



**ARCHDIOCESE
OF PORTLAND IN
OREGON**

Archdiocesan Insurance Program

2020 SAFETY FIRST GRANT PROGRAM Completed Projects Payment Request Form

LOCATION NAME: _____ Church _____ School _____

MAILING ADDRESS _____

CITY _____ ZIP _____

Please attach invoices, receipts and copies of payment documents with cover sheet submittal.

PROJECT:	APPROVED MATCH AMOUNT	ACTUAL COST
<input type="checkbox"/> CHECK BOX IF REQUESTING PAYMENT FOR A PREVIOUSLY APPROVED 2019 SF GRANT		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
PENALTY AMOUNT _____	(_____)	_____
PAYMENT TOTAL	_____	_____

One check will be issued for all projects, per location, submit request when all projects have been completed. Payment will reflect the originally approved match amount, or half of the actual cost, if less. Payment check will be mailed to the address indicated above within 14 business days.

THANK YOU for helping to ensure safety at your location!

Requested By: _____ Phone _____

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FOR OFFICE USE ONLY
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Account No. 57300-0300-05 **RETURN CHECK TO RMO,** _____

Risk Manager Approval: _____ Date: _____