WAUSHARA COUNTY EMERGENCY MEDICAL SERVICES
230 W. PARK STREET - P.O. BOX 341
WAUTOMA, WISCONSIN 54982
(920) 787-0412

DEFIBRILLATOR PURCHASE ASSISTANCE PROGRAM (DPAP)

APPLICATION FOR FUNDING

Name of Group or Organization: _____

Contact Person: _____

Complete Address: _____

Phone: _____ Fax: _____

Location of Proposed Defibrillator Unit: _____

Type of Location (check one):

[ ] Manufacturing/Agriculture

[ ] Restaurant / Tavern

[ ] Hotel/Motel

[ ] Beach, Wilderness Camp

[ ] Church or Fraternal Organization

[ ] Retail Outlet, Gas Station

[ ] Other Public Gathering Place (describe) _____

Terms & Conditions:

- Submit completed application package
- Agree to pay ½ of unit cost to EMS
- Agree to purchase suitable storage device
- Agree to ensure employees receive CPR/AED Training
- Agree to display unit in "Public Access" location
- Agree to allow inspection by EMS personnel

As part of this application, I agree to the terms and conditions noted above.

_____ _____ _____
Signature Name *(printed)* date