



Oxygen Grant Application 2026

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

Grant requests are awarded on a case-by-case basis and may only be awarded once per person or organization. *Please allow 8 to 12 weeks for processing once accepted.*

Oxygen Grants Available		
Matching Grant		Full Grant
Scope of Grant	<ul style="list-style-type: none"> The Matching Grant is offered to DAN members that serve the industry in a professional capacity — dive professionals, store owners, and dive facility operators — of any level. Through this program, DAN will contribute 50% of the cost of the oxygen unit. Applicant/recipient is responsible for all shipping and related costs. Unit is selected by the applicant. 	<ul style="list-style-type: none"> The Full Grant is available to non-profit service organizations, certain public safety dive teams, academic, and scientific institutions (e.g., zoos and aquariums). Applicants must serve a minimum of 12 divers per year to qualify. DAN will cover domestic shipping (within the US) The unit awarded will be selected by the DAN Grant Committee.
Applicant Requirements	<ul style="list-style-type: none"> Must be a DAN member located in the Americas. Must be trained in the administration and use of emergency oxygen for diving injuries. This grant is a one-time only per member offer and cannot be resold within a year of receipt. 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. 	<ul style="list-style-type: none"> Must be a DAN member located in the Americas. Must have a connection to diving (public service, non-profit, recreational, commercial). Must have a demonstrable need. Must be trained in the administration and use of emergency oxygen for diving injuries. 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.
Send completed application to OxygenGrant@DAN.org		

Send completed application to OxygenGrant@dan.org

Section 1: General Information

(for all applicants)

Date of Application: _____ DAN Member Number: _____

Name of Applicant: _____

Name of Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Shipping Address (No PO Boxes): _____

City: _____ State: _____ Zip Code: _____

NOTE: Shipping is only available within the United States and Canada.

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:

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

Approximate number of divers served (per year): _____

Send completed application to OxygenGrant@dan.org

Section 3: Financial Information

(for Full Grant applications only)

Please include a financial needs statement that clearly identifies your organization's type (e.g., non-profit, tax-exempt entity, private corporation, public agency, etc.) and explains why your organization is currently unable to purchase an oxygen unit.

Additionally, provide a description of how your organization contributes to the community and include documentation or evidence demonstrating that at least 12 divers are served annually through your programs or activities.

Please note that further information may be requested during the evaluation process. The Oxygen Grant Committee will determine which oxygen kit will be awarded.

Section 4: 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 Number: _____

Certification Agency: _____ Number (if applicable): _____ Expiration: _____






Second person certified to provide oxygen: _____

DAN Member Number (if applicable): _____

Certification Agency: _____ Number (if applicable): _____ Expiration: _____

Section 5: Kit Selection

(for Matching Grant applicants only)

Oxygen Kits			
	DAN Rescue Pak 601-4000	Includes: M9 cylinder Regulator Demand valve Non-rebreather mask	Unit Cost: \$621.50 DAN Grant: \$310.75 Your Cost: \$310.75 Select this unit <input type="checkbox"/>
	DAN Rescue Pak Extended Care 601-1000	Includes: Jumbo D (M22) cylinder Regulator Demand valve Non-rebreather mask	Unit Cost: \$825.00 DAN Grant: \$412.50 Your Cost: \$412.50 Select this unit <input type="checkbox"/>
	DAN Rescue Pak Extended Care Plus 601-1200	Includes: Jumbo D (M22) cylinder Regulator Demand valve Non-rebreather mask Rolling case	Unit Cost: \$698.50 DAN Grant: \$349.25 Your Cost: \$349.25 Select this unit <input type="checkbox"/>
	DAN Dual Rescue Pak Extended Care 601-3000	Includes: Two Jumbo D (M22) cylinders Regulator Demand valve Non-rebreather mask	Unit Cost: \$907.50 DAN Grant: \$453.75 Your Cost: \$453.75 Select this unit <input type="checkbox"/>
	First Aid Backpack w/O2 601-6010	Includes: M9 cylinder Regulator Demand valve Non-rebreather mask Backpack First Aid kit	Unit Cost: \$588.50 DAN Grant: \$294.25 Your Cost: \$294.25 Select this unit <input type="checkbox"/>

☐ White Cylinder

☐ Upgrade from Demand Valve to MTV approx. \$125.00

Section 6: Applicant Agreement

Grant Applying For: ☐ Matching ☐ Full

If awarded a full or matching grant from Divers Alert Network (DAN), I agree to report any incident requiring the use of emergency oxygen within seven (7) business days. This information is to be sent to DAN Safety Services via letter or email (RiskMitigation@DAN.org). I also agree to maintain the O2 kit and my oxygen first aid training. Lastly, I agree to not sell my kit within one year of receipt.

Name: _____ Signature: _____ Date: _____

Send completed application to OxygenGrant@dan.org