

2024

safety and liability

Management Grant Program

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



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

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 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's Safety Coordinator or the member's Law Enforcement Risk Specialist (LERS).**
NOTE: The designated Safety Coordinator is expected to attend Introduction to Local Government Safety Coordinator Modules 1,2, & 3. The designated Law Enforcement Risk Specialist is expected to attend Law Enforcement Risk Specialist training. 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/trainings.** A minimum of one per quarter is required.
NOTE: This policy must be signed by the Mayor and City Administrator/Manager for cities or the Executive Director for authorities. The meeting requirements can be met through meetings involving safety committees, employee training sessions, or departmental heads' meetings 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 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.

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 grant is available through both GMA WCSIF and GIRMA, so members participating in both may apply for two separate grants.

- The GIRMA grant will also reimburse 25% of the cost (up to the maximum grant eligibility) for IT in a Box. No supporting documentation is 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, AEDs, 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 2024 grant applications will begin on **2/1/2024**. All grant applications must be received or postmarked before **9/30/2024**.
- 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 whether you have a need that fits the intent of the grant program.
- Determine all requirements have been met. Please see the 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 the 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, 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 and send email to lgrmsadmin@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 and return it to LGRMS as soon as possible.

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 a direct impact on employee safety or a reduction of liability exposures. The Committee will have the final determination whether a grant request meets the overall intent of the program. Completed requests 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 having 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 acknowledgment 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

| | | | | | |
|--|--|------|--|--|--|
| IMPORTANT INSTRUCTIONS: Please complete ONLY ONE application per member (Application can include both GIRMA and WCSIF items). Please use your computer keyboard to accurately input all data requested below. All communication will be conducted via email. Data clarity and accuracy is critical to a swift approval of your grant. Incomplete applications may be sent back for completion. Click on the blue square at the bottom of the application page to access the link for the Items Requested for Reimbursement Excel Template . | | | | | |
| Full Legal Member Name (City, Town, Authority): | | | | | |
| Date of Application: | | | | | |
| Mayor of Highest Elected Official's Information | | | | | |
| Name: | | | | Title: | |
| Email Address: | | | | | |
| City Manager or Highest Non-Elected Official's Information | | | | | |
| Name: | | | | Title: | |
| Email Address: | | | | | |
| Key Grant Contact (All grant communications will be sent to this employee) | | | | | |
| Name: | | | | Title: | |
| Email Address: | | | | | |
| Additional Personnel That Should Be Included on Approval | | | | | |
| Name: | | | | Title: | |
| Email Address: | | | | | |
| Designated Safety Coordinator | | | | | |
| Name: | | | | Title: | |
| Dates Safety Coordinator courses were completed or plan to attend | | SC1: | | SC2: | |
| Regional Training Attended | | | | | |
| Regional Training attended by: | | | | Title: | |
| Regional Training attended or to be attended: | | | | Date of training attended or to be attended: | |

Member's Grant Approval/Submittal Authorization

| | | |
|--|-------------------|-----------|
| IMPORTANT INSTRUCTIONS: Please complete the excel template provided for all your requested granted items. Please have your Mayor or Top Administrator, Executive Director print and sign their name below. By signing below, they approve the list of items being requested. Click on the blue square at the bottom of the application page to access the link for the Items Requested for Reimbursement Excel Template . | | |
| | Please Print Name | Signature |
| Mayor, Top Administrator, or Executive Director | | |

Application Checklist

| | |
|---|---|
| <input type="checkbox"/> Copy of the properly signed written policy for Seatbelt use and description of distribution process | <input type="checkbox"/> Copy of the properly signed written policy for Safety Meetings <input type="checkbox"/> OR Submitted Safety Meeting Policy in previous year. <input type="checkbox"/> Proof or sample documentation of the meetings |
| <input type="checkbox"/> 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. | <input type="checkbox"/> Copy of properly signed written policy requiring self-inspections, <input type="checkbox"/> OR submitted self-inspection policy in previous year <input type="checkbox"/> Proof or sample documentation of the completed inspections |
| <input type="checkbox"/> Member employee has attended an LGRMS sponsored training program within the last year. | <input type="checkbox"/> Designated Safety Coordinator, current on attendance at Safety Coordinator, I, II, and III training. |
| <input type="checkbox"/> Receipts/Purchase Order attached for each requested item. | <input type="checkbox"/> List of all requested equipment that includes the expected cost. |
| <input type="checkbox"/> If applicable, current in response to recommendations made by LGRMS during onsite visits. | <input type="checkbox"/> (Only required for premium over \$100,000) completed and signed copy of LGRMS Risk Reduction |

Scan completed application and e-mail to: lgrmsadmin@lgrms.com
Subject Line: Safety and Liability Management Grant Program

[Click here to download the](#)
Items Requested for
Reimbursement Excel
Template



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 typically 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, etc.)

[\(Link to list of Preapproved GIRMA Items\)](#)

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.