



# 2024



## ACCG – Group Self-Insurance Workers’ Compensation Fund Employee Safety Grant Application

<b>Member Name:</b>			
Member’s Insurance Contact:			
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			
<b>TOTAL</b>			

### Application Checklist:

<input type="checkbox"/>	Current Safety Action Plan
<input type="checkbox"/>	Expected cost, purchase order, invoice or receipt attached for each requested item

### Member’s Approval / Submittal Authorization (Chairperson / 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](mailto:dbeck@lgrms.com).

To be eligible, the Employee Safety Grant Application must be completed **between May 1, 2024 and August 30, 2024.**

Submit to [accginsurance@accg.org](mailto:accginsurance@accg.org) with the *Email Subject Line*: EMPLOYEE SAFETY GRANT PROGRAM. Originals are not necessary.