



2023
PComp Safety Improvement
Program Grant Application

Please complete and return the application to Keith Wentz, Risk Management Director, CCAP, PO Box 60769, Harrisburg, PA 17106-0769, or email the completed application to kwentz@pacounties.org.

PComp Member: _____

Contact Person: _____ Title: _____

Email Address: _____

Telephone Number: _____

Total Project(s) Cost: \$ _____ Grant Amount Requested: \$ _____

Please complete the following information.

1. Describe what the PComp Safety Improvement Program grant will be used for (You may attach additional information):

2. Briefly describe how you determined the need for this project:

3. Briefly describe how the PComp Safety Improvement Program grant will result in reducing workplace accident frequency and severity.

4. Attach a cost estimate with supporting documentation.

Signature of Safety Committee Chairperson or Representative required.

Signed: _____
Safety Committee Chairperson/Representative _____ *Date*

Signature required. (For counties: chair of commissioners, chairman of council or county executive. For county related entities: agency executive director or equivalent.)

Signed: _____
_____ *Date*

I, __ (name) _____, of ____ (county) _____, do hereby certify and affirm that all of the grant funds that were received from the Pennsylvania Counties Workers Compensation Trust ("PComp") through its Safety Improvement Program were used in accordance with, and for the projects set forth in, the application for grant funds that was submitted by ____ (county) _____.

I further certify and affirm that this document is true and correct to the best of my knowledge, information and belief.

Signed: _____
Date