Statewide Insurance Fund

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Parsippany, NJ 07054
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swfund.com

To: Statewide Insurance Fund Members

From: Caroline Conboy, Fund Administrator

Re: **2026** Safety and Loss Control Grant Program

Dear Members:

On behalf of the Executive Committee of the Statewide Insurance Fund, I am pleased to advise that we have again funded the **2026** Grant Program.

The 2026 Fund year grant will be for general safety and loss prevention purchases.

You are eligible for up to the maximum of 1% of the annual assessment for 2026.

Attached is the grant application to be completed and returned to our office.

Please note the hard deadline for submissions.

If you have any questions regarding the process, eligibility, or other questions, please contact your loss control representative or our office.

STATEWIDE INSURANCE FUND RISK CONTROL GRANT PROGRAM

2026 FUND YEAR

The Statewide Insurance Fund (SIF) Executive Committee is continuing the risk control grant program for Fund members in good standing. The grants are intended to provide an extra-budgetary resource for funding purchases designed to reduce the frequency or severity of employee injuries/ illness and or property and liability losses.

Examples of items eligible for SIF Grant Funding:

- Back-up cameras for municipal vehicles to minimize the risk of personal injury
- Audio-visual equipment to facilitate employee safety training
- Hydraulic cart tippers or collection arms to replace manual refuse collection
- Powered lift gates to facilitate lifting of oversized equipment or refuse
- Personal protective equipment such as police body armor, high visibility traffic safety apparel, chainsaw chaps, anti-vibration gloves, and hard hats
- Replacement of obsolete shop equipment failing to meet modern safety standards
- Trench shield and shoring equipment to prevent trench collapse
- Roll over protection systems for mobile equipment
- Baseline and periodic physicals and screening for firefighters and EMS workers
- Body cameras for police officers
- Crossing guard physical qualification screening
- External safety-related training programs
- Automated fire suppression systems
- Surveillance systems for vehicles, police stations, and insured facilities
- Sewer line video imaging equipment
- Back up cameras to avoid collisions
- Temporary traffic control devices such as signs, cones, barricades, and variable message boards
- Automated external defibrillators (AEDs) for areas of high occupancy and or public assembly
- Computer firewall and security software to prevent electronic theft
- Facility enhancements (i.e., improved lighting; security; interior/exterior walking surfaces; etc.).

Members are eligible for up to 1% of the annual assessment based on the project's purpose and benefit. To apply for the grant, members should complete the attached application form and return it to the Fund Administrator's office at the address provided.

Grant Application Deadline Date is October 30, 2026

We MUST receive Proof of Purchase NO LATER than December 1, 2026

The Executive Committee will not consider any exceptions

Instructions

- Please type and single-space all proposals.
- Please answer all the questions in the order listed.
- Please use headings as provided.
- Please submit only one copy.
- Please do not include any materials other than those specifically requested at this time.

Grant Review Process

1. Forward Grant application to Statewide for tracking purposes.
    - By email: amercy@sifnj.com
    - By mail: Statewide Insurance Fund, One Sylvan Way, Suite 100, Parsippany, NJ 07054

2. Statewide will forward to the Loss Control Consultant who will review it for content and completeness and will work with member contact on any issues or questions.

3. If all criteria are met with the approval of the Loss Control Consultant, the grant application will then be submitted to Statewide Insurance Fund's Executive Committee for evaluation and approval at the next scheduled Executive Committee meeting.

4. Upon evaluation, member contact, and risk manager will be notified regarding the outcome by the Fund.

5. Upon approval, grantees must provide proof of purchase and payment (copy of the invoice and canceled payment check) **by Grant Submission Deadline Date.** SIF will issue a reimbursement check up to the maximum value of the grant. If necessary, SIF can also pay vendors directly, if provided with an invoice that indicates the vendor's tax ID number. If the grant application is incomplete, members will have the opportunity to make modifications up to the application deadline. All decisions regarding the eligibility of proposed items by SIF are final.

6. For members in the third year of their membership commitment in the Fund whose grant is approved during the 6-month period prior to the renewal term of their membership, payment for the grant will be made in the following year, subject to the member continuing its membership in the Fund.

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Statewide Insurance Fund
Risk Control Grant Application

Date:_____

Member Name: _____

Address of organization: _____

Telephone number:_____ **E-mail:**_____

Manager/Administrator/ Executive Director: _____

Contact Person and title (if different than above):_____

Safety Coordinator: _____

1. **Purpose of grant (one sentence):**_____

   _____

   _____

2. **Risk Management item/service or project name:** _____

   _____

3. **Describe the loss control/risk management need you want to address.**
   (Helpful Hint: a statement of the item(s)/service(s) primary purpose and the need or problem that you are seeking to address)

   _____

   _____

   _____

   _____

4. **Describe the risk control item(s) and/or service(s) you are proposing to purchase to meet this need. (Helpful Hint: provide descriptive information about the item or service, planned use/application, etc.)**

   _____

   _____

   _____

5. **What is the total cost of the risk control item(s) and/or service(s)?** **(provide a copy of the proposal/invoice – 3 quotes or pricing from various providers is recommended)**

_____

6. **Describe how this project/purchase(s) will reduce the frequency and/or severity of injuries or illnesses, or property and liability losses.**
(Helpful Hints: Detail strategies that you will employ to implement your project, use of the item(s) or service, the individuals who will direct and participate in the project, how the project, item, service, etc. contributes to your public entity's overall mission to control incidents).

_____

_____

_____

_____

_____

_____

7. **Describe how results of the project/purchase will be measured.**
(Helpful Hint: explain how you will measure the effectiveness of your activities. Describe your criteria for a successful project or use of item(s)/service(s) and the result you expect to have achieved by the end of a specified time period).

_____

_____

_____

8. **Estimate number of people that will benefit:**
(Helpful Hint: indicate the population that you plan to serve and explain how this population will benefit from the item(s), project, or service(s))

Staff:_____

Volunteers:_____

Public:_____

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Please Attach:

- EXPENSE/BUDGET FOR THE PROJECT, ITEM(S), SERVICE(S) – Indicate the specific use of the requested grant and include quotes from the vendors.
- A list of all SOURCES OF INCOME toward the project, item(s), or service(s) (actual and prospective), with amounts.
- Indicate your public entity's relationships – both formal and informal – with other entities working to meet the same needs or providing similar services (i.e. is an item available through shared services)

Successful applicants will also provide evidence of the following:

- Coordinated at least (1) safety committee meeting a year to date – evidenced by follow-up letter/minutes
- Employee(s) attended/participated in at least (1) Statewide Insurance Fund loss control seminar year to date – evidenced by sign-in sheet/certificates of completion.
- Employee(s) attended/participated in at least (1) Statewide Insurance Fund loss control training year to date – evidenced by sign-in sheet/certificates of completion.
- Completed job site assessment (should be done at least 1 time annually)
- Indicate any current safety/risk management programs and accomplishments. Emphasize any achievements of the recent past.

Prepared by: _____ **Signature:** _____
(Print name)

Email address: _____ **Telephone:** _____

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Questions, please call 862-260-2050