



Loss Prevention Financing Program

The Michigan Counties Workers' Compensation Fund (MCWCF) Board has modified the Loss Prevention Grants program started in 2014 to make the application process easier for members and to expedite the delivery of funds to recipients.

The program will NO LONGER BE a competitive grant program with set application periods or amounts.

INSTEAD, the program will operate year-round, with members free to submit a financing request (see below) at any point during the calendar year. There will be no restrictions on the number of times a member may file a request in a calendar year. However, no single request for reimbursement may exceed **\$5,000**.

A committee made up of three MCWCF trustees will continue to review applications and make funding decisions.

- Preference will be based upon the specific need or potential impact to the organization, which is not currently being funded through the organization's budget.
- **Successful applicants must have a workplace safety committee and provide minutes from its last meeting.**
- **Funds are issued as reimbursements after the equipment is purchased. You must file for reimbursement within 90 days of the date of the letter notifying you of your grant award.**

Applications must focus on projects that **protect employee safety in the workplace**. This is a loss prevention program designed specifically to reduce workplace injuries and, thereby, the claims on the MCWCF and its members. If you have any questions about what qualifies as loss prevention and what does not, please contact AJ Hale at CompOne (ajhale@compone.net or 269-339-1544) **BEFORE** you submit your application.

Email completed application to: ajhale@compone.net

Requirements for your Loss Prevention application

All applications **must be co-signed** by the ranking administrator of the fund entity (county, CMH, transport authority) AND the chair of its safety committee.

2022 Loss Prevention Application

Applicant Contact: _____

Title: _____

Organization/Agency Name: _____

Organization/Agency Address: _____

City: _____ Zip: _____

Daytime Phone: _____ Email: _____

Specific amount requested \$ _____ Today's Date: (mm/dd/yy) _____

Number of employees affected by proposed project: _____

BRIEF description of project: _____

By completing and submitting this form, I give consent for the Michigan Counties Workers' Compensation Fund to take photographs and give permission for the photos to be published as part of any media notice of the grant program, if I am selected as a grant recipient.

Signature of administrator: _____ Signature of safety chair: _____

Please include typed responses to the following questions, on a separate sheet, along with this form.

Responses should not exceed three (3) pages.

You MUST INCLUDE photos and supporting data with the application.

- Briefly describe the proposed project/plan and what purpose would it accomplish.
- What is the estimated cost of the project? Please include an itemized list, if appropriate.
- Why are outside funds needed?
- Who would benefit from this project?
- How would you determine the success of the project?
- **REMEMBER: Provide photographs to support your request.**
- **Provide list of active Safety Committee Team members and minutes from last meeting.**