



Lexipol Subscription Grant

Cover Page

Please type or print all answers below.

497 Member Name: _____ Applicant Name: _____

Applicant Email: _____ Applicant Phone: _____

This grant is intended to help partially subsidize the cost of a first year subscription for Lexipol.

What will the Lexipol subscription be used for in your organization?

Police Department

EMS

Fire Department

Other (please specify): _____

Has your organization previously received a quote for a Lexipol subscription?

Yes, the cost was: _____

No, we have never received a quote

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 grant.

Printed Name

Date

Signature

Date

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

Please note: LOI should include explanation of need and an outline of how Lexipol will help your organization to reduce workplace accidents.