



# AED Pad Replacement Mini-Grant Program

## Program Description

The North Central District Health Department (NCDHD), in partnership with the American Heart Association (AHA), is offering mini-grants to assist community partners in maintaining functional Automated External Defibrillators (AEDs) through replacement of expired AED Pads.

AED electrode pads expire regularly—typically every **2 to 5 years depending on manufacturer**—and must be replaced to ensure devices are operational and ready for use during a cardiac emergency. This funding opportunity supports organizations in maintaining emergency preparedness and protecting the health and safety of staff, visitors, and community members.

Technical assistance is also available to support the development or enhancement of a Cardiac Emergency Response Plan (CERP) or CPR Training Policy. **Applicants need to provide proof of an existing CERP plan or a CPR training policy to be eligible for funding.** Assistance is available for those without a current plan/policy.

NCDHD offers affordable CPR classes to support staff training. More info is available at:

<https://ncdhd.ne.gov/cpr-aed-training-resources>

## Funding Details

- Applications will be accepted on a rolling basis until funds are exhausted
- Organizations may request up to **\$500** in reimbursement
- Reimbursement-based (itemized receipts **required**).
- Application must be approved prior to spending, to ensure funding is available.

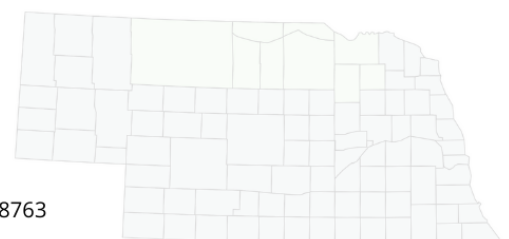
## Eligible Applicants

Community organizations, schools, childcare centers, local governments, and nonprofits within the 9 county NCDHD service area: Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock counties.

## Program Contact

TyLinn Dodd  
Email: [tylinn@ncdhd.ne.gov](mailto:tylinn@ncdhd.ne.gov)  
Phone: 402-336-2406

PO Box 191 | 422 E Douglas Street | O'Neill, NE 68763  
(402) 336-2406 | [ncdhd.ne.gov](http://ncdhd.ne.gov)





# AED Pad Replacement Application

## Organization Information

Organization Name:  
Contact Person:  
Title:  
Phone:  
Email:  
Organization Address:  
County:

## AED Information

Number of AED units at your organization:  
Brand/Model of AED(s):  
Location of AED(s) (building/area):  
Number of pads needing replacement:  
Estimated total cost of replacement pads:

## Cardiac Emergency Response Plan or CPR Training Policy

**Please attach at least one of the following with your application.**

A **Cardiac Emergency Response Plan (CERP)** is a written document that establishes the specific steps to reduce death from cardiac arrest in any setting. Support resources are available at [www.heart.org/cerp](http://www.heart.org/cerp).

A **CPR Training Policy** demonstrates a commitment to ongoing CPR Training for your staff, volunteers, and/or members.

Does your organization currently have a CERP?  Yes  No  Unsure

Does your organization currently have a CPR Training Policy/Commitment?  Yes  No  Unsure

**If selecting no or unsure, assistance will be provided to put a plan and/or policy in place.** An approved plan or policy is required prior to funding disbursement. Contact [tylinn@ncdhd.ne.gov](mailto:tylinn@ncdhd.ne.gov) for questions, templates, or additional assistance.

*Note: This grant does not cover additional AEDs, or AED batteries, but guidance and assistance will be provided to those who also have those needs.*

## Signatures

By signing below, I certify and acknowledge:

Funds are limited and awarded on a first-come, first-served basis. Submission of an application does not guarantee funding. NCDHD will notify me of application acceptance prior to reimbursement. Itemized receipts **must** be submitted for reimbursement/payment. My organization will maintain its AED(s) in working condition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Submission Information

Please submit completed applications to: [tylinn@ncdhd.ne.gov](mailto:tylinn@ncdhd.ne.gov)

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