

# DIOCESE SAFETY GRANT APPLICATION

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DUE DATE: JUNE 1, 20\_\_

Information provided in this application will only be used for the purposes of evaluating your safety needs. Please provide accurate and truthful answers to all questions, as the Diocese's Safety Committee needs to have a complete picture of your current conditions, safety concerns and financial need for the proposed equipment.

Parish Name: \_\_\_\_\_

Parish Number and City: \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone No. \_\_\_\_\_ Email address: \_\_\_\_\_

Examples of items that can be requested (not all inclusive):

- replacement of old ladders
- step stools
- handrails on steps
- additional egress and safety lighting
- additional exit signs
- floor mats to prevent slips and falls
- carts in kitchen to help with lifting of pots, etc
- safety items in playground area
- safety cameras
- stair tread strips

(This safety grant is not intended and will not be approved for general maintenance items)

Amount will be considered up to \$2,500 per grant.

**1. Describe the need and safety concerns with your current situation. Give specific examples of the hazards your employees or visitors currently face.**

**2. Please include photos of your current conditions and where located in your building or premise. While it is not mandatory to include photos, it is highly recommended. This helps our review committee understand your situation and why you may need the proposed grant.**

**3. Describe how this equipment will decrease hazardous conditions and increase worker and guest safety. Be specific.**

**4. Provide attachment showing an itemized list and cost for the proposed equipment.**

**Be very specific here, as only the items listed here will be eligible for reimbursement if grant is awarded. Attach additional details of equipment to be purchased. Include as many of the following as possible: Website links to specific item(s), make/model number(s), brochure(s), data/studies on the impact of implementing the equipment, etc.**

**5. Indicate the primary cause of injury you are trying to prevent with the proposed equipment.**

- Strain or injury by
- Fall, slip, or trip injury
- Struck or injured by
- Cut, puncture, scrape, injured by
- Striking against or stepping on
- Caught in, under, or between
- Burn or scald - heat or cold exposures
- Strain of back, shoulder, etc.

**6. Number of incidents directly related to the injury you are trying to prevent within last 5 years.**

Number \_\_\_\_\_

Only include incidents directly related to the injury you are trying to prevent and would have been prevented if the proposed equipment had already been in place/use. For example: If you are applying for safety mats to prevent slips for falls, you would only list incidents related to slips or falls.

**7. When do you plan on implementing these additional safety measures/equipment?**

**8. If you would like to include any additional information for our Safety Grant Review committee to consider, please include it here:**

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Signature

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Date