



Instructions

All sections of the application must be completed. Please type or print clearly. Sections I - VII are required for a complete application.

BWC will review your application to approve or deny the grant. Therefore, the information you provide on this application must describe the significance of the problem and the effectiveness of the proposed solution. Incomplete application forms will be returned. Mail the complete application to the address below, include your vendor quote and other supporting documentation. Sections VI and VII require signatures, employer's legal name and principal business location.

Contact us

If you have questions about the application process, contact BWC.

Phone: 1-800-644-6292

Email: DSHSG@bwc.state.oh.us

Section I: Employer information

Employer name: _____

Doing business as (DBA) name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

County: _____

BWC policy number: _____ Federal tax ID number: _____

Employer contact name: _____

Title: _____

Telephone number: _____ Ext. _____

Email address: _____

Section II: Baseline

In order for BWC to objectively evaluate the effectiveness of the SIG program, we will need to gather several data elements. Accordingly, please complete the requested information below in an accurate fashion.

1. Establishing a **baseline reporting period** – provide the dates that begin and end the two-year reporting period for the baseline data. The end date should be in the recent past, within one week prior to the date you intend to submit the application. The beginning date should be exactly two years prior to the end date.

Begin date of the baseline reporting period: _____

End date of the baseline reporting period: _____

2. Establishing a **baseline number of employees** – Provide the number of employees that will be directly affected by the proposed intervention. Only include employees affected by the proposed intervention. That means your population may or may not include all employees at your facility. Example: Company X has a total of 60 full-time employees and 20 part-time employees. However, only six full-time employees and three part-time employees work in the area where the intervention will be implemented. So, the population is nine employees.

Number of full-time employees: _____

Number of part-time employees: _____



Total number of employees: _____

3. Establishing a **baseline number of hours worked** – Enter the average number of hours worked per week for both full-time and part-time employees in the population during the two-year baseline reporting period. Remember to only include hours worked by the population, regardless of the task. Include overtime hours, and exclude vacation, sick and other leave time. Generally, it is expected that a full-time employee will work around 4,000 hours (50 weeks x 40 hours per week x 2 years = 4,000 hours). However, overtime could cause this figure to be higher. Generally, it is expected that a part-time employee will work around 2,000 hours (50 weeks x 20 hours per week x 2 years). However, this figure could be higher or lower based on actual hours worked.

Number of hours worked by the full-time population of employees during the **two year baseline** reporting period: _____

Full-time employees	Average hours per week	Total full-time hours

Number of hours worked by the part-time population of employees during the **two year baseline** reporting period: _____

Part-time employees	Average hours per week	Total part-time hours

Number of hours worked by the total population during the **two year baseline** reporting period: _____

Total full-time hours	Total part-time hours	Total baseline hours

4. **Establishing claim/s numbers of injury experience during the baseline** – In the table below, list the claim number for each claim of injury by any employee around the intervention during the baseline two-year reporting period. This list should be for claims for employees injured while performing tasks in the area of the intervention. Do not list claims for employees injured while performing tasks in the area of the intervention. If a list of BWC claim numbers for your company is not readily available to you, use our website, www.bwc.ohio.gov, to obtain a list. If you are using the web site for the first time, you will need to create an account first. It takes less than five minutes to do and you will need in the future to provide follow-up data later should we approve your grant application. **Important: Whether or not your company experienced any claims in the area of the intervention is not a requirement for benefiting from the SIG Program.**

	Claim number	Employee name	Date of birth
1			
2			
3			
4			
5			

Attach additional sheets if necessary.

Section III: Description of the problem

1. Description of organization –Tip: Include history of organization and any other relevant data, such as the organization's mission statement (if relevant), work/services performed, type of clients, etc.
2. Jobs to be improved –Tip: List and describe all jobs/tasks separately that you wish to improve through the intervention. Also, explain how the equipment purchase with grant fund will be of assistance.

3. Provide photos and/or attach video. When including photos, please describe what each of the photos show.

4. Current Hazards –Tip: Describe the safety/ergonomic/industrial hygiene risks involved for each of the jobs/tasks you listed above, i.e., what factors about each job place the employees at risk for injury/illness. It's helpful to include how often employees perform the task(s).

Exposure

1. Select all risk factors associated with the affected job tasks.

☐ Chemical exposure, what chemicals? _____

☐ Contusions

☐ Cuts

☐ Hand intensive work

☐ Lifting

☐ Noise

☐ Pushing/Pulling

☐ Repetitive motion

☐ Slips, trips and falls

☐ Vibration

☐ Other, what? _____

Loss experience

1. Injuries/illnesses in intervention area –Tip: What types of injuries (e.g., strains, falls, lacerations, etc.) have your employees experienced or could they experience in the current area of the intervention when performing each of the aforementioned job tasks?

