

**2008 WASB Insurance Plan Grant Program
Application for Safety Program Competition**

Note: Applications must be typed

Name of _____
policyholder:

Is submitting organization a District or a CESA

Contact information for person submitting proposal:

Name: _____
Title: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Describe your innovative safety program (Use additional space as needed.):

Desired effect (Use additional space as needed.):

Estimated cost of safety program: _____

Will you allow the WASBIP to share the details of the program with other districts/CESA's?

Yes
No

Requested grant amount: _____

Send proposal to: WASB Insurance Plan
Attn: Joe Koenig
122 West Washington Avenue, Suite 400
Madison WI 53703