



**WASB Insurance Plan
2007 Safety Program Proposal for Grant Consideration**

Name of district/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
 Madison, WI 53703
 (608) 257-2622