



2023-2024
PCoRP Loss Prevention Grant Program
Application

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

PCoRP Member: _____

Contact Person: _____ Title: _____

Email Address: _____

Telephone Number: _____

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

Please complete the following information.

1. Describe what the grant will be used for (may attach additional information):

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

3. Briefly describe how the grant will help you to reduce your risk:

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:

Chair of Commissioners, Chairman of Council or County Executive
Agency Executive Director or Equivalent

Date

I, _____, of _____, do hereby certify and affirm that all of the grant funds that were received from the Pennsylvania Counties Risk Pool ("PCoRP") through its Loss Prevention Program were used in accordance with, and for the projects set forth in, the application for grant funds that was submitted by _____.

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

Signed:

Authorized Representative

Date