

CRB 111-2

**CASH RECEIPT** 9-26-19 001839

Received From: **ACCG**

Address: **Safety Grant** 10,000.00

For: **Parks + Rec #5,000.00**  
**Public Works 5,000.00**

AMOUNT	HOW PAID
AMT OF ACCOUNT	CASH #7082
AMT PAID	CHECK 10,000.00
BALANCE DUE	MONEY ORDER / CREDIT CARD

By: *JH*

ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA 'GROUP SELF INSURANCE WORKERS' COMPENSATION FUND-OPERATING

Vendor ID	Name	Payment Number	Check Date	Document Number	
GORDON	GORDON COUNTY	00000000000003563	9/11/2019	007082	
Our Voucher Number	Date	Amount	Amount Paid	Discount	Net Amount Paid
09022019	9/2/2019	\$10,000.00	\$10,000.00	\$0.00	\$10,000.00

**ACCG**  
**SAFETY GRANT**  
**\$5,000.00**  
**PARKS + REC DEPT.**

09.23.19  
*DS*

\$10,000.00      \$10,000.00      \$0.00      \$10,000.00

**\$5,000.00**  
**PUBLIC WORKS DEPT.**

THIS CHECK IS VOID UNLESS IT IS SIGNED BY THE CASHIER AS AN AUTHORIZED SIGNATURE. WATERMARK ON REVERSE SIDE AND PLS. AVOID ALTERATION PROCEEDING.

**ACCG** ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA  
GROUP SELF INSURANCE WORKERS' COMPENSATION FUND-OPERATING  
191 PEACHTREE STREET NE, SUITE 700  
ATLANTA, GEORGIA 30303

BB&T  
BRANCH BANKING AND TRUST COMPANY

**7082**  
66-171/531

DATE: 9/11/2019      AMOUNT: \$10,000.00

PAY Ten Thousand Dollars and 00 Cents

TO THE ORDER OF GORDON COUNTY  
P.O. BOX 580  
CALHOUN GA 30701

*[Signature]*  
AUTHORIZED SIGNATURE

⑈007082⑈ ⑆053101710⑆ 0005245637723⑈



2019



# ACCG - Group Self-Insurance Workers' Compensation Fund Employee Safety Grant Application

<b>Member Name:</b>	GORDON COUNTY		
<b>Member's Contact Person for Grant:</b>	Steve Parris		
<b>Phone #:</b>	706-314-2823	<b>Email:</b>	sparris@gordoncounty.org

### Items Requested for Reimbursement:

#	Item Name	How will this item reduce workers' comp risks?	Estimated Cost
1	Trainer - Certification	This will give us opportunity to do in house training for new as well as old employees. To keep everyone safer in the job site.	# 2,500.00
2	Work Zone Safety -		
3	Flagging instructor -		
4			
5			
6	Emergency Lighting for	Lighting for emergency work at night as well as for daily work projects. To help see what we are doing with to be seen for safety.	# 2,000.00
7	Vehicles and equipment		
8			
		TOTAL	

### Application Checklist:

<input type="checkbox"/>	Current Safety Action Plan
<input type="checkbox"/>	Expected cost, purchase order, invoice or receipt attached for each requested item

### Member's Approval / Submittal Authorization (Chairman / Executive Director):

As Chairman (or Authority Director), I hereby acknowledge and verify that I have read, support, and agree to fully comply with all requirements of the ACCG-GSIWCF Employee Safety Grant.

<b>Print Name</b>	JAMES F. LEBETTER	<b>Date</b>	05/01/2019
<b>Signature</b>	<i>James F. Lebetter</i> , Administrator		

For further assistance, LGRMS Director Dan Beck can be contacted at 678.686.6279; toll-free at 800.650.3120 or email [dbeck@lgrms.com](mailto:dbeck@lgrms.com).

To be eligible, the Employee Safety Grant Application must be completed **between May 1, 2019 and August 30, 2019.**

Submit to [accginsurance@accg.org](mailto:accginsurance@accg.org) with the *Email Subject Line*: EMPLOYEE SAFETY GRANT PROGRAM. Originals are not necessary.



2019



LGRMS  
RISK CONTROL  
ACCG | GMA

# ACCG – Group Self-Insurance Workers' Compensation Fund Employee Safety Grant Application

Member Name:	Gordon County		
Member's Contact Person for Grant:	Dan Beck		
Phone #:	706-686-9438	Email:	thelg@accg.org

### Items Requested for Reimbursement:

#	Item Name	How will this item reduce workers' comp risks?	Estimated Cost
1	(3) AEDs	Provide Assistance in A Cardiac Event	4,494.00
2			
3			
4			
5			
6			
7			
8			
<b>TOTAL</b>			4,494.00

### Application Checklist:

<input type="checkbox"/>	Current Safety Action Plan
<input type="checkbox"/>	Expected cost, purchase order, invoice or receipt attached for each requested item

### Member's Approval / Submittal Authorization (Chairman / Executive Director):

As Chairman (or Authority Director), I hereby acknowledge and verify that I have read, support, and agree to fully comply with all requirements of the ACCG-GSIWCF Employee Safety Grant.

Print Name	James F. Ledbetter	Date	05/01/2019
Signature	<i>James F. Ledbetter, Administrator</i>		

For further assistance, LGRMS Director Dan Beck can be contacted at 678.686.6279; toll-free at 800.650.3120 or email [dbeck@lgrms.com](mailto:dbeck@lgrms.com).

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