



## TNRMT Safety Grant Program

TNRMT recognizes that safety awareness and training are vital components of an effective safety program. Our loss control staff is dedicated to working with you in any way possible to make your workplaces and workdays safer and more productive.

To continue enhancing our TNRMT Members' safety efforts, we are proud to once again be offering our Safety Grant Program.

Your request may be for any amount up to \$20,000.

### Requirements to qualify for a safety grant:

1. Complete a Safety Grant Application
2. Member must have a designated Safety Coordinator
3. Member of TNRMT in good standing for a minimum of 4 years

Every application received by TNRMT will be reviewed and maintained for one fiscal year. A new application must be submitted each year. Applications may only include one project. Applicants may complete and submit multiple applications.

Grants may be submitted for the purchase of a safety-related item, physical improvements to your building or grounds, or safety training of employees. Other safety ideas will be considered as well if submitted.

Applications may be submitted: Through December 31, 2020

Applications will be reviewed: First Quarter 2021

You will be notified of approval: April 2021

### Determination of Approval

Following are the decision-making criteria to receive a grant or scholarship for your entity.

1. Grant requests must have a *direct impact* on employee safety or reduction of liability exposures.
2. Sustainable – Must further a risk management objective.
3. Limited Time Use items are exempt from grant funds ie... safety glasses, ear plugs, cooling bands, dust masks

Applications may be submitted to:  
The Tennessee Risk Management Trust | Grant Application  
404 BNA Drive, Suite 208 | Nashville, TN 37217  
email: [grants@tnrmt.com](mailto:grants@tnrmt.com)



## TNRMT Safety Grant Application Form 2020-2021

Please answer the following questions.

1. Named Safety Coordinator: \_\_\_\_\_
2. How many people will be impacted by the improvement? \_\_\_\_\_
3. Is this request based on a safety committee recommendation? \_\_\_\_\_
4. What in the past 5 years has been your most effective safety improvement?

### Member Contact Information

Date of application: \_\_\_\_\_ Application Fiscal Year: \_\_\_\_\_

#### Organization Information

\_\_\_\_\_  
*Name of organization* *Legal name, if different*

\_\_\_\_\_  
*Address* *City, State, Zip* *Employer Identification Number (EIN)*

\_\_\_\_\_  
*Phone* *Fax* *Web site*

\_\_\_\_\_  
*Name of Lead official within organization* *Title* *Phone* *E-mail*

\_\_\_\_\_  
*Name of contact person regarding this application* *Title* *Phone* *E-mail*

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**Proposal Information**

-Please feel free to attach additional pages with information-

Please give a summary of request *(Please include purpose of item(s), supplier ID, item ID, item price, and or training, scope, timeline once funds are received, and pictures if applicable):*

Qty.	Supplier	Item ID	Item Description	Unit Price	Extended Price

How will the grant or scholarship benefit safety?



**Budget**

Dollar amount requested:                      \$ \_\_\_\_\_

**Authorization**

Name and Title of Head Official or Board Chair: \_\_\_\_\_

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

**Official Use Only**

Date Received: \_\_\_\_\_                      Date Reviewed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Approved:      Yes ( )      No ( )                      Amount Approved: \_\_\_\_\_

Approval Signature: \_\_\_\_\_                      Date: \_\_\_\_\_