



**Section 1: Member/Applicant Information**

Fund Member Organization: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Title of Submission: \_\_\_\_\_

By submitting this application, I grant TASB Risk Management Fund permission to reproduce and distribute the documents related to this entry.

**Section 2: Approval**

My president, executive director, or superintendent has reviewed and approved submission of this application.

\_\_\_\_\_  
Name of President/Executive Director/Superintendent                      Date of Application

**Section 3: Application Questions**

Describe your risk management solution, product, or program by answering the guiding questions on the following pages. Provide simple and direct responses including specific data (dollar amount, number of people, hours, etc.) where applicable.

**Submission**

Email the completed application and supporting materials to [fund.training@tasb.org](mailto:fund.training@tasb.org).  
**Applications must be received by January 31, 2019 to be eligible.**



**Section 4: Question Responses**

Describe the problem and the solution that addressed it. (250 words)

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How much time did it take to develop and implement the solution?

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Was the solution a one-time event or is it ongoing?



**Section 4: Question Responses Continued**

Was there a cost associated with the solution?

Yes

No

If so, how much?

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Which of the following has the solution achieved? Select all that apply.

Improved health/wellness

Improved safety

Improved security

Protected property/assets

Reduced claims (accidents/injuries)

Saved money

Other (please describe)

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Describe the impact the solution has made on your organization. (250 words)