



The Safety Grant Program is made available by the Georgia Municipal Association's Risk Management Programs through Local Government Risk Management Services.

Program Contact

Dan Beck, Director LGRMS 800.650.3120 dbeck@lgrms.com

Grant Requests Should be Submitted to: Local Government Risk Management Services

Attention:

Safety & Liability Management Grant Program 3500 Parkway Lane, Suite 110 Peachtree Corners, GA 30092



Offered to members of the Georgia Interlocal Risk Management Agency and the GMA Workers Compensation Self-Insurance Fund

Safety and Liability Management Grant Program for Members of GMA's Risk Management Programs

The Georgia Municipal Association's Risk Management Programs have established this Safety and Liability Management Grant Program. The program is offered ONLY to members of GMA's property and liability fund (GIRMA) and GMA's workers' compensation fund (GMA WCSIF).

The program works to provide a financial incentive to assist members in improving their employee safety and general public liability loss control efforts through the purchase of

training, equipment, or services. Examples of eligible requests include purchasing training videos, seminar fees for safety or liability related programs, departmental accreditation or certification fees and expenses, body armor for law enforcement, reflective vests/garments and confined space entry or retrieval equipment. A more complete listing of eligible grant requests can be located on page four of this brochure.

Participant Eligibility

To be eligible for a grant, a member must meet the following criteria:

- Current in payment of contributions and fees.
- · Participation by any member employee in at least one LGRMS sponsored training program within the past year of the grant request.
 - *NEW* Crisis Coordinator Program An additional training session may also meet the requirement by **one person completing the 3.5-hour online Crisis**Coordinator Program. A summary will NOT be required, and a certificate will be earned to document the training.
- · If applicable, current in response to recommendations made by LGRMS during an on-site visit.
- · Designation of a specific person as the member Safety Coordinator or NEW in 2023 the member Law Enforcement Risk Specialist (LERS).

NOTE: The designated Safety Coordinator is expected to attend Introduction to Local Government Safety Coordinator Modules 1,2, & 3. We look back a year from the application to see if the required course has been completed. The Law Enforcement Risk Specialist will need to complete a one-day regional training requirement.

- Show proof of a written policy on holding safety meetings/training. A minimum of one per quarter is required.
 - NOTE: This policy must be signed by the Mayor and City Administrator/Manager for cities or Executive Director for authorities. The meetings requirement can be met through meetings involving safety committees, employee training sessions or departmental heads meeting to discuss safety topics. The safety training sessions may involve safety related video presentations, instructional safety talks or open discussions on safety issues. The city's designated Safety Coordinator should be involved with this commitment. If your written policy was approved in the previous year, you will not need to resubmit the written policy, but you will need to submit verification that meetings took place.
- Show proof of a written policy on requiring a minimum of two safety self-inspections per year. A minimum of one every six months is required. NOTE: This policy must be signed by the Mayor and City Administrator/Manager for cities or Executive Director for authorities. Self-inspection forms are available as part of Safety Coordinator training sessions and a sample form is available on the LGRMS website, www.lgrms.com. You will not need to resubmit the written policy if approved the previous year, but you will need to submit proof of inspections each year.
- Show proof the Safety Meeting/Training Policy and the Self-Inspection Policy mentioned above have been implemented. This can be copies of meeting minutes, sign-in sheets showing the topic of any safety training program, and completed self-inspection forms.
- Show proof there is a written mandatory Seat Belt Usage Policy signed by the current Mayor and City Administrator/Manager for any city or the Executive Director for any authority. This policy should apply to anyone conducting city/authority business that is riding in or driving owned/operated vehicles or operating construction equipment equipped with seat belts. You will need to provide a description of how this policy was distributed to all employees.
- Only for those members with premiums over \$100,000 Show proof that the member's leadership and safety team have reviewed applicable loss trends over the last five years and developed goals and associated action plans to address those trends. Safety Action Plan instructions and templates are available from your Loss Control Field Representative, at www.lgrms.com, and will be distributed electronically with this grant application.

