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**REQUEST FOR APPLICATION (RFA)**

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| **FY25 Kentucky AED Grant**   |  |  | | --- | --- | | **Deadline:** February 28, 2025  *(Applications received after 4 p.m. (ET) will NOT be reviewed)* | Issued By:  Kentucky Department of Education  Office of Finance & Operations  Division of District Support | | Email All Questions To:  KDE Procurement Branch  [KDERFP@education.ky.gov](mailto:KDERFP@education.ky.gov)  *(Questions will only be accepted via email)*  *Before* January 17, 2025, by 4 p.m. (ET) | **Submit Applications to:**  [**KDERFP@education.ky.gov**](mailto:KDERFP@education.ky.gov)  *(Only electronic applications will be accepted)* | | **Specific Instructions:**  **Failure to follow these specific instructions will deem an applicant’s response**  **non-responsive and will not be scored.**     1. All public school districts in Kentucky, Kentucky School for the Blind (KSB) and Kentucky School for the Deaf (KSD) are eligible to apply. 2. The public school district must submit one application for all schools. 3. The Kentucky Department of Education (KDE) reserves the right to waive minor technical issues. 4. Applicants are responsible for monitoring KDE’s Competitive Grants webpage for amendments and updates to the posted RFA and supporting materials. 5. Plagiarism is strictly prohibited.  The use of AI to generate application content will also be considered plagiarism. | | |
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**Solicitation Schedule**

| **Date** | **Event** | **Location** | **Participation** |
| --- | --- | --- | --- |
| January 2, 2025 | RFA released | Online | N/A |
| January 10, 2025, at 10 A.M. | Technical assistance webinar | Online  (link on competitive grants page) | Attending the TA session is strongly recommended |
| January 17, 2024 | Questions deadline | Email | N/A |
| On or around January 24, 2025 | FAQ posted | Online | recommended |
| February 28, 2025 | Application deadline | Send to KDE | **Required** |
| March 10-14, 2025 | Application review and scoring | Online | N/A |
| On or around April 4, 2025 | Awardees are posted to [KDE Competitive Grant Awards](https://www.education.ky.gov/districts/business/Pages/Competitive%20Grant%20Awards.aspx) webpage. | Online | N/A |
| May 2025 | MOA process (KDE & LEA) | N/A | Districts |
| June 2025 | Funding available to LEA | N/A | Districts |

Background and Purpose

The Office of Finance and Operations is issuing a Request for Application (RFA) for Kentucky public school districts, to include the Kentucky School for the Blind and the Kentucky School for the Deaf. In 2024, Kentucky’s General Assembly allocated funding to be used for the purchase of Automated External Defibrillators (AEDs) as found in [HB 1](https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=55390)(page 22). This funding will assist to increase the quantity of functional devices across the Commonwealth in the event of a cardiac arrest emergencies on school property.

[KRS. 158.162](https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=55390) requires schools to maintain portable AEDs in public, accessible spaces, conduct annual training with staff, including all coaches, and yearly report to the Kentucky Department of Education on the number of devices in each building, challenges of increasing device numbers and a plan purchase additional ones. Additionally, a cardiac emergency response plan is to be developed/revised by each school and rehearsed in-person prior to the beginning of each school year.

The Kentucky AED Grant will assist districts with the purchase of new devices when none are presently available; replace AEDs which are more than 8 years old; and to increase the inventory of such devices all for the purpose of improving survival rates in the event of a cardiac event.

Funding

The Kentucky Department of Education (KDE) anticipates funding approximately 1,250 awards of $2,000 each for:

1. The purchase of an AED device for a school that does not have an AED.
2. The purchase of a replacement AED device for equipment that is more than 8 years old or is discontinued.
3. The purchase of additional AED devices for schools.

* Incurred costs exceeding the award amount will be the responsibility of the awardee. When costs are less than the awarded amount, only the expended amount will be reimbursed to the awardee based on submitted invoice(s). Shipping costs may be included as an allowable expense.

