GOLDEN STATE
RISK MANAGEMENT AUTHORITY

Innovative programs, personalized service

Loss Prevention Subsidy Fund (LPSF) Application

The Loss Prevention Subsidy Fund provides funding which may be used for training purposes **ONLY**. The program will reimburse training expenses up to $1,000 (maximum amount district may apply for annually). All requests must be approved before you spend any money. The funds are available on a first come first serve basis. All loss prevention training programs sponsored by this program will be open to all members of Golden State Risk Management Authority.

To apply for funding complete the form below, print it out and send it to: GSRMA, Attn: Loss Prevention, P.O. Box 706, Willows, CA 95988, via fax at (530) 934-8133, or e-mail to lossprevention@gsrma.org.

Name of Agency:	Contact Name:
Date:	Phone:

Date Training will be completed by: _____ Estimated Cost of Training $_____	Description of Training:

NEW REQUIREMENT AS OF 7/1/2014

Upon completion of the loss prevention activity, for which you have requested grant funding, you will be required to submit a short summary/description of the activity. Please provide a description of the Loss Prevention/Claims Reduction techniques or information the applicant learned, and how this will benefit your agency in the reduction of losses/claims. Please submit this information when you submit your receipts. You will not receive reimbursement without the above mentioned information. Please submit your description on a separate sheet of paper. All backup documentation must be submitted within two weeks of the completion of the activity. All activities under this program must be completed prior to June 30th.

FOR INTERNAL USE ONLY

DO NOT WRITE BELOW THIS LINE: For Golden State Risk Management Authority use only.		
Member Agency Board approval ❑ Copies of Receipts ❑ Evidence of monies spent ❑		
Written request ❑	Loss Prevention/Claims Reduction Narrative provided: Yes ❑ No ❑	
Application Approved Yes ❑ No ❑	Date Approved:	Approved by:
GSRMA Check Number:	Amount: $	Paid On: