



Recompression Chamber Assistance Program (RCAP)

The purpose of the Divers Alert Network® (DAN) America Recompression Chamber Assistance Program (RCAP) is to assist recompression chambers in the DAN America region in areas of equipment, training and emergency assistance in maintaining their ability to, or in, becoming able to assist divers in need according to levels DAN America believes appropriate. Assistance is offered to those chambers that may otherwise not be able to financially provide what is requested. This assistance may also be available to recompression chambers outside the DAN America region.

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 _____

Process & Criteria for Support:

Any recompression chamber that serves recreational diving in the DAN America region may apply for assistance in the area of equipment, emergency, and training needs. Any chamber in the region may also request assistance with a needs assessment evaluation/review at any time. The chairman will determine whether a request is an emergency in order to call a special meeting, otherwise requests will be reviewed at the next regular RCAP Committee meeting. Those chambers not within the DAN America region are encouraged to apply for assistance if desired. However, it must be understood that priority is placed on assisting those within the DAN America Region.

APPLICATION

Application Proposal Components

- **The proposal must include these components and be presented in this order:**
 - ◆ Table of Contents
 - ◆ Needs Statement
 - ◆ Overview
 - ◆ Objectives
 - ◆ Organizational Introduction
 - ◆ Methods
- Number each page of the proposal and include the applicant name on the upper right-hand corner of each page.
- Use 12-point, Times Roman print.
- If sending by mail, three-hole punch on the left margin and place in a soft-sided binder.

1. Overview

- **The proposal in miniature.** The overview clearly summarizes most sections in the request.
 - ◆ The overview will include at least one sentence on each of the following:
 - ◆ Number of divers served of each of last five years.
 - ◆ Reason for RCAP assistance request.
 - ◆ The overview must be no more than one page in length.

2. Organizational Introduction

- **Describes the applicant qualifications and credibility.**
 - ◆ Official name, address, telephone, fax, email, internet address of the applicant.
 - ◆ The organizational introduction includes the history and background of the organization.
 - ◆ Must include the mission/purpose statement for the requesting applicant.
 - ◆ Must include the number of people served, have served and intend to serve, or another measure of the impact and goals if the assistance request is approved.
 - ◆ The qualifications of those involved.
 - ◆ Documentation of current staff
 - ◆ Documentation of most recent, if any, chamber assessment.

3. Needs Statement

- Identification of Financial Need should include:
 - ◆ Documents identifying the nature of the organization (non-profit, tax-exempt, private corporation, public agency, etc.)
 - ◆ Operating budget for fiscal year of request
 - ◆ Tax ID Number (if applicable)
- Identification of the needs of the applicant in relation to the assistance requested.
 - ◆ Must relate to the specific use
 - ◆ Must relate to the specific purpose(s) of assisting scuba divers in need.
 - ◆ Must be no more than one page in length.
 - ◆ Must include latest chamber assessment report conducted by DAN or by self-evaluation.

4. Objectives

- Establishes measurable tasks that will be met. These are outcomes, not methods

5. Methods

- Describes the activities to be effected by the assistance. Generally, this will be a paragraph to support each individual objective.
 - ◆ Methods clearly describe the activities, reasons the activities were selected, staffing and training considerations, etc.

6. Item Assistance

■ Training/Education Assistance

- ◆ Type, cost (to include transportation, room & board, fees), location of training/education
- ◆ Number of chamber personnel effected
- ◆ Chamber personnel name, current qualifications, length of service anticipated outcome for individual and chamber.

■ Equipment

- ◆ Type and use
- ◆ Vendor, cost, delivery, time to receive (documentation enclosed from vendor)
- ◆ How and when need identified: damage, expansion, assessment, etc. with details.

■ Emergency Assistance

- ◆ Cause (date, event)
- ◆ Type (if equipment see above)
- ◆ If other provide full description

The _____ Organization name _____ hereby submits 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, **RECOMPRESSION CHAMBER ASSISTANCE PROGRAM**, Medical Department, The Peter B. Bennett Center, 6 West Colony Place, Durham, NC 27705 • Fax +1-919-493-3040 • email: medic@dan.duke.edu