

Florida Municipal Insurance Trust Matching Safety Grant Fund Program

2017-2018



If approved, you can expect to receive your FMIT Matching Safety Grant Check within 6-8 weeks from quarter end.

Fund Year 2017-2018

1st Quarter
2nd Quarter
3rd Quarter
4th Quarter

October 1, 2017 to December 31, 2017
January 1, 2018 to March 30, 2018
April 1, 2018 to June 30, 2018
July 1, 2018 to September 30, 2018

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:

Florida Municipal Insurance Trust Matching Safety Grant Fund Program

2017-2018



If approved, you can expect to receive your FMIT Matching Safety Grant Check within 6-8 weeks from quarter end.

Fund Year 2017-2018

1st Quarter
2nd Quarter
3rd Quarter
4th Quarter

October 1, 2017 to December 31, 2017
January 1, 2018 to March 30, 2018
April 1, 2018 to June 30, 2018
July 1, 2018 to September 30, 2018

Describe in detail the program, process, item, etc. that the Matching Grant would be used for (attached additional sheets if necessary): Describe how this would affect a positive outcome (ex. Adding this fence would reduce the chances of the public getting hurt in the unprotected area):

Who and what percentage of employees, and/or community, and/or property would this change affect? (Ex. This new alarm system would affect all city buildings or this training would affect all DPW employees in the city):

Florida Municipal Insurance Trust Matching Safety Grant Fund Program

2017-2018



If approved, you can expect to receive your FMIT Matching Safety Grant Check within 6-8 weeks from quarter end.

Fund Year 2017-2018

1st Quarter
2nd Quarter
3rd Quarter
4th Quarter

October 1, 2017 to December 31, 2017
January 1, 2018 to March 30, 2018
April 1, 2018 to June 30, 2018
July 1, 2018 to September 30, 2018

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:
