



Archdiocesan Insurance Program 2026 Safety First Grant Program Application

Location Name: _____ Church _____ School _____ Other _____

Address: _____ City/Zip: _____

Project Manager/Contact: _____ Phone: _____

Email: _____ Cell: _____

Total Project Amount: _____ Amount Requested: _____
(50% of total project amount up to \$10,000)

Direct Purchase: Yes _____ No _____

Vendor/Contractor: _____

A SEPARATE PROJECT ESTIMATE IS REQUIRED FOR EACH PROJECT.

In detail, describe the project for which funds are requested, attach photographs if applicable.

In detail, explain how completion of the project will enhance safety and security at your location.

Pastor's Signature: _____ Date: _____

Principal or Director's Signature: _____ Date: _____

Risk Manager Approval: _____ Date: _____

For consideration, submit completed application and required supporting documentation by **March 13, 2026**

to: riskmanagement@archdppdx.org

OR via mail to SAFETY FIRST Program,

c/o Risk Management Office ♦ 2838 East Burnside St., Portland, OR 97214

Telephone: 503-233-8360