The Kentucky AED Grant is a one-time award, with all funds required to be encumbered by June 30, 2025. This is a reimbursement -based award, meaning that awardees must follow district procurement policies and protocols in the selecting and purchasing of the desired AED product. A complete vendor invoice, KDE Expense Report and MUNIS Budget report must be sent together for reimbursement of the item(s) purchased. No funds will be dispersed until the item(s) have been received and all completed paperwork has been sent for approval by KDE.

The local school district will receive an award of $2,000 for each AED awarded as part of the AED grant application.

1. **Form A:** The purchase of an AED device for a school that does not have an AED.

On Form A, school districts should list all schools that currently do not possess a working, serviceable AED unit. Each school will receive funding to purchase one (1) AED.

This includes the following types of schools/locations:

**District Office:** the primary central district office location.

**A1** – A school under the administrative control of a principal or head teacher.

**A2** – District-operated, totally vocational-technical program.

**A3** – District-operated, totally special education program.

**A4** – District-operated, totally preschool program (for example, Head Start, state-funded preschool, or Parent and Child Education [PACE] program).

**A5** – An alternative program that is a district-operated and district-controlled facility with no definable attendance boundaries that is designed to provide services to at-risk populations with unique needs. A5 virtual schools are not eligible for AED award.

**A6** – District-operated instructional program in a non-district-operated institution or school. An A6 alternative program is also referred to as a program for state agency children that is operated by the Kentucky Education Collaborative for State Agency Children (KECSAC). These students may also be involved with the Department of Juvenile Justice, foster care, or behavioral health agencies.

**Districts should utilize the** [School AED counts](https://staffkyschools-my.sharepoint.com/personal/jennifer_bryant_education_ky_gov/Documents/FY25%20AED/School%20AED%20counts%20Final%20927.xlsx) **to determine Form A requests**.

1. **Form B:** The purchase of a replacement AED device for equipment that is more than 8 years old or is discontinued. Each school will receive funding to purchase one (1) AED.

On Form B, districts can request funds for the replacement of AEDs that are more than 8 years old or have been discontinued by the manufacturer, rendering them unserviceable.

1. **Form C**: The purchase of additional AEDs for high-risk or need school locations.

On form C, districts can request additional AEDs to be placed in high-risk or need locations. Examples include Gymnasiums, Sports Complexes where school-based sports practice or compete, Bus Garage, etc. Schools may request one (1) or more additional AEDs on Form C.

**Key Terms and Definitions**

* **Automated External Defibrillator (AED)**: A lightweight, portable device, which delivers an electric shock through the chest to the heart when it detects an abnormal rhythm and changes the rhythm back to normal (*American Heart Association*)
* **High-risk or need school locations**: An area which has a high concentration number of people multiple times per day which may not be within a 3-minute access of an AED and/or a site that typically sees individuals engaged in moderate to strenuous physical activity or exercise.
* **Serviceable**: Devices are adequately maintained on a regular cycle, replacing the batteries and adhesive pads as needed with the manufacturer’s suggested replacement parts. When models are discontinued or parts unavailable, the unit is deemed to be unserviceable.

Monitoring

KDE will review all documents submitted for the purpose of reimbursement of funds for AED purchases. Failure to comply with the purchasing and/or reimbursement guidelines may lengthen and/or disqualify the awardee from being reimbursed expended amount.

**Allocation of Funds**

Upon selection and notification, awardees will be provided directions on the process to follow for purchasing the approved number of AEDs. Districts being selected to utilize the allocated funds from Kentucky’s General Assembly will occur through a reimbursement process, meaning the Local Education Agency (LEA) will purchase the AED, following its procurement policy. Once the item(s) have been received and paid for by the LEA, documentation can be submitted to KDE for reimbursement up to the awarded amount. No funds will be reimbursed to the district if items were obligated prior to the award announcement or after the submission deadline of required documentation. Funds must be obligated by June 30, 2025.

### **Application Components**

The application should contain the following items presented in the order listed below. Each component should be clearly labeled within the application.

1. Application Cover Page
2. Form A (as needed)
3. Form B (as needed)
4. Form C (as needed)

Formatting Requirements

Formatting requirements are detailed on the forms.

