

## **Member Proposal Loss Control Funding Criteria:**

1. Members wishing to apply for use of loss control funding shall complete an application (attached).
2. The proposal must address an exposure for which the member has HARRP coverage.
3. Proposals should be an activity or program which other members can duplicate to reduce or control similar claims.
4. HARRP funding will be no more than \$2,500 per proposal. However, multiple members may submit a joint proposal for more than the \$2,500 per proposal limit. Such joint proposals would be limited to \$5,000.
5. Funding will be on a first-come, first-funded basis. However, members with proposals that address high loss ratio exposures of the member or the HARRP pool will be given priority.
6. Members must be willing to match HARRP funding.
7. Loss control funds will not be used for improvements to buildings or developments or for the purchase of items that are legally required (such as smoke detectors).
8. Funding requests will be reviewed by staff. Recommendation will be submitted to the Committee for approval or disapproval if the request is unique or questionable.
9. After the project is completed, members must follow up with a written report addressing the effectiveness of the funded project.

# HARRP

Housing Authorities Risk Retention Pool  
7111 NE 179<sup>th</sup> Street, Vancouver, WA 98686  
Phone: (360) 574-9035 Fax: (360) 574-9401

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## LOSS CONTROL FUNDING APPLICATION

Housing Authority Name(s): \_\_\_\_\_

Person Responsible: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Dollar Amount Requested: \_\_\_\_\_ (\$2,500 Limit)

What is the Line of HARRP's Coverage Agreement you are targeting? \_\_\_\_\_

Explain your activity or program: \_\_\_\_\_

Will the Housing Authority match HARRP's Funds?:    \_\_\_ Yes    \_\_\_ No

If approved, how do you intend on actually using these Funds? \_\_\_\_\_

When do you expect this funded project to be completed?: \_\_\_\_\_

A brief written report, addressing the effectiveness of the funded project will be required.

Indicate expected submission date: \_\_\_\_\_

--SEND THIS APPLICATION TO *AL ALVAREZ, Risk Manager* --