2. Days lost due to injury – Tip: Describe the severity of the injuries/illnesses in the area of the intervention in terms of total number of lost days due to injury. For each injury that has occurred in the past when performing any of the job tasks mentioned above, please give a brief description of each injury and if it resulted in lost or restricted work days.

3. Monetary impact analysis – Tip: If no injuries occurred in the baseline period or prior, please provide a cost estimate that could have been incurred. You may also include other related business costs resulting from injury, such as hiring temporary labor, missed work contracts, etc.

4. Employee turnover rates estimate – Tip: What is the turnover rate for each area/job title that will be affected by the safety grant project?



5. Select all body parts that could be affected if an injury occurred.

- | | | | |
|-------------------------------------|---------------------------------|--------------------------------|---|
| <input type="checkbox"/> Lower back | <input type="checkbox"/> Elbows | <input type="checkbox"/> Knees | <input type="checkbox"/> Eyes |
| <input type="checkbox"/> Upper back | <input type="checkbox"/> Foot | <input type="checkbox"/> Hands | <input type="checkbox"/> System-wide |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Legs | <input type="checkbox"/> Neck | <input type="checkbox"/> Other, what? _____ |

Section IV: Proposed intervention

Overview

1. Please identify the item(s) below, if any, you may apply for. If not skip to the next question.

- ☐ **Cot loading equipment**
- ☐ **Truck tarping systems**
- ☐ **Extrication equipment**
- ☐ **Chest compression systems**
- ☐ **Hose reel equipment**
- ☐ **Patient stair chairs**

2. Describe the equipment – Tip: Describe each piece of equipment you will purchase. Provide a list of pertinent specifications or features that will decrease the possibility of injury as a result of the equipment purchase.

3. How intervention works – Tip: Provide a description of how the equipment will be used in a way someone unfamiliar with the equipment would understand. Describe how this will eliminate or significantly reduce risk factors. Consider including links to videos showing how the equipment works.

4. How employees will be trained Tip: Describe the training effort you will implement to train employees in operating the intervention. For example, training materials from the vendor or from internal staff that you will provide to employees.

5. Does the proposed intervention create any additional risks/hazards? If yes, please describe how you will address these hazards. Note: If a new hazard is created, that does not mean the grant will not be considered.

Expected outcomes

1. How hazards will be eliminated or significantly reduced – Tip: Describe how the intervention will work to reduce/eliminate exposures to hazards.

2. If we approve your grant, how often do you anticipate you will use the new equipment? Tip: Quantify expected use (i.e., number of times per week, hours per year, etc.).
 3. Estimates for how intervention will change productivity –Tip: Use number per minute/hour/day or percentages of improvement.
 4. Estimates for how intervention will change quality –Tip: Use expected improvements in defect rates, customer satisfaction ratings, re-work rates, etc.
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Section V: Research/Program needs

1. Provide the name and the title of the person responsible for implementation.
2. Provide the time it will take to order and install the equipment. (**Note:** The equipment cannot be ordered until BWC approves the application).
3. Provide the name and the title of the person responsible for training employees on use of the equipment.
4. Provide the name and title of the person responsible for completion of BWC-required follow-up reports.

Applicability to other situations

1. Information gained –Tip: Describe how the information gained from your proposal and the resulting case study you submit could benefit other employers in Ohio.

Section VI: Budget

Step 1: Please provide the proposed budget for the project.

Note: You may only use the safety intervention grant to purchase ergonomic, safety and/or industrial hygiene equipment. **You may not use it for recouping the cost of any prior and/or ongoing interventions or for rented or leased equipment. In addition, you may not use a safety intervention grant to pay for salaries, wages, internal labor or any costs associated with preparing the application. You must make all grant purchases and implement the intervention equipment within 90 days after the date on the BWC grant check or the electronic funds transfer.** Document all itemized expenses associated with the project. Indicate exact costs; do not round figures. All budgets **MUST** have vendor price quotes attached for each individual item. All discounts and/or equipment trade-ins must be subtracted from the project total prior to determining the grant match. *No erasures or white-out permitted on this page.*

[illegible]

Employers must list all discounts and/or trade-in amounts and subtract them from the project total prior to determining the grant match. These must be included on the vendor price quote.

Total budget

Step 2: To determine the grant amount you are requesting, please complete the formula below.

Total amount of project (from table above) _____ **A**

Total amount supplied by BWC, (either \$40,000 or less, or remaining funds in eligibility cycle) _____ (A x 3) / 4= B
(multiply A by 3, then divide by 4)

Total amount supplied by the employer _____ **A-B**

Do you have ownership, partnership or any other affiliation with the vendor of the equipment being purchased?

