



# NATIONAL SENIOR MEN'S TENNIS ASSOCIATION

13818 Belle Pointe Dr, Little Rock, AR 72212 • 903-600-6360

## AED GRANT FORM

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

Club Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

Brand and Model of AED to be purchased: \_\_\_\_\_

Where will AED be kept?: \_\_\_\_\_

What are the plans for staff training: \_\_\_\_\_

Is staff trained in CPR (if not, are there plans for such training)? \_\_\_\_\_

Requesting Amount (up to \$500): \_\_\_\_\_

Is this a private club?: Y / N

How many courts: \_\_\_\_\_

How many members: \_\_\_\_\_

How many staff: \_\_\_\_\_

Additional Information / Comments: \_\_\_\_\_

### GRANT PROCESS:

1. Complete and submit the form for approval.
2. Upon NSMTA approval, you must submit proof of purchase.
3. NSMTA will forward a check in the Requested Amount, made out to the name of the club.

AED must be purchased and owned by the club, not an individual. Approval is solely at the discretion of the NSMTA.

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