

Loss Mitigation Grant Application

I. Applicant Information

Unit information	
Unit name	Unit number ###
Address <i>Street address or PO box, city, state, and zip code</i>	
Contact person for project	
Contact name	Phone (###) ###-####
Title	Email

II. Hazard Information

Hazard details <i>Please include the location of the hazard, issue, and how it creates a slip, trip, fall, or property damage risk. Attach photo(s) if available.</i>
How was the hazard identified? <i>Check all that apply.</i>
<input type="checkbox"/> MCC Loss Prevention Representative inspection <input type="checkbox"/> Staff observation <input type="checkbox"/> Visitor report <input type="checkbox"/> Other (please describe)
Date hazard was identified <i>MM/DD/YYYY</i>
Has the hazard resulted in previous incidents or near misses?
<input type="checkbox"/> No <input type="checkbox"/> Yes (please describe)

III. Project Details

Type of repair or mitigation proposed <i>Check all that apply.</i>			
<input type="checkbox"/> Handrail repair or replacement	<input type="checkbox"/> Sidewalk repair or replacement	<input type="checkbox"/> Parking lot resurfacing or patching	<input type="checkbox"/> Interior flooring repair
<input type="checkbox"/> Lighting improvement	<input type="checkbox"/> Stair/step repair or replacement	<input type="checkbox"/> Ramp repair or replacement	<input type="checkbox"/> Pipe insulation
<input type="checkbox"/> Gutter/roof repair or replacement	<input type="checkbox"/> Masonry/tuck pointing	<input type="checkbox"/> Boiler/HVAC repair or replacement	<input type="checkbox"/> Other (please describe)

Proposed remedy and scope of work <i>Please describe the proposed remedy. Attach contractor quote(s) if available.</i>			
Estimated project cost \$	Start date <i>MM/DD/YYYY</i>	Completion date <i>MM/DD/YYYY</i>	

IV. Funding Request

Funding details <i>'Amount requested' can be no more than the maximum allowed by the program.</i>	
Amount requested \$	Additional funds to be contributed by unit, if any \$

V. Certification

By submitting this application, I certify that:	
<ul style="list-style-type: none"> • The information in this application is accurate. • The grant funds will only be used for the purposes stated. • The unit agrees to submit documentation after project completion. 	
Name	
Title	Date <i>MM/DD/YYYY</i>

For Grant Review Committee Use Only

Date received <i>MM/DD/YYYY</i>	Reviewed by	
Risk severity level: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Critical	Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending additional information	Notes
Approved grant amount \$		