

# Safety Grant Application

4480

Entity Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

Safety Coordinator (Name) \_\_\_\_\_

Total number of Full Time Employees (Required for Grant approval) \_\_\_\_\_

**YOU MUST INCLUDE THE FOLLOWING DOCUMENTS** (Required for Grant Approval)

- 1) Copy of applicable mandatory use policies
- 2) Copy of most recent "Action Report" or "Assessment Evaluation"
- 3) Copy of paid purchase invoice
- 4) Your registered "Safety Catch" Training Administrator (Call for information)

Name \_\_\_\_\_

QUANTITY	DESCRIPTION OF ITEMS	VENDOR	UNIT PRICE	TOTAL PRICE	RMS USE ONLY
		<input type="checkbox"/> NCIRMA	<input type="checkbox"/> IRFFNC		

**CERTIFICATION and AUTHORIZATION:**

I certify that my entity is a member of the RMS WC or PL Insurance Programs for current fiscal year.

Form completed by (Safety Grant Coordinator)

Mayor / Administrator / City Manager  
 (Authorized approving authority)

Complete and return your application to the address below

NCLM Risk Management Services  
 ATTN: Brenda Rich  
 P. O. Box 1310, Raleigh, NC 27602  
 FAX: 919-715-6656

ALL INELIGIBLE REQUESTS WILL BE RETURNED  
 SEE INSTRUCTIONS FOR ELIGIBILITY

For additional information, call your RMS Loss Control Consultant:

**AMY WHISNANT** | 828-231-0276 | Western NC

**JERRY TODD** | 336-339-0890 | Southern Piedmont

**RON TILTON** | 336-213-4648 | Northern Piedmont

**PAUL MILLER** | 252-670-6200 | Eastern NC

For all other questions or information, please contact:

**JIM DAVENPORT**, Loss Control & Health Services Manager | 800-228-0986 or 919-715-2905 | FAX: 919-715-6656