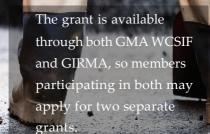
STEP 01

The Grant Process

PROGRAM GUIDELINES

• The grant will pay 100% for all approved items according to the schedule below:

Premium Level	Grant Level
Premiums of \$200,000+	\$10,000
Premiums between \$60,000 & \$200,000	5% of premium
Premiums between \$6,000 & \$60,000	\$3,000
Premiums between \$1,000 & \$6,000	50% of premium
Premiums of less than \$1,000	\$500



- The GIRMA grant will also reimburse 25% of the cost (up to the maximum grant eligibility) for IT in a Box. No supporting documentation required.
 - IT in a Box is designed to help cities take proactive action against cyber-security risks by deploying modern up-to-date technology, policies, and best practices. (LIMIT to 5 Years of Grant Reimbursement)
- A documented mandatory use guideline or SOP signed by the department head and either the Mayor, top Administrator, or Executive Director must be
 included for each safety equipment request. This is generally required for types of equipment such as respirators, AED's, trenching equipment, confined
 space apparatus, body armor, body cameras, etc.
- · Grant funds will be distributed on a first come, first approved basis until all eligible funds have been expended.
- The purchase must be made during the current calendar year that runs from 1/1 to 12/31.
- The review of 2022 grant applications will begin 2/1/23. All grant applications must be received or post marked before 9/30/23.
- · Please avoid submitting multiple grant applications.
- The grant request must be signed by the Mayor or top Administrator for cities or the Executive Director for all other organizations.

PROCEDURES TO REQUEST GRANT MONIES

- Determine you have a need that fits the intent of the grant program.
- Determine all requirements have been met. Please see enclosed checklist.
- Complete the application.
- Gather the necessary documentation to include the following:
 - Copy of the properly signed mandatory use policy or SOP for any equipment purchase.
 - Copy of a purchase order or list of items with expected cost if considering a purchase.
 - Copy of a paid invoice or receipt if purchase has already been made.
 - Copies of the written policies for the required safety meetings/training, self-inspections, and seat belt usage policy. Please include any required proof of meetings, self-inspections, and seat belt usage policy training or distribution.
- Submit the completed application, along with documentation, to LGRMS, 3500 Parkway Lane, Suite 110, Peachtree Corners, Georgia 30092. You may also scan an email to Cortney Stepter at cstepter@lgrms.com
- Wait to receive a confirmation, denial or a request for additional information.
- Grant funds will be released upon final receipt of paid invoice/bill.
- If additional information is requested, gather the information and return it to LGRMS.

PROGRAM ADMINISTRATION

Each submitted grant request will be subject to approval by a committee made up of the Deputy Executive Director (RMEBS), the Director of Risk Management Services, and the Director of LGRMS with input from the appropriate LGRMS Field representative. Priority will be given to grant requests that have direct impact on employee safety or reduction of liability exposures. The Committee will have final determination whether a grant request meets the overall intent of the program. Each fully completed request will be logged into the master list of requests and processed in the order received. Incomplete requests will not be recorded into the master list until all necessary documentation has been received. All requests will be acknowledged as to whether it has been approved, not approved, or partially approved. Funds will only be dispensed after final documentation has been received for the necessary approved purchase or expense. Any grant requests received after all funds have been depleted will be returned to the member.

GRANT PROCESS TIME (Average payment processed in 3 to 4 months)

- LGRMS receives your grant application, identifies any issues with your documentation, and sends the member an acknowledgement e-mail with any needed documentation. This will usually take 2 to 6 weeks.
- LGRMS will review your application with the GMA Grant Board. This Board will either approve or decline the items you have requested. This will usually take an additional 2 to 6 weeks.
- LGRMS will then send the member an e-mail indicating the items approved for the grant.
- The member will then purchase the items requested and send LGRMS the proof of purchase documentation. Once received, it will usually take 2 to 6 weeks to deliver your check.

