



THE ICAP GRANT | 2024

Member Name _____

Submission Date _____

Person Completing Form _____

Email Address _____

Telephone Number _____

Mailing Address _____

Requested Amount (\$1,000 Max) _____

Please list the risk management item(s) you wish to purchase, then submit this application with a copy of the invoice/receipt, *or* the proposed estimate, invoice or receipt for your purchase.

Please ensure you submit your invoice/receipt/estimate with this form.

Please note:

- To be eligible, an entity must be an ICAP member at both the time of application *and* at issuance of grant funds.
- Applications are reviewed monthly. Pending approval, grant funds will be provided via check payment sent to the member’s local insurance agent. Each member is responsible for purchasing its selected item(s) directly.

Grant questions and submissions may be emailed to joni@icapiowa.com. Submissions can also be mailed to:

Iowa Communities Assurance Pool
ATTN: Joni Biggart
12951 University Avenue, Suite 120
Clive, IA 50325