



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

4. Attach a cost estimate with supporting documentation.

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Signature of Safety Committee Chairperson or Representative required.

Signed: \_\_\_\_\_  
*Safety Committee Chairperson/Representative* *Date*

Signature required. (Administrator, Director of Nursing, CEO, or their designee)

Signed: \_\_\_\_\_

I,    (name)                  , of    (home)                  , do hereby certify and affirm that all of the grant funds that were received from **PELICAN** 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    (home)                  .

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

Signed: \_\_\_\_\_ \_\_\_\_\_  
*Date*