Georgia Municipal Association Safety and Liability Management Grant Program Application

computer keyboard to accurately input all data requested below. All communication your grant. Incomplete applications may be sent back for completion. Click on the bl Requested for Reimbursement Excel Template.	vill be			is critical to a swift a			
Full Legal Member Name (City, Town, Authority):							
Date of Application:							
Mayor of Highest Elec	ted	Official's Information	1				
Name:		Title:					
Email Address:							
City Manager or Highest No	n-El	ected Official's Inforr	nation				
Name:				Title:			
Email Address:							
Key Grant Contact (All grant communications will be sent to this employee)							
Name:	ame:			Title:			
Email Address:		Phone #	Phone #				
Additional Personnel That Should Be Included on Approval							
Name:		Title:					
Email Address:							
Designated Safety Coordinator							
Designated S	afet	y Coordinator					
Designated S	afet	y Coordinator Title:					
	afet			SC3:			
Name:	afet	Title:		SC3:			
Name: Dates Safety Coordinator Completed SC1: Member's Grant Approval/Submittal Authorization IMPORTANT INSTRUCTIONS: Please complete the excel template provided Executive Director print and sign their name below. By signing below, they approve the second sign their name below.	for al	Title: SC2: I your requested granted items. If of items being requested. Click of items being requested. Click of items being requested.	Please have you n the blue squa	ur Mayor or Top Admi	nistrator, he		
Name: Dates Safety Coordinator Completed SC1: Member's Grant Approval/Submittal Authorization IMPORTANT INSTRUCTIONS: Please complete the excel template provider	for al e list o	Title: SC2: I your requested granted items. If of items being requested. Click of items being requested. Click of items being requested.	Please have you n the blue squa	ur Mayor or Top Admi	he		
Name: Dates Safety Coordinator Completed SC1: Member's Grant Approval/Submittal Authorization IMPORTANT INSTRUCTIONS: Please complete the excel template provided Executive Director print and sign their name below. By signing below, they approve the second sign their name below.	for al e list o	Title: SC2: I your requested granted items. If items being requested. Click oblate.	Please have you n the blue squa	ur Mayor or Top Admi are at the bottom of th	he		
Name: Dates Safety Coordinator Completed SC1: Member's Grant Approval/Submittal Authorization IMPORTANT INSTRUCTIONS: Please complete the excel template provided Executive Director print and sign their name below. By signing below, they approve the application page to access the link for the Items Requested for Reimbursement Excellent Agriculture Director Mayor, Top Administrator, or Executive Director	for al e list o	Title: SC2: I your requested granted items. If items being requested. Click oblate.	Please have you n the blue squa	ur Mayor or Top Admi are at the bottom of th	he		
Dates Safety Coordinator Completed SC1: Member's Grant Approval/Submittal Authorization IMPORTANT INSTRUCTIONS: Please complete the excel template provided Executive Director print and sign their name below. By signing below, they approve the application page to access the link for the Items Requested for Reimbursement Excellent Application Checklist Mayor, Top Administrator, or Executive Director Application Checklist Copy of the properly signed written policy for Seatbelt use and description of	for al e list o	Title: SC2: I your requested granted items. If items being requested. Click oblate. ease Print Name Copy of the properly signed write.	n the blue squa	ur Mayor or Top Admi are at the bottom of the Signatu Safety Meetings, OR	he		
Dates Safety Coordinator Completed SC1: Member's Grant Approval/Submittal Authorization IMPORTANT INSTRUCTIONS: Please complete the excel template provided Executive Director print and sign their name below. By signing below, they approve the application page to access the link for the Items Requested for Reimbursement Excellent Application Checklist Copy of the properly signed written policy for Seatbelt use and description of distribution process	for al e list o	Title: SC2: I your requested granted items. If items being requested. Click oblate. ease Print Name Copy of the properly signed write Submitted Safety Meeting Polic Proof or sample documentation	n the blue squa tten policy for S cy in previous y n of the meetin	ur Mayor or Top Admi are at the bottom of the Signatu Safety Meetings, OR ear	ire		
Dates Safety Coordinator Completed SC1: Member's Grant Approval/Submittal Authorization IMPORTANT INSTRUCTIONS: Please complete the excel template provided Executive Director print and sign their name below. By signing below, they approve the application page to access the link for the Items Requested for Reimbursement Excellent Application Checklist Mayor, Top Administrator, or Executive Director Application Checklist Copy of the properly signed written policy for Seatbelt use and description of	I for all for all formal forma	Title: SC2: I your requested granted items. If of items being requested. Click on olate. ease Print Name Copy of the properly signed writing Submitted Safety Meeting Policy	tten policy for S cy in previous y n of the meetin policy requiring cy in previous ye	ur Mayor or Top Admi are at the bottom of the Signature Safety Meetings, OR ear gs g self-inspections, OF	ire		
Name: Dates Safety Coordinator Completed SC1: Member's Grant Approval/Submittal Authorization IMPORTANT INSTRUCTIONS: Please complete the excel template provided Executive Director print and sign their name below. By signing below, they approve the application page to access the link for the Items Requested for Reimbursement Excellent Application Checklist Copy of the properly signed written policy for Seatbelt use and description of distribution process A documented mandatory use guideline or SOP signed by the department head and either the mayor, top Administrator, or Executive Director must be included for	I for all for all formal forma	Title: SC2: I your requested granted items. If of items being requested. Click on olate. Copy of the properly signed writed Safety Meeting Polic Proof or sample documentation. Copy of properly signed written Submitted self-inspection policies.	tten policy for Scy in previous y n of the meetin, policy requiring by in previous yen of the comple	ar Mayor or Top Admi are at the bottom of the Signatu Safety Meetings, OR ear gs g self-inspections, OF ear	ire		
Dates Safety Coordinator Completed SC1: Member's Grant Approval/Submittal Authorization IMPORTANT INSTRUCTIONS: Please complete the excel template provided Executive Director print and sign their name below. By signing below, they approve the application page to access the link for the Items Requested for Reimbursement Excellent Application Checklist Copy of the properly signed written policy for Seatbelt use and description of distribution process A documented mandatory use guideline or SOP signed by the department head and either the mayor, top Administrator, or Executive Director must be included for each safety equipment request. Member employee has attended an LGRMS sponsored training program within	I for all for all formal forma	Title: SC2: I your requested granted items. If of items being requested. Click on olate. Copy of the properly signed write Submitted Safety Meeting Polic Proof or sample documentation. Copy of properly signed written Submitted self-inspection polic Proof or sample documentation. Designated Safety Coordinator	tten policy for S cy in previous y n of the meetin policy requirin y in previous y n of the comple	ar Mayor or Top Admi are at the bottom of the Signature Signature	ire		



