



Instructions

This grant, if approved, provides a 5-to-1 match, up to \$20,000 for equipment. BWC doesn't require a match from employers requesting training or training certification.

You must complete all sections of the application. Please type or print clearly. 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. BWC will return incomplete applications.

For BWC to consider an application complete, you must fill in sections I-VI. This part of the application contains sections I – IV. Sections V and VI include the budget page with vendor quotes(s) and statement of agreement. You complete these sections after downloading them from the BWC webpage.

E-mail the completed application, budget page and the statement of agreement to dshsg@bwc.state.oh.us. Include your vendor quote and other supporting documentation. Sections V (budget page) and VI (statement of agreement) requires signatures, employer's legal name and principal business location.

Contact us

If you have questions about the application process, please contact BWC via:

Phone: 1-800-644-6292.

E-mail: DSHSG@bwc.state.oh.us.

Section I: Employer information

Name of employer: _____

Doing business as (DBA) name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

County: _____

Employer BWC policy number: _____ Federal tax ID number: _____

Employer contact name: _____

Title: _____

Telephone number: _____ Ext. _____

Email address: _____

Employer website: _____

Section II: Description of the problem

Overview

1. Describe what your organization does.
2. Describe the job tasks in which the proposed training or equipment will affect your employees.



3. How many people perform these tasks?
4. How many persons with developmental disabilities do you serve?

Section III: Description of solution

1. Please identify the item(s) below that you are applying for.
 - ☐ Ceiling lifts: Patient lifting devices mounted to the ceiling
 - ☐ Floor-based lifting devices: Client lifting devices that are portable and moved on the floor
 - ☐ Ambulation devices: Devices that people push along as they walk for support
 - ☐ Bathing and toileting chairs: Devices that people can push into a shower and/or over a toilet
 - ☐ Hi-low tables: Therapy table that move up and down
 - ☐ Non-violent de-escalation and/or trauma informed care training
 - ☐ Non-violent de-escalation and/or trauma informed care training certification
 - ☐ Multi-sensory environment equipment

If you propose to purchase equipment or training not included on the above list, contact the Division of Safety & Hygiene, Grant Program before you apply at dshsg@bwc.state.oh.us. You can also call us at 1-800-644-6292.

2. Describe the equipment or training you are purchasing (include a training agenda if applicable). If you are applying for equipment, explain the quantity requested.
3. Describe how you will implement the equipment or training.

Section IV: Implementation timeline

1. Provide the name and the title of the person responsible for implementation.
2. Provide the name and the title of the person responsible for training staff on the use of the equipment.
3. Provide the time it will take to order and deploy the equipment or training. The time should begin with the date of the grant warrant or electronic fund transfer. **Note:** You should not order the intervention until BWC approves the application and you receive the grant funds. Also, training must take place after you receive grant funds.
4. Provide the name and title of the person responsible for completion of BWC-required one-year follow-up report.



Section V: Budget

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

Note: You may only use the Employers Working with Persons with Development Disabilities (EWPDD) grant to purchase the items detailed on the grant web page. You may not use EWPDD grant for recouping the cost of any prior and/or ongoing interventions or for rented or leased equipment. In addition, you may not use the EWPDD 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 fund transfer.

Note 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. You must subtract all discounts and/or equipment trade-ins from the project total prior to determining the amount requested from BWC. No erasures or whiteout permitted on this page. This paragraph also applies to Step 1b.

Step 1a – Training Budget – Employers applying for training are to complete the table below.

Item	Quantity	Cost	Total
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Subtotal \$

Tax \$

You must list all discounts, and subtract them from the project total prior to determining the amount requested from BWC. You must include discounts on the vendor price quote.

Total budget \$

Maximum of \$20,000, per BWC policy number.

Amount requested from BWC \$

Step 2 – Complete the questions below and sign.

Do you have ownership, partnership or any other affiliation with the vendor of the training you are purchasing?

If yes, please explain

Authority – The person signing below for the employer state 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. 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.

By my signature, I agree to comply fully 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: MM/DD/YY

Title:

Employer name: BWC policy:



Step 1b – Equipment Budget – Employers applying for Equipment are to complete the table below.

Item	Quantity	Cost	Total
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Subtotal \$

Freight \$

Tax \$

You must list all discounts and/or trade-in amounts, and subtract them from the project total prior to determining the grant match. You must include discounts on the vendor price quote.

—

Total budget \$

To determine the grant amount you are requesting for equipment, please complete the formula below.

Total amount of project (from Step 1b): _____ A \$

Total amount supplied by BWC, (either \$20,000 or less, or remaining funds available): _____ B \$
(A x 5) / 6 = B (multiply A by 5, then divide by 6)

Total amount supplied by the employer for equipment: _____ A-B \$

Step 2 – Budget Totals – Total amount of funds requested.

Total amount requested – Training \$

Total amount requested – Equipment \$

Total amount requested from BWC \$ (cannot exceed a total of \$20,000)

Step 3 – Complete the questions below and sign.

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

If yes, please explain _____

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

Authority – The person signing below for the employer state 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. 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.

By my signature, I agree to comply fully 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:

Title: _____

Employer name: _____ BWC policy: _____



Section VI. 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) having active Ohio workers' compensation coverage and being current with respect to payroll reporting and payments due to any fund administered by BWC 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 Employers Working with Persons with Developmental Disabilities grant to be issued by BWC shall not exceed \$20,000 for (1) equipment, and/or (2) training/certification. (1) The employer may request funds for equipment with a 5-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 \$20,000. The employer must contribute \$4,000 in order to receive the maximum grant amount of \$20,000. The employer understands and acknowledges that BWC will not issue a grant matching any expenditures that exceeds \$4,000. (2) The employer, whether public or private, applying for grant funding to provide staff training or training certification may receive a grant with no match requirement, not to exceed \$20,000.

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.

The employer agrees to allow BWC to visit the employer and complete a Pre report and assessment before approval of the application, and/or a Post report and assessment after the approval of the grant application, based on the information provided in the application.

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 due one year after the equipment implementation date or the date of the training. The employer shall complete and submit the one year case study report via the grant web page case study link. If the report is not filed, or if the report is not completely filled out, the employer shall be liable to repay the full amount of the grant.

Disqualification — If for any reason the employer participating in the Employers Working with Persons with Developmental Disabilities grant program fails to satisfy one or more of the criteria established in the Application and Instructions, OAC 4123-17-56, and this agreement, 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 one year case study report, 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.



Bureau of Workers' Compensation

Application for Safety Intervention Grant for Employers working with Persons with Developmental Disabilities

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.

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.

initials

initials

Authority — By initialing this box, the person signing below for the employer state 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.

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
Safety Intervention Grant Program, November 2018