**Grant Application Summary & Insurance Certification**

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| --- | --- |
| **State** |  |
| **Name of Applicant Organization:** |  |
| **Project Name:** |  |
| **Funds Requested:** |  |
| **Proposed Project Start Date**  *(between August 1 and October 1, 2021)* |  |
| **Anticipated Project End Date:**  *(no longer than 3-years from start date)* |  |
|  |  |
| **Contact Person for Application:** |  |
| **Title and Organization:** |  |
| **Email:** |  |
| **Phone:** |  |

**What is this project and why does it warrant funding?**

*Share your organization’s idea in 100 words or less.*

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| **Has this Organization received any previous GLSNRP or Great Lakes Basin Program grants?** (yes or no) |  |
| **Is this project a continuation of a previous GLC-grant?** (yes or no) |  |
| **If yes, please identify the award number.** |  |

**Insurance Certification:**

*As evidenced by my signature below, in submitting this proposal to the GLNSRP for consideration, I certify that the organization seeking funds can fulfill the specific insurance requirements contained within the 2021 Request for Proposals and appearing below without variance.*

*Name and Title:*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Insurance Requirements**

Successful applicants must agree to obtain, provide, and maintain liability and other insurance coverages at not less than the levels indicated below (including coverage for their employees working on the project) for the duration of the project period and for three years thereafter. As part of the application, an authorized representative of the applicant organization is required to certify the organization’s ability to meet the insurance requirements set forth below, without variance. The Grant Application Summary & Insurance Certification form is where the applicant organization certifies their ability to meet the insurance requirements. The signed form is a required part of the application.

The grantee will be required to provide a certificate of insurance coverage (COI) to the GLC prior to execution of the grant contract and will need to ensure that an updated COI is on file at the GLC through the end of the grant period and for three years thereafter. The grantee must require that all contracted personnel or entities used by the grantee in performing the project work maintain the required insurances contained in this section for the duration of the grant period. **If necessary, insurance costs for the project may be included within the project budget.**

1. Commercial General Liability with the following minimum coverages:
   * $2,000,000 General Aggregate
   * $2,000,000 Products/Completed Operations Aggregate
   * $1,000,000 Personal & Advertising Injury
   * $1,000,000 Each Occurrence

**Grantee must list the Great Lakes Commission as an ADDITIONAL INSURED or COVERED PARTY on the Commercial General Liability certificate, on a Primary and Noncontributory basis, with a Waiver of Subrogation.**

1. If a motor vehicle is used to provide services or products under this Contract, the Grantee must have vehicle liability insurance on any auto including owned, hired and non-owned vehicles used in Grantee’s business for bodily injury and property damage as required by law.
2. Workers’ compensation coverage must be provided according to applicable laws governing the employees and employers work activities in the state in which the Project is located.
3. Employers liability insurance with the following minimum limits:
   * $100,000 Each Accident
   * $100,000 Disease (each employee)
   * $500,000 Disease (aggregate limit)

GLC staff recommend that applicants make appropriate inquiries on whether Contractors Pollution Liability insurance should be secured or is otherwise available to cover claims from third parties against bodily injury and property damage caused by hazardous substances and materials released during work performed or from completed operations.