



2019-2020 PCoRP Loss Prevention Grant Program Information Sheet

The purpose of the PCoRP Loss Prevention Grant Program is to provide the members the opportunity to fund loss prevention projects for their county or county related entity.

GRANT POLICY YEAR

PCoRP members have from June 1, 2019 through to May 31, 2020 to submit an application for a 2019-2020 PCoRP Loss Prevention Grant Program.

GOALS AND SAMPLE PROJECTS

The Loss Prevention Grant program is designed to support your safety committee and administration to offset the costs of enhancing your safety, maintenance and risk management programs. Requests for lethal weapons and accessories (guns, ammunition, etc.) will not be approved. All other grants will be reviewed on a case by case basis; however, there is no guarantee that all requests listed within an application will be approved by the committee.

Note: The PCoRP Loss Prevention Grant Program is not intended to be used to pay for annual routine maintenance expenses.

FUNDING

Members can apply for up to a total of \$20,000 in funding during each grant policy year. This can be for one or more projects, but the total awarded to a member for all PCoRP Loss Prevention grants in the grant policy year cannot exceed \$20,000. The total grant dollars may not exceed 75% of the amount of the member's Loss Fund Contribution to PCoRP, up to a maximum of \$20,000.

NO MATCHING FUNDS REQUIRED FOR GRANTS

No matching funds are required by members to receive a PCoRP Loss Prevention Grant Program grant.

TO APPLY

It is a simple process. Complete the 2019-2020 application form and return it to Keith Wentz at CCAP. Please note the section on the application which asks for the demonstration of need for the project. This is important, and we would like to see the basis for your selection of the project(s) for the grant program.

The PCoRP Loss Control staff are available to assist your safety committee and/or management with identifying potential grant funded projects.

Your application will be reviewed by the PCoRP Underwriting and Claims Committee, composed of PCoRP Board Members and staff, and you will be notified of their decision. If the committee has questions or concerns regarding your grant application, they will be forwarded to you by email for clarification.

ONCE APPROVED

If requested, we will provide the PCoRP grant money in advance of the start of the project. This will require a copy of the estimate or quote for the cost of the entire project. If the member wants to wait until the project is completed, PCoRP will reimburse based on the final invoicing for the project.

CONFIRMATION OF EXPENDITURES

Upon completion of the project(s), the County/County Related Entity is required to present written confirmation indicating completion of the project and that funds were utilized as submitted on the application.

QUESTIONS

Questions about the Loss Prevention Grant program should be directed to Keith Wentz, email: kwentz@pacounties.org; phone (717) 736-4724.



2019-2020
PCoRP Loss Prevention Grant Program
Application

Please complete and return the application to Keith Wentz, Risk Management and Underwriting Manager, CCAP, PO Box 60769, Harrisburg, PA 17106-0769, or email kwentz@pacounties.org.

PCoRP Member: _____

Contact Person: _____ Title: _____

Email Address: _____

Telephone Number: _____

Total Project(s) Cost: \$ _____ Grant Amount Requested: \$ _____

Please complete the following information.

1. Describe what the grant will be used for (may attach additional information):

2. Briefly describe how you determined the need for this project:

3. Briefly describe how the grant will help you to reduce your risk:

4. Attach a cost estimate with supporting documentation.

Signature of Safety Committee Chairperson or Representative required.

Signed: _____

Safety Committee Chairperson/Representative

Date

Signature required. (For counties: chair of commissioners, chairman of council or county executive. For county related entities: agency executive director or equivalent.)

Signed: _____

Chair of Commissioners, Chairman of Council or County Executive
Agency Executive Director or Equivalent

Date

I, _____, of _____, do hereby certify and affirm that all of the grant funds that were received from the Pennsylvania Counties Risk Pool ("PCoRP") through its Loss Prevention Program were used in accordance with, and for the projects set forth in, the application for grant funds that was submitted by _____.

I further certify and affirm that this document is true and correct to the best of my knowledge, information and belief.

Signed: _____

Authorized Representative

Date