



GLENN COUNTY PERSONNEL DEPARTMENT

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RISK MANAGEMENT ACCREDITATION PROGRAM (RMAP) REQUEST FORM

RMAP funds are allocated based on the following criteria:

- Experienced losses
- Hazardous conditions/Potential liability
- Source of Alternative Funds or Matching Funds

Department: _____

Contact Name: _____

Phone: _____

Requested Amount: \$ _____

Availability of Alternative/Matching Funds \$ _____

Please provide a brief description of the proposed expense including how it relates to safety, any injuries or losses and or any potential injuries or losses within your department. Also, include backup documentation (estimates, photos, quotes, etc.) to represent your request.

Brief description of proposed expense – continued:

Reimbursable expenses are restricted to those related to loss prevention and safety. These include but are not limited to: purchase of safety equipment, training equipment and materials, ergonomic equipment, assessments and inspections, seminar and conference attendance, system or equipment improvements and upgrades that increase safety, etc. Please note that county employee salaries are not reimbursable.

Submitted by: _____

Department Head: _____

Date: _____

Facilities Division Approval: _____

Date: _____

(For Safety Committee Use Only)

Approved by: _____

Approved Amount: _____

Date: _____