



Instructions

This grant, if approved, provides a 3-to-1 match up to \$40,000 for equipment.

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.

Mail the completed application, budget page and the statement of agreement to the address below. 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.

Address: Ohio Bureau of Workers' Compensation
Safety Intervention Grant Program
13430 Yarmouth Drive
Pickerington, Ohio 43147-8310

Contact us

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

Phone: 1-800-644-6292.

Email: 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. _____

E-mail address: _____

Employer website: _____

Section II: Demographic information and description of the problem

Demographic information

1. Describe your type of school facility, school district or system. (e.g., public K-12; private preschool; 9-12 charter school; etc.).

2. How many buildings/facilities in your school district/system house students?

3. How many separate buildings/facilities in your school district/system house administrative or support personnel?

4. How many students do you serve in your district/system? _____ What is their age range? _____
5. How many employees do you have in each of the following job classifications:
- ____ Instructional personnel (i.e., full-time/part-time/intermittent teaching staff and classroom aides).
 - ____ Facility support personnel (i.e., custodial/cleaning, building maintenance).
 - ____ Administrative personnel (i.e., board office personnel, principals, clerical/secretarial).
 - ____ Transportation personnel (i.e., bus drivers, bus mechanics, bus aides).

Description of problem and proposed intervention

6. Describe the safety, health, and security concerns that the proposed equipment will address.
7. Does your district have a School Emergency Management Plan (Ohio Revised Code 3313.536) on file for each facility?
- Yes No If yes, date of most recent plan review _____

Section III: Description of solution

1. Please identify the item(s) below that you are applying for.
Note: BWC will only approve grant applications for one (or more) of the items listed below.

Employee safety interventions

- Flooring/floor coatings to designed reduce slip hazards
- Lightweight lunch tables that reduce lifting and handling hazards
- Motorized bleacher systems
- Food service food fryers
- Food service cutting/slicing equipment
- Floor cleaning machines

Incident response equipment

- Equipment bags/backpacks stocked with trauma first aid supplies
- Two-way communication devices and software designed to directly interface with emergency responders
- School-wide panic alarm/panic button system

Facility/grounds/transportation security

- Interior and exterior security doors and mechanisms
(e.g., panic bars, bullet proof glass, bullet resistant coating materials for existing glass)
- Protective vehicle crash barriers in front of entrances
- Modifications of building/facility entrances to restrict access
- Secured keycard systems
- Metal detectors (fixed or portable)
- Security cameras
- Emergency (police dispatch) call poles

2. Describe the equipment you intend to purchase and the location(s) where you will deploy the proposed equipment.

Name of building/facility	Address of building/facility (street address, city, ZIP code)	Brief description of proposed equipment purchase

3. If you are purchasing multiple pieces of identical equipment (e.g., security cameras), what is the quantity of equipment you intend to purchase?

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. The time should begin with the date of the grant warrant or electronic fund transfer. (Note: You should not order the equipment until BWC approves the application and you receive the 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 SSSG grant to purchase the items detailed on the SSSG web page. You may not use the SSSG grant for recouping the cost of any prior and/or ongoing maintenance or for rented or leased equipment. In addition, you may not use the SSSG 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 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 must be subtracted from the project total prior to determining the grant match. No erasures or white-out permitted on this page.

Table with 4 columns: Item, Quantity, Cost, Total. Multiple rows for itemized expenses.

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 \$

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 available) (A x 3) / 4 = B \$

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 us with a copy of the loan agreement with your receipt documentation once you receive the grants 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: MM/DD/YY

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 School Safety and Security 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 School Safety and Security 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 School Safety and Security Grant Program is contingent upon the employer's: (a) submission and approval of an application, (b) selection of equipment from the approved list of eligible items, 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 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 for the life of this grant program.

Employer responsibilities — The employer participating in the School Safety and Security 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 equipment. The employer understands that approved 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 School Safety and Security Grant Program.

All equipment 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 school safety and security 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 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 purchases, and copies of all cancelled checks to support that all invoices associated with the equipment were paid in full.

The employer shall provide BWC a one year case study after the equipment implementation date. 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 School Safety and Security 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 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 School Safety and Security 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 School Safety and Security 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.

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 ID: _____

Title: _____

Name (please print): _____

Signature: _____