



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 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, 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.
E-mail address:

Section II: Baseline

Baseline Data

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. For example: if company X intends to submit their grant application on Dec. 12, 2013, the end date for the baseline reporting period will be around Dec. 5, 2013. The beginning date for the baseline reporting period will be Dec. 5, 2011.

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. Do not include employees that are not affected by the proposed intervention. For reporting purposes, these employees will be considered to be the "population." Please note that the population may or may not include all employees at your facility. For example: Company X has a total of 60 full time employees and 20 part time employees. However in the area where the intervention will be implemented, Company X has 6 full time employees and three part time employees. Accordingly, the baseline number of employees "population" will be 9 employees.

Number of full-time employees (population) affected by the intervention:

Number of part-time employees (population) affected by the intervention:

Total Number of employees (population) affected by the intervention:



3. Establishing a baseline number of hours worked – Provide the total number of hours worked during the two-year baseline reporting period by the population. Include the hours worked only by those in the population, regardless of what task they were performing. Include overtime hours and exclude vacation, sick time and other leave. Generally it is expected that a full time employee will work around 4000 hours (50 weeks x 40 hours per week x 2 years = 4000 hours) in two years time. However, overtime could cause this figure to be higher. Generally, it is expected that a part-time employee will work around 2000 hours (50 weeks x 20 hours per week x 2 years) in two years time, 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:

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

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

4. Establishing claim/s of injury experience during the baseline – In the table below list the claim number for each claim of injury by any employee in the area of the intervention during the baseline two year reporting period. This list should only include the numbers for claims that occurred to employees while performing tasks in the area of the intervention. Do not list claims that were filed by employees who were not working in the area of the intervention at the time of their injury. If a list of BWC claim numbers for your company is not readily available to you, you may use our Web site, www.bwc.ohio.gov, to obtain a list of claim numbers. If you use the Web site for the first time, you will need to create a user account. It takes less than five minutes to create a user account, which you will need in the future to provide follow-up data later should your grant application be approved. 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.

Table with 10 numbered rows for listing injury claims.

Attach additional sheets if necessary.

Section III: Description of the problem Overview

- 1. Describe what your organization does... 2. Describe the job tasks and the area or operation... 3. Provide photos and/or attach video.



4. Describe the current situation/conditions as they relate to the tasks and job responsibilities in the area of the intervention.

2. Describe the severity of the injuries/illnesses in the area of the intervention in terms of total number of lost days due to injury over the last 2 years.

**Exposure**

1. Check the risk factors that are associated with the affected job tasks (repetition, heavy lifting, overexertion, chemical exposure, burns, amputations)

3. Provide estimates or costs for the monetary impact of injuries/illnesses.

Check all that apply

Chemical exposure, What chemicals? \_\_\_\_\_

- Contusions
- Cuts
- Hand intensive work
- Lifting
- Noise
- Pushing/pulling
- Repetitive motion
- Slips, trips, and falls
- Vibration
- Other, What? \_\_\_\_\_

4. Provide estimate of employee turnover rates in the area of the intervention.

**Loss Experience**

1. Describe the injuries/illnesses that occurred in the area in which the intervention will be implemented over the last 2 years.

5. List affected body parts of the injuries.

- Lower back
- Upper back
- Shoulders
- Knees
- Hands
- Neck
- Eyes



- Elbows
- Foot
- Legs
- System-wide
- Other, What? \_\_\_\_\_

3. Describe how the intervention works. Include any supporting materials (i.e. links to websites, brochures, photographs, etc.)

## Section IV: Proposed intervention

### Overview

1. Please identify the item(s) below, if any, you may be applying for. If not skip to question number 2.

- Bathing systems:** typically used in healthcare to provide height adjustment or easier entry.
- Beds:** powered height adjustable beds, including electric powered.
- Carts:** wheeled pushcarts, etc. used to transport material.
- Ceiling lifts:** patient lifting devices mounted to the ceiling.
- Cot loading equipment:** equipment that is used to lift cots onto ambulances.
- Floor-based patient-lifting devices:** patient lifting devices that are portable and moved on the floor.
- Liftgates:** platforms, etc. attached to trucks/vehicles that can raise and lower material from the ground to the vehicle.
- Lift tables:** tables that can be raised, lowered, tilted, etc. to provide better working postures for material handling.
- Manlifts/aerial platform devices:** boom lifts, scissor lifts, etc. intended to raise a person to work at an elevated height
- Pallet movers/stackers:** non-passenger equipment used for material handling and/or work positioning (i.e. pallet movers, walkie stackers, etc.)
- Patient ambulation devices:** devices that people push along as they walk for support.
- Patient bathing and toileting chairs:** devices that can be pushed into a shower and/or over a toilet
- Powered dolly equipment:** any dolly equipment that can mechanically climb or descend on stairs
- Stretchers:** medical stretchers used for transporting people.
- Stairchairs:** portable equipment used to make it easier to move people up/down stairs
- Transfer tables:** powered or manual tables that are used to make it easier to move products

4. Describe how the employees will be trained to use the equipment

5. Does the proposed intervention create any additional risks/hazards? If yes, please describe how these hazards will be addressed.

2. Describe the equipment to be purchased as an intervention.





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 safety intervention grant for recouping the cost of any prior and/or ongoing interventions or for rented or leased equipment. In addition, you may not use 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 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.) All discounts and/or equipment trade-ins must be subtracted from the project total prior to determining the grant match.

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

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 \$
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/YYYY Title

Employer name BWC Policy



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, "\_\_\_\_\_"), with its principal place of business located at \_\_\_\_\_, Ohio \_\_\_\_\_, and the State of Ohio, Bureau of Workers' Compensation (hereinafter, the "BWC"), having offices at 30W. 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. 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 quarterly data reports electronically for two years which detail the hours worked by the affected population and list claim numbers affected by the intervention, if any. Quarterly reports and one year case study are due within 30 days of the reporting period. One year after the date of the intervention implementation, the employer shall complete and submit the one year case study report template by email, via fax or US Mail. If a report is not filed, or if a report is 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



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.

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\_\_\_\_.

Employer's full legal name \_\_\_\_\_

Federal tax I.D. \_\_\_\_\_

Title \_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

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.