

**Oklahoma Municipal Assurance Group
Risk Management Services
Natural Gas Safety Enhancement Grant Application**

Name: _____ Title: _____

Entity (City/Town): _____ Department: _____

Address: _____ Zip Code: _____

Phone: _____ Email: _____

Please describe the equipment you are considering purchasing. Include the intended purchase, installation, or completion date for the project.

Why is this safety equipment/service needed? (You are welcome to attach additional sheets).

Cost (or quote) of equipment: (**Attach quote to application**). _____

OMAG's grant is a two to one match grant with a maximum grant amount of \$2,000 per grant per year.

Have you committed funds for your portion of this equipment/service? Yes No

_____	_____	_____	_____
Applicant Signature	Date	OMAG Signature	Date
_____		_____	
Print Applicant's Name		OMAG Officials Name	
_____		_____	
Title		Title	

For further information regarding the Grant Program, please contact Bill Tackett at 1 (800) 234-9461.

Please mail, fax or email the completed application and supporting documents.

To:

OMAG Risk Management Services – Grants

3650 S. Boulevard Edmond, OK 73013-5581

Fax (405) 657-1401

btackett@omag.org