Grayson County Healthcare Foundation
AED Program

Automated external defibrillators (AEDs) are portable electronic devices that automatically diagnose life-threatening cardiac arrhythmias, such as ventricular fibrillation. AEDs can treat specific cardiac arrhythmias through defibrillation, which is the application of electricity that allows the heart to re-establish an effective rhythm. AEDs can save lives.

The Grayson County Healthcare Foundation would like to support the availability of AEDs throughout the community. GCHF has developed an AED Program which allows organizations to apply for a free AED. The AED available through this program is the Philips HeartStart Onsite AED. The AED will also come with the small business package which includes a carrying case, wall cabinet, CPR pack, AED check tag for inspections, and an AED window/wall decal.

Organizations must be located in Grayson County to apply for an AED through this program. If you would like to apply for an AED for your organization, please complete an AED Program Application and submit it by Friday, November 21, 2025 via email at brittany.clemons@gchealthcarefoundation.org. Applications can also be submitted via mail to:

Grayson County Healthcare Foundation
100 Wabuck Dr., Ste B
Leitchfield, KY 42754

Applications will be reviewed and your organization's primary contact will be notified of decisions by January 9, 2026. If your organization does receive an AED through this program, you will be required to send at least 2 individuals affiliated with the organization to one CPR/AED Training session. There is no cost for the training, which will be offered through a partnership with the Grayson County Health Department. Sessions will be offered at the Grayson County UK Extension Office during the following times:

- Tuesday, January 13, 2026 10:00 am-12:00 pm
- Thursday, January 29, 2026 2:00-4:00 pm
- Thursday, February 5, 2026 5:00-7:00 pm

Organizations receiving AEDs must also adopt a policy requiring staff be trained on AED at time of hire and at least every 3 years.

The AED will be provided to the organization after the CPR/AED Training is completed as required.

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Basic Information:

Organization Name: _____

Tax ID Number: _____

Address: _____

_____

Primary Contact: _____ Title: _____

Phone Number: _____

Email address: _____

AED Needs

How many AEDs are you requesting? _____ Square footage of facility: _____

Hours of Operation: _____

Number of Individuals in Building Weekly: _____

High-risk populations your organization serves: _____

_____

Are pediatric AED pads needed? Yes_____ No_____

Describe why you feel your organization needs an AED on-site: _____

_____

_____

_____

_____

_____

_____

Signature of Primary Contact: _____

Date: _____