### **Submission of Application**

1. Scan or save the completed application in its entirety, including signatures, to PDF format. Save the original application as ***25AED District Name***. (For example: Franklin County would submit their application as **25AED Franklin**)
2. Email to [KDERFP@education.ky.gov](mailto:KDERFP@education.ky.gov)

* On the subject line of the email, type ***25AED District Name***.
* **Application MUST BE RECEIVED-DATE/TIME STAMPED BY THE DEADLINE of February 28, 2025, 4:00 p.m. (ET).**
* Keep in mind that email coming into the KDE is routed for security purposes through multiple networks and servers. Allow ample time for this and the possibility that email is not always received on the first try.
* Applicants can request confirmation of receipt in their submission email. KDE will confirm the receipt of the email and attachments (if any). Please note the KDE does not open attachments to check for accuracy.
* Applications received after the deadline will not be reviewed or considered for award.
* Do not CC others on application submissions.
* Do not send Google Docs or documents from Google Drive.
* Each PDF attachment **MUST** be less than 10,000 KB (or 10 MB) in size. Please work with your technology staff to ensure the correct file size. Files that are above the size limit will not be accepted.

**Evaluation of Application**

Internal reviewers will be trained for this specific competition, and they will evaluate applications according to the criteria established in the RFA. KDE will give priority to awarding all Form A requests first. Secondary Priority will apply to all Form B requests. The award of Form C requests will be based on the priority listed by the district on Form C and the number of students/staff served by the AED.

**Kentucky AED Grant**

**Cover Page**

| **DISTRICT NAME** |  | |
| --- | --- | --- |
| **DISTRICT ADDRESS** |  | |
| **SUPERINTENDENT** |  | Phone:  Email: |
| **FINANCE OFFICER** |  | Phone:  Email: |
| **DISTRICT CONTACT FOR AED GRANT** |  | Phone:  Email: |

I assure the attached application contains accurate information. I understand grant applications with incorrect or falsified information will not be considered for review or will be revoked once awarded. I assure the application has been reviewed and approved and the district and school will comply with all requirements, both technical and programmatic, pertaining to the grant. Failure to continuously meet compliance requirements and deadlines could result in partial or complete loss of funding for the grant and may impact future funding.

**Assurance of Commitment from the District level officials.**

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Superintendent Date

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Finance Officer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AED Grant Contact Date

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Notary Signature Date Exp. Date

**FORM A**

**Instructions:** Form A is to be used to request one (1) AED for a school that has not encumbered the cost or currently does not have an AED in its building. Additional lines may be added to this form if needed. Please use the font embedded in the form. **Form A is only to be used for locations where a 0 is shown in the** [**School AED counts**](https://staffkyschools-my.sharepoint.com/personal/jennifer_bryant_education_ky_gov/Documents/FY25%20AED/School%20AED%20counts%20Final%20927.xlsx) **document.**

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| --- | --- | --- | --- |
| **District Name:** | |  | |
|  | **School/Program Name** | **Full School Address** | **School Type**  **(A1, A2, A3, A4, A5, A6 or District Office)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

**FORM B**

**Instructions:** Form B is to be used to request one (1) AED for a school that owns a device that is eight (8) or more years old or has been discontinued by the manufacturer and is no longer serviceable. Additional lines may be added to this form if needed. Please use the font embedded in the form.

|  |  |  |  |
| --- | --- | --- | --- |
| **District Name:** | |  | |
|  | **School/Program Name** | **Full School Address** | **School Type**  **(A1, A2, A3, A4, A5, A6)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

**FORM C**

**Instructions:** Form C can be used to request additional AEDs to be placed in high-risk or need school locations. Examples include Gymnasiums, Sports Complexes where school-based sports practice or compete, Bus Garage, etc. Schools may request one (1) or more additional AED per school on this form. List one AED per line. Please list additional locations on Form C based on district priority. Additional lines may be added to this form if needed. Please use the font embedded in the form.

|  |  |  |  |
| --- | --- | --- | --- |
| **District Name:** | |  | |
|  | **School/Program Name** | **Proposed AED Location** (Ex: Gym entrance, main office, fieldhouse) | **AED to Student and Staff Ratio** (Ex: 10:2500) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |