



PO Box 2252, La Crosse, Wisconsin 54602-2252

LACROSSE INDUSTRIAL SAFETY & HEALTH COUNCIL GRANT APPLICATION GUIDELINES

La Crosse Industrial Safety & Health Council welcomes funding requests related to health and safety. This application form must be completed and all necessary signatures obtained before submitting it to the council office for consideration.

Today's Date: _____ **Amount Requested:** _____ **Date Needed:** _____

Name: _____ **Title:** _____
(individual initiating the request)

Company/Organization: _____ **Daytime Phone:** _____

Please provide a general overview of the program/project. What health and safety needs and/or opportunities do you hope to address with this proposal?

Specifically, how will the Safety & Health Council funds be utilized?

How many people will be served by this Safety & Health Council grant? If this is an existing program or service, please describe current trends in utilization.

Is this a one-time request for funding support or do you anticipate the need for additional funding from the Safety & Health Council?

Have you received funding from the Safety & Health Council for this purpose in the past? If so, how much funding did you receive, and when?

Please describe any additional funding sources for this purpose.

REQUIRED SIGNATURES:

Individual(s) submitting application: _____

Lacrosse Industrial Safety & Health Council Office Use Only:

Restricted funds available? Yes/No

Grant committee agenda date: _____

Grant committee results: Approved/Denied Grant Amount Provided: _____
