

Grant Program Application

INSTRUCTIONS: Applications may be submitted before or after a project is completed. Priority is given to projects that have a direct impact on employee safety or potential for reducing liability. Routine operating expenses are ineligible for grant awards. If approved, funds are distributed upon PARSAC's receipt of proof of completion. Applications must be signed by the entity's Manager, Administrator or Mayor. For assistance, please call 800-400-2642.

Member _____ Date _____

Project Description _____

Total Cost _____ Actual Estimated

Completion Date _____ Actual Estimated
If actual, please attach proof of completion.

Please describe how this project will improve the entity's loss control efforts (additional pages may be attached):

Does this project have the potential to accomplish any of the following (check all that apply):

- Improve Public Safety
- Improve Workplace Safety
- Reduce Employee Injuries
- Provide Employee Training
- Remove a Specific Hazard
- Implement a Risk Management Policy/Program

Has the entity committed funds to this project? Yes \$ _____ No

Has the entity applied for or received grants from any other source? Yes No

If yes: \$ _____ from _____

Completed by _____ Email _____

Title _____ Phone _____

Approved by _____

- Mayor
- Manager/Administrator

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Approved: _____ Subcommittee Review Yes No
Grant Amount _____