



## Matching Grant Program Application

1) Provide contact information of person who performs the risk management functions at district:

<b>Name:</b>	
<b>District Name:</b>	
<b>Address:</b>	
<b>Telephone #:</b>	
<b>Fax #:</b>	
<b>E-mail Address:</b>	

2) Provide District Lottery ADA:

3) Amount applying for:

4) Attach a typed proposal addressing the questions below:

- a) Name and purpose of Risk Management Initiative
- b) Describe how you would implement product/program, including timeline.
- c) Explain how this could benefit your district and ultimately the NCR membership as a whole.
- d) Provide any other information you feel the Committee should know in consideration of grant request.
- e) Confirm your commitment to report back to the Authority on the pros and cons within 6 months of implementation of product/service.
- f) Attach any loss history in the NCR layer that correlates to the initiative request.

5) Attach **Safety Inspection Affidavit**

Note: If grant approved, submit the following within 365 days from Underwriting/Member Services Committee approval:

- Receipt of purchase
- Receipt of payment
- Completed Matching Grant Reimbursement Form
- Proof of completion of assigned Keenan SafeSchools Course(s), if applicable.

Submit documents to: Leslie Delozier, ReLiEF, P.O. Box 4328, Torrance, CA 90510 or [ldelozier@keen.com](mailto:ldelozier@keen.com)

I have completed the application to the best of my knowledge & will comply with all requirements of the Program:

<b>Name &amp; Title:</b>	
<b>Date:</b>	
<b>Signature:</b>	



## **NCR Matching Grant Program Safety Inspection Affidavit**

District Name: \_\_\_\_\_

When was the District Safety Inspection conducted? \_\_\_\_\_

Name of Organization Completing the Inspection? \_\_\_\_\_

Date Report Received? \_\_\_\_\_

Were there any High Priority Items noted in the report? \_\_\_\_ (please specify) \_\_\_\_\_

If Yes, submit pictures showing correction of each item noted and specify the date of repair for each item.

As of today's date the undersigned hereby certifies that the above-named District has complied with the NCR Safety Inspection Policy by having an independent safety inspection conducted by a Loss Prevention Specialist and addressed all High Priority items identified in the Safety Inspection report.

Signed on behalf of the District/JPA by: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_