



Enterprise Risk Management Excellence Program **Submission Form**

1. Name of Entity:
2. Name of Primary Contact
3. Title of the Primary Contact
4. Email for the Primary Contact for the ERMEP
5. Entity is a POOL or PACT or POOL/PACT member.
6. Entity has _____ number of employees (including full-time, seasonal, and volunteers)

Required for all members seeking the ERMEP: Please identify each person who will be responsible for each of the following departments.

7. Risk Management:
 - a. Name
 - b. Email

8. Human Resources:

- a. Name
- b. Email

9. Fiscal Controls:

- a. Name
- b. Email

10. CyberSecurity:

- a. Name
- b. Email

Additional Departments: If a department isn't applicable, then leave blank:

11. Law Enforcement:

- a. Road Operations:
 - i. Name
 - ii. Email
- b. Detention Operations:
 - i. Name
 - ii. Email

12. Fire Services:

- a. Name
- b. Email

13. Parks and Recreation:

- a. Name
- b. Email

14. Streets and Roads:

- a. Name
- b. Email

15. Public Works:

- a. Name
- b. Email

16. Hospitals:

- a. Name
- b. Email

17. Schools:

- a. Name
- b. Email

18. Additional Department

Name of department:

- a. Name
- b. Email

19. Additional Department

Name of department:

- a. Name
- b. Email

Please submit this completed form to:

Marshall Smith, Risk Manager: Marshallsmith@poolpact.com

If you have any questions, please contact Marshall Smith or Jarrod Hickman at
(775) 885-7475