



Public Entity Safety Initiative Grant

Cover Page

**** ALL COMPLETED APPLICATIONS DUE FEBRUARY 1st ****

Please type or print all answers below

497 Member Name: _____ Contact Name: _____

Contact Email: _____ Contact Phone: _____

497 Member Mailing Address: _____

What will the grant be used for in your organization?

Safety training Safety equipment Other *(please specify)*: _____

By signing this document, I, _____, *(Contact)* on behalf of _____ *(497 Member)* certify that the enclosed information is accurate and fully illustrates our financial need for this safety grant.

Printed Name

Date

Signature

Date

Return this cover page with a Letter of Intent (LOI) to 497grant@fleuryrisk.com.

Please note: LOI should include explanation of need, who will be benefiting from grant, and cost of proposed safety initiative.