



## Oxygen Grant Application

**Divers Alert Network® (DAN)** wishes to support dive professionals and organizations by providing oxygen units to those who can demonstrate an operational need for emergency oxygen in support of diver safety.

Grant requests are awarded on a case-by-case basis. *Please allow 4 to 6 weeks for processing.*

<b>Oxygen Grants Available</b>	
<b>Matching Grant</b>	
<b>Full Grant</b>	
<b>Scope of Grant</b>	<ul style="list-style-type: none"> <li>The Matching Grant is offered to DAN members that serve the industry in a professional capacity — dive professionals, store owners, dive facility operators — of any level. Through this program, DAN will contribute 50% of the cost of the oxygen unit.</li> <li>Applicant/recipient is responsible for all shipping and related costs to destinations both domestic and international.</li> <li>Unit is selected by the applicant.</li> </ul>
<b>Applicant Requirements</b>	<ul style="list-style-type: none"> <li>Must be a DAN member or DAN business member</li> <li>Must be trained in the administration and use of emergency oxygen to scuba divers</li> <li>This grant is a one-time only per member offer</li> <li>Must be able to provide a central, safe but accessible location to store the oxygen kit. If the oxygen kit itself cannot be immediately accessible, signs must be displayed to show that it is available and where it is located</li> </ul>
<b>You may only apply for one grant per person or organization</b>	

**Grant Applying For:**

## Section 1: General Information

(for all applicants)

Date of Application: \_\_\_\_\_ Member/Business Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Shipping Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: All shipping and related costs to destinations outside of the United States are the responsibility of the recipient.**

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## Section 2: Organization Overview

(for all applicants)

Mission Statement of the Organization: \_\_\_\_\_

\_\_\_\_\_

Please describe the background of the individual, association or organization applying for the grant:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe how the activities of the organization will be improved by the presence of an oxygen unit:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate number of people currently served (per month): \_\_\_\_\_

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## Section 3: Logistical Information

(for all applicants)

Where will the unit be stored? \_\_\_\_\_

Who is responsible for the unit? \_\_\_\_\_

Name of person certified to provide oxygen: \_\_\_\_\_

DAN Member ID (if applicable): \_\_\_\_\_

Oxygen Certification Agency: \_\_\_\_\_ Number (if applicable): \_\_\_\_\_ Expiration: \_\_\_\_\_

Second person certified to provide oxygen: \_\_\_\_\_

DAN Member ID (if applicable): \_\_\_\_\_

Oxygen Certification Agency: \_\_\_\_\_ Number (if applicable): \_\_\_\_\_ Expiration: \_\_\_\_\_

\_\_\_\_\_





## Section 4: Financial Information

(for Full Grant applications only)

Please attach a Financial Needs Statement identifying the type of organization (e.g., non-profit, tax-exempt status, private corporation, public agency, etc.) and the reason the organization is unable to purchase an oxygen unit. Additional information may be requested before a decision is made.

## Section 5: Unit Selection

(for Matching Grant applicants only)

Oxygen Kits			
	<b>DAN Rescue Pak</b> 601-4000	<b>Includes:</b> M9 cylinder Regulator Demand valve Non-rebreather mask	<b>Unit Cost: \$565.00</b> <b>DAN Grant: \$282.50</b> <b>Your Cost: \$282.50</b>  Select this unit <input type="checkbox"/>
	<b>DAN Rescue Pak Extended Care</b> 601-1000	<b>Includes:</b> Jumbo D cylinder Regulator Demand valve Non-rebreather mask	<b>Unit Cost: \$750.00</b> <b>DAN Grant: \$375.00</b> <b>Your Cost: \$375.00</b>  Select this unit <input type="checkbox"/>
	<b>DAN Rescue Pak Extended Care Plus</b> 601-1200	<b>Includes:</b> Jumbo D cylinder Regulator Demand valve Non-rebreather mask Rolling case	<b>Unit Cost: \$635.00</b> <b>DAN Grant: \$317.50</b> <b>Your Cost: \$317.50</b>  Select this unit <input type="checkbox"/>
	<b>DAN Dual Rescue Pak Extended Care</b> 601-3000	<b>Includes:</b> Two Jumbo D cylinders Regulator Demand valve Non-rebreather mask	<b>Unit Cost: \$825.00</b> <b>DAN Grant: \$412.50</b> <b>Your Cost: \$412.50</b>  Select this unit <input type="checkbox"/>

**White Cylinder**

(for countries that require white cylinders)

**Exchange Demand Valve for MTV, add \$145.00**

(for DAN certified providers/instructors only)

## Section 6: Applicant Agreement

If awarded the grant from Divers Alert Network (DAN), I/we agree to send DAN photos of the O<sub>2</sub> unit once placed in its accessible location, provide testimonial(s) and allow DAN to conduct follow-up correspondence. Further, I/we give DAN permission to use the photo(s) and testimonial(s) in various marketing venues, including but not limited to, social media, newsletters, press releases, email campaigns and Alert Diver magazine.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After form is completed, please save and send to [OxygenGrant@dan.org](mailto:OxygenGrant@dan.org)