

\$SAFETY PAYS\$

GRANT PROGRAM

NonProfits' United (NPU) would like to support you and your safety program by awarding you a **\$SAFETY PAYS\$** Grant. Our criterion is simple. Members can submit an application requesting reimbursement of a proactive Loss Prevention or Loss Control project within the first quarter of the calendar year, or until our grant funds are exhausted throughout each policy year.

Need ideas? Successful applicants for the **\$SAFETY PAYS\$** Grant have utilized this resource for:

- Ergonomic equipment
- Training materials or certifications
- GPS devices
- Wellness/Incentive programs
- Driving monitoring programs
- Protective equipment

Members may apply for approval prior to the expenditure of funds. However, the funding will not be provided until a receipt or paid invoice is submitted to NPU.

Approvals:

Applications will be reviewed by NPU senior staff in the order in which they are received. Members are eligible for one grant for each pool per policy they belong to unless otherwise approved by NPU's CEO.

- Workers Compensation Group members are eligible for a grant up to \$750.
- Vehicle Insurance Pool members are eligible for a grant up to \$500.

Expenses not eligible for grant funds

1. Funds are not intended to supplement program budgets.
2. Expenses such as general operating supplies will not be funded.
3. Funds may not be used to pay salaries or wages.

If you have any questions regarding the **\$SAFETY PAYS\$** Grant, please contact your administrator:

VIP Administrator, Bree Wallace bree@nonprofitsunited.com

WCG Administrator, Linda Johnson linda@nonprofitsunited.com



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GRANT APPLICATION

Date: _____

Member Name: _____

Contact Name, Phone Number and Email:

Which program are you applying to? (You may apply to both if you are a member of both)

Workers' Compensation Group: _____ Vehicle Insurance Pool: _____

Describe the items(s) that you are requesting grant funds for.

How will this project reduce the frequency and/or severity of losses in your organization?

How is this concern currently being addressed?

What is the total requested dollar amount for this project?

Workers' Compensation Group (\$750 max): _____ Vehicle Insurance Pool (\$500 max): _____

Submit your application and supporting documentation to your administrator:

Vehicle Insurance Pool Administrator, Bree Wallace

bree@nonprofitsunited.com

Workers' Compensation Group Administrator, Linda Johnson

linda@nonprofitsunited.com