



ARCHDIOCESE OF PORTLAND IN OREGON

Archdiocesan Insurance Program

2025 SAFETY FIRST GRANT PROGRAM

Completed Projects Payment Request Form

LOCATION NAME: _____ **Church** **School** **Other** _____

MAILING ADDRESS _____

CITY ZIP

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

Please submit request when all projects have been completed, only one check will be issued for all projects, per location. 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: _____

FOR OFFICE USE ONLY

Account No. 57300-0300-05 Mail Check Directly to Location / Send scan to Jennica Powers

Risk Management Approval: _____ **Date:** _____