2020

ACCG – Group Self-Insurance Workers' Compensation Fund

Employee Safety Grant Application

Member Name:			
Member's Contact Person for Grant:			
Phone #:		Email:	

Items Requested for Reimbursement:

#	Item Name	How will this item reduce workers' comp risks?	Estimated Cost
1			
2			
3			
4			
5			
6			
7			
8			
		TOTAL	

Application Checklist:

☐	Current Safety Action Plan
☐	Expected cost, purchase order, invoice or receipt attached for each requested item

Member's Approval / Submittal Authorization (Chairman / Executive Director):
As Chairman (or Authority Director), I hereby acknowledge and verify that I have read, support, and agree to fully comply with all requirements of the ACCG-GSIWCF Employee Safety Grant.

Print Name		Date	
Signature			

For further assistance, LGRMS Director Dan Beck can be contacted at 678.686.6279; toll-free at 800.650.3120 or email dbeck@lgrms.com.

To be eligible, the Employee Safety Grant Application must be completed **between May 1, 2020 and August 31, 2020.**
Submit to accginsurance@accg.org with the *Email Subject Line:* EMPLOYEE SAFETY GRANT PROGRAM.
Originals are not necessary.