

Florida Municipal Insurance Trust Matching Safety Grant Fund Program

2016-2017



FMIT use only please

Date Received by RC/AE: _____

Date Received by RC office: _____

Date Sent to SG Committee: _____

Date Returned to RC office: _____

Date Returned to Applicant: _____

Application

Name of the Public Entity: _____

Address: _____

Safety Grant Coordinator: _____

Phone Number: _____

Email Address: _____

FMIT Fund your Entity Participates in: **Workers' Compensation** _____

Property/Liability _____

Both _____

Dollar Amount of Matching Funds Requested:

Workers' Compensation \$ _____

Property/Liability \$ _____

Total Requested \$ _____

Insurance Decision Maker's Signature, Title and Date:

Safety Grant Coordinator's Signature, Title and Date:

Describe in detail the program, process, item, etc. that the Matching Grant would be used for (attached additional sheets if necessary):

Florida Municipal Insurance Trust
Matching Safety Grant Fund Program

2016-2017



**What FMIT Risk Control Safety & Health classes have your entity's employees attended?
If none, indicate none:** _____

**Attach documentation of the purchase which includes invoices or receipts from suppliers.
For those applications of proposed projects that a safety grant is needed for approval, a
written estimate from the vendor is required. Listing of supporting documentation:**