Georgia Municipal Association

P.O. Box 105377 Atlanta, Georgia 30348 Phone 404.688.0472

www.gacities.com



Local Government Risk Management Services

3500 Parkway Lane Suite 110 Peachtree Corners, GA 30092

Phone: 678-686-6279 Toll-free: 800-650-3120 Fax:770-246-3149

www.LGRMS.com

Serving Local
Government is Our
Only Business

Typical Items Eligible for Grant Reimbursement

WCSIF or Workers' Comp Approved Items

Can the item requested reduce the risk of employee injury or workers'compensation claim? If yes, it is likely to be approved. Items typcially approved include: training videos, fees for attending a safety course or seminar, purchasing safety related services, equipment such as soft body armor for law enforcement, reflective vests or garments, confined space entry or retrieval equipment, trench boxes or shoring equipment, chemical handling gloves, aprons, face shields, respirators, etc.

(Link to List of Preapproved WCSIF Items)

GIRMA or Property and Liability Approved Items

Can the item requested reduce the risk of a property and liability claim? If so, it is likely to be approved. **Items typically approved Include:** training videos, fees for attending a liability course or seminar, purchase of risk reducing services, department accreditation or certification fees (i.e., CALEA, Georgia Chiefs), and equipment such as playground enhancements (i.e., netting, sand, cross ties, etc.), traffic control (i.e., barriers, cones, fencing, signs flagger cert, flares, beacons), vehicles (i.e., safety lights and camera systems), law enforcement items (i.e., gun locking devices, in-car/body/taser cameras,

(Link to list of Preapproved GIRMA Items)

Ineligible Requests

The grant will not cover Personal Protective Equipment (PPE) less than \$20 per pair or any disposable items (i.e., hard hats, general use safety glasses, safety shoes, flashlights, disposable gloves, or any other disposable item, etc.), weapons of any type, staff salary costs, general training requirements for a specific position (i.e., police or fire academy training programs), general equipment that can be used for multiple purposes (i.e., computers, furniture, etc.), or Association Dues/fees.