



Application for Risk Control Assistance Funds

_____ application date

In accordance with current ASCIP guidelines, _____
District Name
 submits this application for Risk Control Assistance Funds for the purpose of eliminating or reducing hazards associated with the following risks:

<input type="checkbox"/>	Auto Liability	<input type="checkbox"/>	Auto (Damage)	<input type="checkbox"/>	Crime
<input type="checkbox"/>	General (Liability)	<input type="checkbox"/>	Property	<input type="checkbox"/>	Other (Describe)

Describe the project and describe which hazard this project will reduce or eliminate?

For CCTV and AED's, please attach Board Policies and Administrative Regulations. AED's require the ASCIP AED Addendum as well. Email form and materials to Steve Wilmes at wilmes@ascip.org.

Estimated Project Completion Date: _____

Total Project Cost \$ _____

Amount of District's RCAF Request \$ _____

Indicate Amount Contributed toward this Project \$ _____

Source of District Contribution: RMDF Other _____

Authorized District Signature

Title

District Name	RCAF #		
SIGNATURES		APPROVAL	
ASCIP Principal Risk Services Consultant		<input type="checkbox"/> Yes	<input type="checkbox"/> No, why?
ASCIP Deputy Chief Executive Officer		<input type="checkbox"/> Yes	<input type="checkbox"/> No, why?
ASCIP Risk Control Committee Chairperson		<input type="checkbox"/> Yes	<input type="checkbox"/> No, why?

Comments, Conditions, Recommendations, etc.

This Section for
ASCIP
USE ONLY