

JPIA Risk Control Grant Program

Application Form

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| **Date:**      **Requestor’s Name:**      **Contact Email:**      **Telephone Number:**      **Project Manager’s Name:**      **Project Manager’s Email:**      **Project Manager’s Number:**       | **District Name:**      **Grant Program Project Name:**     **Dollar Amount Requested (not to exceed $10,000):**      **If applicable, Member’s financial contribution to this project.**      **Is additional supporting documentation attached?** [ ] **Yes** [ ] **No** |
| **Commitment to Excellence Category:****[ ]  Office/Field Ergonomics**[ ]  **Vehicle Operations**[ ]  **Infrastructure****[ ]  Construction****[ ]  Employment Practices****[ ]  Wildfire Prevention**[ ]  **Other:**       | **Member’s estimated annual payroll.**     **Member’s total number of employees.**      ***[ ]* Attacha copy of the agency’s signed Commitment to Excellence Agreement (C2E).** **[ ]  Member has reviewed/completed the Submission Checklist on page 5 of the Grant Program Description.**[**Grant Program Description**](https://www.acwajpia.com/wp-content/uploads/Grant-Program-Description-3-23-RMF.pdf)**.** |
| **JPIA Member Program Participation (check all that apply):****[ ]  General Liability****[ ]  Property****[ ]  Workers’ Compensation****[ ]  Employment Practices Liability** |

**Please prepare responses to all the following in the order presented. All questions must be *fully answered,* or the application will be deemed incomplete. (You may continue on a separate sheet if necessary.)**

***All Sections Must Be Completed to be Considered.***

**(*Type in shaded boxes below.*)**

**Project/Program Title**

1.
2. **Hazard/Problem Statement.**

1. **Is this request based on a safety committee recommendation?**

1. **Define the scope, process, or performance objective(s) and/or goal(s) of the project or program.** *(Detailed description of the scope, process, or performance objective(s). Compare Commitment to Excellence loss reduction focus areas to scope, process, or performance objective.)*
2. **Define the solution.** (*Describe how this will specifically be used to address the identified exposure. How many individuals externally or internally will be impacted by the improvement? Does it improve the operational workflow or integrate resources?)*

1. **Explain how the project/program will show a results-oriented impact that is measurable and identifiable to the hazard or problem.** (*Provide the measurable benefits of this project and describe its sustainability. How will you track its effectiveness and evaluate the performance of the improvement?)*

1. **Explain how the project/program is unique or innovative?** (*Highlight creativity or uniqueness of the project or program. Highlight innovative solution that may assist our members with risk management and loss control techniques.)*
2. **Identify and explain how the Hierarchy of Controls used in this project will reduce exposures.** (*Describe the Hierarchy of Control used. Attach updated policies and procedures, SOPs, or JHAs for the solution implemented.)*
	* **Elimination**
	* **Substitution**
	* **Engineering Controls**
	* **Administrative Controls**
	* **PPE**

1. ***State the date and amount of the last award received from the JPIA if applicable.***

1. ***State the time frame you will need to complete the project from start to finish.*** *(Provide a detailed budget for this project from beginning to end including the amounts and sources of other funding (if any).*

**Name of General Manager:**

**Signature of General Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Thank you for applying for funding through the JPIA’s Risk Control Grant Program. Email your submission to** **tlofing@acwajpia.com** **or by U.S. mail to:**

**Terry Lofing, Grant Program Administrator**

**2100 Professional Drive**

**Roseville, CA 95661**

**JPIA Use Only**

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Yes [ ]  No [ ]

Amount approved: $\_\_\_\_\_\_\_\_\_\_\_\_