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| **GRANT APPLICANT / REVIEWER DATA** |
| **Department Code:** |       | **Division Code:** |       |
| **Contact Name:** |       | **Contact Email:** |       |
| **Contact Phone:** |       | **Contact Fax:** |       |
| **Reviewer Name:** |  | **Date Received:** |       |
|  |
| **PART ONE – DEFINITION OF LOSS CONTROL PROGRAM***Check all that apply – at least one item must be checked or request should be denied.* |
|  | [ ] This will prevent or reduce the State’s liability exposure. |
|  | [ ] This will prevent or reduce loss to the State’s property. |
|  | [ ] This will prevent or reduce injury / occupational illness. |
|  | [ ] This will enhance risk control. |

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| **PART TWO – MINIMUM ELIGIBILITY GUIDELINES***Check all that Apply. The first is required for approval. If it cannot be checked, request must be denied.* |
|  | [ ] Requestor is a participant in the State’s self insurance fund. |
|  | [ ] Proposal is part of an ongoing safety effort by requesting agency. |

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| **PART THREE – GRANT EVALUATION INFORMATION** |
| (1) **Identify the nature and extent of the problem** **the requestor is working to remedy.***For example, what hazard, unsafe condition/act, peril, training issue exists? How was the problem identified? What is at risk (such as number of employees, dollar value of property,, increased severity or quantity of claims activity)?* |
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| (2) **Describe and evaluate the solution for which grant funding is requested.***For example, exactly what will they do with the grant money, if awarded? Will this address the problem? Fully or partially? Permanently or temporarily? Why does the requestor consider this the solution? Have alternative solutions been evaluated? How will effectiveness be evaluated? Has this been tried, without success, in the past?* |
|       |
| (3) **Identify the costs of the proposed solution and the requestor’s contribution.***For example, what is the maximum, estimated cost of the solution? Of this amount, is the requestor contributing funds toward the solution? Or labor? Or people? Or expecting this grant to fully fund the solution?* |
|       |
| (4) **Identify tentative implementation time frames.***For example, if the grant is awarded, is this to be an immediate, one time purchase/expense? Or will purchases or expenses be incurred over a period of time? What time frame? Is this one part of a multi-fiscal year effort?* |
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| **PART FOUR – DECISION**  |
| [ ]  | GRANT DENIED | [ ]  | DECISION PENDING |
| REASON:  |       |
| [ ]  | GRANT APPROVED | $      | 🡨 Maximum dollar amount RMD committed to |
|  | 🡨 Decision Maker |       | 🡨 Date decision communicated to requestor |
| Fund | [ ]  039 [ ] 064  | VC → | # if applicable :       |

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| **PART FIVE – FILE SET UP AND ADMINISTRATION RECORD** |
| Date grant set-up🡪 |       | Set-up by🡪 |  |
| File Number Assigned🡪 |       | Responsible Person: 🡪 |  |
|  |
| **Activity Log – After File Set up** |
| **Date** | **Initials** | **Notes:** |
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| **Date file closed🡪** |  | **By**🡪 |  | **Total $ Paid**🡪 |  |