



2020 WORKPLACE SAFETY FUNDS GRANT APPLICATION FORM

A. GENERAL INFORMATION

1. Organization (must be a LHAWC member):

2. CEO/Administrator of applying organization:

Name/Title:

Phone:

Email:

3. Project Coordinator:

Name/Title:

Phone:

Email:

B. PROJECT INFORMATION

1. Amount of grant request: \$

2. Project Description:

3. Project Timeline and Expected Impact on Employee Safety:

4. Budget:



WORKPLACE SAFETY FUNDS

LHA TRUST FUNDS WORKPLACE SAFETY FUNDS

2020 WORKPLACE SAFETY FUNDS GRANT APPLICATION FORM (CONT.)

C. CERTIFICATION

As a condition of receiving a grant, the applicant agrees to:

1. Complete project as outlined in application by the end of 2020.
2. Complete and submit a request for reimbursement before January 2021.
3. For consideration, I acknowledge and consent to the recording of my/our statements and grant to the LHA Trust Funds and HSLI ("Company") and Company's assigns, licensees, and successors the right to copy, reproduce, and use all or a portion of the grant application for all purposes, including advertising, trade, or any commercial purpose throughout the world as in perpetuity. This authorization extends to and includes my/our permission to distribute, display, and reproduce any related video productions resulting from this grant application.

I grant the right to use my/our image, name and logo in connection with all uses of the Grant and waive the right to inspect or approve any use of my/our project and/or related video productions information should we be chosen to receive funding.

For successful applicants, the Chief Executive of the organization will be required to sign the grant application accepting the above terms before the grant is awarded.

Submitted by:

Signature of CEO/Administrator

Date Submitted

FOR APPROVAL:

EMAIL COMPLETED APPLICATION & SUPPLEMENTING DOCUMENTS TO: staciejenkins@lhatrustfunds.com

FAX COMPLETED APPLICATION & SUPPLEMENTING DOCUMENTS TO: 225.368.3823

Approved by:

LHA Workers' Compensation Fund
Stacie Jenkins
Vice President of Patient Safety
and Risk

Date Approved

Amount Approved