____ Email: _____

Approximate # of individuals visiting/housed at your facility on a monthly basis: _____

Briefly describe why your organization needs assistance in paying for an AED: _____

Briefly describe how the placement of an AED at your establishment would be of benefit to your organization and the community: _____

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