

Commonwealth of Massachusetts Executive Office of Public Safety and Security
Office of Grants & Research

**FY22 Automated External Defibrillators Equipment Program
For Municipal Public Safety and First Responder Vehicles
Certifications and Assurances**

In accordance with the Commonwealth of Massachusetts' FY22 appropriations, the Office of Grants and Research (OGR) is making available up to **\$2,500** per AED requested for municipalities to purchase an Automated External Defibrillator (AED) for public safety and first responder vehicles. This initiative is being supported by state funds authorized by Chapter 24 of the Massachusetts Acts of 2021, An Act Making Appropriations for Fiscal Year 2022.

By submitting this application, the eligible applicant confirms the following:

- AED training has/will be completed by the receiving agency personnel;
- Requested AED is compatible with existing AEDs already in use within the municipality, if applicable;
- If the cost of the requested AED exceeds the award amount from the Office of Grants and Research under the AED Grant Program, then the municipality agrees to absorb the additional costs;
- If a grant award is received, the municipality will not incur costs until a final, counter-signed, executed contract is received from the Office of Grants and Research, confirming the official start date of the program; and
- Requested AED will be purchased and received by the AED Equipment Program's end date of May 31, 2022.

Signature of Official *The following must be completed and signed by a Municipal Official (Mayor/City or Town Manager/Select Board Chair), on behalf of the municipality submitting this application, in acknowledgment of the project requirements.*

As the Senior Municipal Authorizing Official for this City/Town, I am requesting grant funds from the Automated External Defibrillator (AED) Equipment Program, as administered by OGR. I have reviewed and approve the content contained in this application being submitted for consideration of funding and I agree to comply with the required program requirements listed above.

Municipality: _____ **Department Selected to Receive AED:** _____

Municipal Authorizing Official Name: _____

Municipal Authorizing Official Title: _____

Signature: _____ **Date:** _____

NOTE:

- Electronic signature is allowable on this fillable PDF form as long as the signature is visible, includes the signatory's name and title, and is accompanied by a signature date; hard copy form may be hand-signed and scanned. More information on acceptable forms of signature may be found [here](#).
- **FY22 AED Equipment Program Certification/Assurance Form**, signed by the authorizing municipal official, must be uploaded within the one-page [Online Application Template](#)
- **Application Due Date: January 14, 2022**