



**ARCHDIOCESE
OF PORTLAND IN
OREGON**

Archdiocesan Insurance Program

2019 SAFETY FIRST GRANT PROGRAM Payment Request Form

LOCATION NAME: _____ Church _____ School _____

MAILING ADDRESS _____

CITY _____ ZIP _____

PROJECT:	<u>APPROVED MATCH AMOUNT</u>	ACTUAL COST
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____

Payment will not exceed the originally approved match amount for each project or 50% of the actual cost. Please attach invoices, receipts and copies of payment documents with cover sheet submittal. Payment check will be mailed to the above address within 14 business days.

THANK YOU for helping to ensure the safety of your location!