

2023-2024 PELICAN Loss Prevention Grant Program Application

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

PELICAN 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.

Date

Signature required. (Administrator, Director of Nursing, CEO, or their designee)

Signed: ______

I, <u>(name)</u>, of <u>(home)</u>, do hereby certify and affirm that all of the grant funds that were received from **PELICAN** 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 <u>(home)</u>.

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

Signed: _____

Date