



PO Box 2252, La Crosse, Wisconsin 54602-2252

## GRANT APPLICATION GUIDELINES

**La Crosse Area Occupational Safety and Health Council (LAOSHC)** welcomes funding requests related to health and safety. This application form must be completed and all necessary signatures obtained before submitting it to the Council office for consideration.

**Today's Date:** \_\_\_\_\_ **Amount Requested:** \_\_\_\_\_ **Date Needed:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
(individual initiating the request)

**Company/Organization:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Please provide a general overview of the program/project. What health and safety needs and/or opportunities do you hope to address with this proposal?**

**Specifically, how will the Safety & Health Council funds be utilized?**

**How many people will be served by this Safety & Health Council grant? If this is an existing program or service, please describe current trends in utilization.**



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**Is this a one-time request for funding support or do you anticipate the need for additional funding from the Safety & Health Council?**

**Have you received funding from the Safety & Health Council for this purpose in the past? If so, how much funding did you receive, and when?**

**Please describe any additional funding sources for this purpose.**

**REQUIRED SIGNATURE(S):**

Individual(s) submitting application: \_\_\_\_\_

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**Lacrosse Area Occupational Safety and Health Council Office Use Only:**

Restricted funds available?      Yes/No

Grant committee agenda date: \_\_\_\_\_

Grant committee results:    Approved/Denied      Grant Amount Provided: \_\_\_\_\_

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