

DAN Oxygen Grant Program Application

Divers Alert Network® (DAN) wishes to support deserving organizations and departments by providing DAN Oxygen Units to public safety diving teams and / or organizations that can demonstrate critical operational and financial needs. Matching grant requests are decided on a case-by-case basis. Training in the use of the equipment by attending a DAN Oxygen First Aid course is a mandatory requirement to being considered for the grant.

PART ONE

Date _____
Organization requesting grant consideration _____
Contact person _____
Title / Position _____
Business address of organization _____

City _____ State _____
Country _____ Zip / Postal code _____
Telephone _____ Fax _____
Email _____

Approximate distance of nearest hospital to operational area
(miles/time) _____
Name of hospital _____
Approximate distance of nearest level I trauma center
(miles/time) _____
Name of level I trauma
center _____
Approximate distance of the nearest air ambulance capable of 1 atmosphere cabin/patient
compartment pressure (miles/time) _____
Name of air ambulance service _____
Approximate distance of airport to operational area
with fixed-wing jet access(miles/time) _____
Name of airport _____

CRITERIA FOR OXYGEN GRANT PROGRAM

- Must have a connection to diving (recreational, public service, commercial dive entities not dealing with recreational diving) or the aquatics field (public swimming pool, etc.).
 - Must have a demonstrable and financial use need as determined by the grant committee.
 - Must have at least two individuals on staff who are current in the *Oxygen First Aid for Scuba Diving* course or *Oxygen First Aid for Aquatic Emergencies* course or at least one DAN Instructor or Instructor Trainer certified to teach these programs.
 - Must be able to provide a central, safe, but accessible location to store the oxygen unit where it will do the most good. If the oxygen unit itself can't be immediately accessible, signs must be displayed to show that it is available and where. Photographs showing the placement of the unit as well as a copy of the protocol for use must be provided to DAN within 30 days of delivery of unit.
 - Must be based in the DAN America region.
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PART TWO — APPLICATION

APPLICATION PROPOSAL COMPONENTS

- The proposal must include these components and be presented in this order. Number each page of the proposal and include the applicant name on the upper right-hand corner of each page;

- | | |
|------------------------------|----------------|
| 1. Organizational Overview | 4. Evaluation |
| 2. Financial Needs Statement | 5. Maintenance |
| 3. Goals & Objectives | 6. Affirmation |

1. ORGANIZATIONAL OVERVIEW

- The organizational introduction includes the history and background of the organization, including when, how and why the organization started, a list of the Board of Directors, major accomplishments, awards received, etc.;
- Must include the mission/purpose statement for the requesting organization;
- Reason for Oxygen Unit need; describe the activities to be affected by the presence of an Oxygen Unit.
- The qualifications of those involved:
 - ❖ Documentation of two active members of the organization certified as DAN Oxygen First Aid Providers or one active member as an active-status DAN Oxygen First Aid Instructor or DAN Oxygen First Aid Instructor Trainer;
 - ❖ Documentation of DAN training within 24 months of the application date.

2. FINANCIAL NEEDS STATEMENT

- Identification of financial need should include:
 - ❖ Documents identifying the nature of the organization (e.g., non-profit, tax-exempt, private corporation, public agency, etc.);
 - ❖ Operating budget for fiscal year of request, including description of current funding sources;
 - ❖ Tax ID number.

3. GOALS & OBJECTIVES

- Describe the activities to be affected by the presence of an Oxygen Unit.
- Establish measurable tasks and needs that will be met.
- Include the number of people currently served (i.e., per month or per year), the number of people intended to be served; or another measure of the impact and goals if the grant request is approved.

4. EVALUATION

- Present a plan for monitoring the established goals/objectives and determining the degree of program effectiveness if the grant is approved.
 - ❖ Includes the schedule of evaluation/reporting to DAN on the effect of Oxygen Unit presence (i.e., yearly, six months, monthly, upon occasion of use) or upon request by DAN.

5. MAINTENANCE

- Maintenance of the unit;
- Storage of the unit.

6. AFFIRMATION

I/We, _____ hereby submit/s this grant application for consideration by Divers Alert Network. I/we attest that the information provided is true and correct and accurately reflects the current state of affairs for the applicant. By submitting this application I/we recognize and agree that the decision to approve or deny this grant application is the right of Divers Alert Network and I/we will accept the decision of Divers Alert Network regarding this application as final.

Signature _____

Name _____

Title _____

Date _____

Please complete this form in its entirety and return it to:

Divers Alert Network, **OXYGEN GRANT PROGRAM**, Education Department
6 West Colony Place, Durham, NC 27705