If yes, please explain. _____

Are you planning to finance your portion of the grant project? Yes ☐ No ☐ If yes, you must provide a copy of the loan agreement with your receipt documentation once you receive the grant funds and make your purchase.

By my signature, I agree to fully comply with the terms and conditions of the program and to use all monies solely for the purposes intended. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and/or, misleading or fraudulent statements made and/or if funds are not used, or are misused, misapplied, or misappropriated in any way and/or are used for purchases and/or services not associated with the approved budget and/or itemized proposal submitted.

Name of duly authorized representative (please print) _____

Signature of duly authorized representative _____ Date

M	M	/	D	D	/	Y	Y
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Title _____

Employer name BWC policy number



Section VII. AGREEMENT between OHIO BUREAU OF WORKERS' COMPENSATION

and _____
Employer's Full Legal Name

Agreement between the Ohio Bureau of Workers' Compensation and Employer

This is an agreement by and between _____ (hereinafter, "Employer/Grantee"), with its principal place of business located at _____, Ohio _____, and the State of Ohio, Bureau of Workers' Compensation (hereinafter, the "BWC"), having offices at 30 W. Spring St., Columbus, OH 43215-2256, entered into the day, month and year set out below.

Whereas, the administrator of workers' compensation may issue a grant to defray the costs incurred by an employer who elects to participate in the safety intervention grant program, pursuant to Ohio Administrative Code Rule (OAC) 4123-17-56, wherein an employer may receive grant monies for projects which substantially reduce or eliminate the risk of workplace injuries and illnesses, called herein safety intervention grant program.

Therefore, for good and valuable consideration, the sufficiency of which is acknowledged, the parties mutually agree to the following conditions.

Eligibility — Acceptance of the employer into the safety intervention grant program is contingent upon the employer's: (a) submission and approval of an application, (b) demonstrated need for intervention, e.g. completion of a risk assessment, and (c) being an active, timely premium payroll customer of the Ohio State Insurance Fund as of the date of execution of this agreement and for its duration.

Distribution of grant monies — Subject to the conditions precedent in this agreement and subject to available BWC resources, the employer and BWC mutually understand and agree that the total sum of the grant to be issued by BWC shall not exceed a 3-to-1 ratio of the monies contributed by the employer, whether a public or private employer, and that the maximum grant amount shall not exceed \$40,000. The employer must contribute \$13,333 in order to receive the maximum grant amount of \$40,000. The employer understands and acknowledges that BWC will not issue a grant matching any expenditures that exceed \$13,333. The \$40,000 safety grant is the maximum per eligibility cycle. If the employer has not received the maximum amount of money available through the safety grant program during their eligibility cycle, the employer may reapply and have its application approved to enter into another agreement until the employer has received a total of \$40,000 for that cycle.

Employer responsibilities — The employer participating in the safety intervention grant program, in consideration of a grant given to it, promises to fully comply with the program requirements as outlined in the Application and Instructions and OAC 4123-17-56, all of which are fully incorporated herein by reference. **The employer will be responsible for using the awarded grant in the manner for which it is intended, and will be required to provide BWC with documentation. This documentation may include, but is not limited to, original invoices, canceled checks, and periodic reports to confirm that all funds were spent and applied toward the approved intervention.** The employer understands that approved safety intervention equipment may not be rented or leased. The employer agrees to allow a BWC safety consultant to conduct a comprehensive safety evaluation of their overall safety practices. *If a conditional approval is granted, the employer agrees to satisfy the stated conditions by the specified date.* Further, the employer agrees not to eliminate jobs due to participation in the safety intervention grant program.

All interventions must receive approval prior to purchase in order to qualify for the grant, and any proposed changes must be agreed to by BWC prior to making the change. The employer agrees to allow BWC to publish safety intervention grant results including, but not limited to, data, videos, specifications, and/or photos for the purposes of illustrating, educating, and training employers and employees.

Time of performance — **Employers must make all equipment purchases and implement the approved intervention equipment within 90 days of BWC issuing the grant check or electronic fund transfer. BWC will consider allowing additional time, up to a maximum of 90 days, upon the request of the employer. However, the extension must be made within the initial 90 day period. Within 30 days of the 90 day purchase period, the employer will be required to provide BWC with a check for all unused grant monies, a copy of the approved budget and itemized expense report, original paid invoices/receipts pertaining to all equipment and/or services purchases, and copies of all cancelled checks to support that all invoices associated with the intervention were paid in full.**

The employer shall provide BWC a one year case study report with cost benefit analysis and a two-year report which detail the hours worked by the affected population and list claim numbers affected by the intervention, if any. The one year case study and two-year report are due within 30 days of the reporting period. These reports are to be completed electronically by the employer. If the reports are not filed, or if the reports are not written as described in the application, the employer shall be liable to repay the full amount of the grant.

