



## 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.

Applications will be accepted: July 1- September 30

Applications will be reviewed: October

You will be notified of approval: November

### Determination of Approval

The following are the decision-making criteria to receive a grant or scholarship for your entity. Grants may be submitted for the purchase of safety/ loss prevention related items, physical improvements to your building/ grounds, or safety training of employees. Other safety ideas will be considered as well.

1. Grant requests must have a *direct impact* on employee safety.
2. Grant requests should have a potential to positively effect Workers Compensation frequency.
3. Grant requested items should be sustainable; able to be utilized by employees now and in the future. Limited Use Items such as safety glasses, ear plugs, cooling bands, dust masks will not be considered.
4. Radios, phones, light bulb upgrades, or vape detectors will not be considered.

Applications may be submitted to:  
The Tennessee Risk Management Trust | Grant Application  
101 Tamaras Way | Hendersonville, TN 37075  
email: [grants@tnrmt.com](mailto:grants@tnrmt.com)



5. Items that may create new dangers such as scissor lifts, boom lifts, and extension type ladders will generally not be considered.
6. Items deemed security improvements including cameras, access controls, and vision impairment devices will generally not be considered.

TNRMT reserves the right to administer the grant program based on availability of funds and criteria as determined by the TNRMT Board of Trustees. Regretfully, all grants will not be approved.

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## TNRMT Safety Grant Application Form

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):*

<b>Qty.</b>	<b>Supplier</b>	<b>Item ID</b>	<b>Item Description</b>	<b>Unit Price</b>	<b>Extended Price</b>

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: \_\_\_\_\_