

**NEW JERSEY SCHOOL BOARDS ASSOCIATION
INSURANCE GROUP
Application for 2010 Safety Grant Program
Application Due Date August 1, 2010**

Applicant District _____
County _____
Address _____

Telephone No. _____
Fax # _____
Project Director _____

Telephone # **Fax #**

E-Mail _____
Business _____
Administrator _____

Telephone # **Fax #**

E-Mail _____
Project Period **July 1, 2010 through June 30, 2011**

Total Entitlement **\$** _____

Total Funds Requested **\$** _____

Application Certification:

To the best of my knowledge and belief, the information contained in the application is true and correct. The document has been duly authorized by the governing body of this agency. I further certify that the following is enclosed:

- _____ **Application Title Page**
- _____ **Certified Board Resolution**
- _____ **Application Narrative**
- _____ **Budget Summary**
- _____ **Original and One Copy of the Complete Application Package**
- _____ **Complete NJSBAIG Safety & Loss Control Assessment**

Signature of Chief School Administrator

Title

Please print or Type Name

Date

**NEW JERSEY SCHOOL BOARDS ASSOCIATION
INSURANCE GROUP
Application for 2010 Safety Grant Program
Board Resolution to Apply**

Applicant District _____

The _____ Board of Education hereby approves the submission of grant application for the 2010 Safety Grant Program through the New Jersey School Boards Association Insurance Group's ERIC SOUTH Sub fund for the purposes described in the application, in the amount of \$_____.00 for the period July 1, 2010 through June 30, 2011.

**NEW JERSEY SCHOOL BOARDS ASSOCIATION
INSURANCE GROUP
Application for 2010 Safety Grant Program
Project Description Statement**

Applicant District _____

In this section, applicants are to provide the reader with an overall picture of the project(s) for conceptualizing the planned use of funds. The narrative will show the applicant's intention for the project(s) over the project period of time and include the following:

- **Project goal**
- **Implementation of this project**
- **How this project will enhance safety**
- **Any other information related to this project**

In preparing this narrative, applications may use additional pages as may be required.

**NEW JERSEY SCHOOL BOARDS ASSOCIATION
INSURANCE GROUP
Application for 2010 Safety Grant Program
Application Budget Summary**

Applicant District _____

This column
for NJSBAIG use
only.

Budget Category	Function & Object Code	Grant Funds Requested	Approved Budget
Support Services			
Purchased Professional & Technical Services	200-300		
Other Purchased Services	200-500		
Supplies and Materials	200-600		
Subtotal – Support Services			
Facilities Acquisition & Construction Services			
Other Purchased Professional & Technical Services	400 – 390		
Construction Services	400 – 450		
Noninstructional Equipment	400-732		
Subtotal – Facilities			
Subtotal - Facilities			
Total Budget			

Business Administrator / Chief Fiscal Officer

Date

**NEW JERSEY SCHOOL BOARDS ASSOCIATION
INSURANCE GROUP
Application for 2010 Safety Grant Program
Project Completion Narrative**

Applicant District _____

In this section, applicants are to describe the results of the completion of the project. Also, please describe how this project has benefited the district.

Signature of Project Director

Date