Disqualification — If for any reason the employer participating in the safety intervention grant program fails to satisfy one or more of the criteria established in the Application and Instructions, OAC 4123-17-56, and this agreement, including, but not limited to, the requirement of maintaining active coverage, timely payments thereof, and the obligations described in the Employer Responsibilities and Time for Performance sections, the employer may be disqualified from the program. **Disqualification will result in the termination of BWC's obligations under this agreement. BWC reserves the right to recover grant monies by one or more of the following methods: billing the employer for the grant money received, forwarding the employer's information to the Office of the Attorney General of Ohio for collection, set-off, recoupment, or other administrative, civil and/or legal remedy.**

If the employer merges or combines its business after receiving a grant, but before completing the two years of measurement reporting, the BWC Successorship Liability Policy will go into effect. The grant/predecessor employer is responsible for notifying the successor employer of the obligations under the Safety Intervention Grant program. The successor employer may be liable to repay any and all previously paid grant monies if these obligations are not met.



Disclaimer — If implemented correctly by the employer, the goal of the safety intervention grant program is to substantially reduce or eliminate injury and illness in the workplace and, hence, claims associated with the affected processes. BWC does not guarantee or warrant that the implementation of such a plan will result in a substantial reduction or elimination of injuries and illnesses in the workplace. In the event of an injury or occupational disease arising from the implementation of the program, the employer and the employee's sole and exclusive remedy shall be pursuant to workers' compensation laws of the appropriate jurisdiction. In no event, shall BWC be liable for any damages in contract or in tort.

Ohio elections law: Grantee hereby certifies that no applicable party listed in Divisions (I), (J), (Y) and (Z) of O.R.C. Section 3517.13 has made contributions in excess of the limitations specified under Divisions (I), (J), (Y) and (Z) of O.R.C. Section 3517.13

Conflicts of interest and ethics compliance certification: Grantee affirms that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict, in any manner or degree, with the performance of services which are required to be performed under any resulting Contract. In addition, Grantee affirms that a person who is or may become an agent of Grantee, not having such interest upon execution of this Contract shall likewise advise the Bureau in the event it acquires such interest during the course of this Contract.

Grantee agrees to adhere to all ethics laws contained in Chapters 102 and 2921 of the Ohio Revised Code governing ethical behavior, understands that such provisions apply to persons doing or seeking to do business with the Bureau, and agrees to act in accordance with the requirements of such provisions; and warrants that it has not paid and will not pay, has not given and will not give, any remuneration or thing of value directly or indirectly to the Bureau or any of its board members, officers, employees, or agents, or any third party in any of the engagements of this Agreement or otherwise, including, but not limited to a finder's fee, cash solicitation fee, or a fee for consulting, lobbying or otherwise.

Non-Discrimination and Equal Employment Opportunity: The Grantee will comply with all state and federal laws regarding equal employment opportunity and fair labor and employment practices, including Ohio Revised Code Section 125.111 and all related Executive Orders. The State encourages the Grantee to purchase goods and services from Minority Business Enterprise (MBE) and Encouraging Diversity, Growth and Equity (EDGE) vendors.

Authority — The person signing below for the employer states that he or she is either the owner, chief executive officer, chief financial officer, plant manager or other person having fiduciary responsibilities with the employer; and the employer agrees that the signer or his, or her successor, will have the authority to oversee the carrying out the employer's responsibilities for two years after BWC issues the grant check. The signer's authority shall continue until the employer notifies BWC of the name of the successor.

initials

By initialing this box, the employer agrees that prior purchases have not been made. The employer also confirms understanding that all grant approved purchases are to be purchased and implemented within 90 days after the date on the BWC grant check or the date of the electronic fund transfer. Additionally any changes to the original intervention must receive prior approval by BWC.

By my signature, I agree to fully comply with the terms and conditions of this agreement and the program and to use all monies solely for the purposes intended. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and misleading or fraudulent statements made and/or if funds are not used, or are misused, misapplied, or misappropriated in any way and/or are used for purchases and/or services not associated with the approved budget and/or itemized proposal submitted.

Modifications: The parties may, in writing and by mutual agreement, amend, modify, supplement or rescind the terms of this agreement.

In witness whereof, the parties hereunto affix their signatures this day of _____, 20_____.
Month Day

Employer's full legal name _____

Federal tax I.D. _____

Title _____

Name (please print) _____

Signature _____

State of Ohio, Bureau of Workers' Compensation
SafetyGrant Safety Intervention RSP October 2015