

Phase II

Drug-Free Workplace Program
and Drug-Free EZ Program

Safety **Works** for You[®]
and your company.

And the Ohio Bureau of Workers'
Compensation (BWC) will give you
the money to make it happen.

SafetyGRANTS\$

Phase II

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And BWC will give you the money to make it happen.

Through BWC's SafetyGRANT\$ program, all you need to do to find the capital to improve safety is ask.

Our SafetyGRANT\$ program provides matching grants to eligible employers who implement BWC's Drug-Free Workplace Program (DFWP) or Drug-Free EZ Program (DF-EZ), or a comparable program.

While applying for a grant to offset your safety costs is easy, funds are limited and time is running out.

Complete the enclosed application today so your company can benefit from SafetyGRANT\$.



SafetyGRANT\$ can help make your workplace drug free

Fact: National statistics show someone who abuses drugs or alcohol is five times more likely to be injured at work. And that person is 40 percent more likely to involve a coworker in the accident.

Private employers are eligible for a 2-to-1 grant, up to a maximum of \$10,000, meaning a total of \$15,000 —\$5,000 from the employer and \$10,000 from BWC. Public employers are eligible for a 3-to-1 matching grant up to a maximum of \$15,000, meaning a total of \$20,000 – \$5,000 from the employer and \$15,000 from BWC. DFWP and DF-EZ program participants may use these funds in support of meeting any of the following drug-free requirements: development of a written substance policy, legal review of the policy, employee education, supervisor training and assessment services when included in a BWC approved consortium package. Substance testing is not covered. Non-participants may only use grant funds to cover education, training and associated materials.

Who's eligible?

To be eligible for a drug-free workplace safety grant you must:

- Be a state-fund employer;
- Maintain active coverage;
- Participate in BWC's DFWP or DF-EZ, or a comparable program.*

Requirements

If you are approved for a safety grant, you must provide documentation by Dec. 31 to ensure that BWC does not issue you a 1099, an Internal Revenue Service form. BWC issues a 1099 to an employer declaring the grant money as income, which may be taxable. BWC is required to report any unused or unverified funds to the IRS. Acceptable verification documentation is the employer's original paid invoice and a copy of the canceled check used to make the purchase. BWC must receive this verification within 12 months of the issuance of the check but by Dec. 31 to avoid a 1099.

* A comparable program must have the following elements: a written drug-free workplace policy; employee education; supervisory training; drug/alcohol testing (pre-employment, reasonable suspicion, post accident and return to work); and some form of an employee assistance program.

Answers to frequently asked questions

Q: What can I spend the money on after training services?

A: Employers participating in either DFWP or DF-EZ can spend drug-free workplace SafetyGRANT\$ on development of the employer's written substance policy; legal review of the policy; vendor services related to employee education and/or supervisor training; associated materials in support of such education/training services and employee assessment services only if included in a BWC-approved consortium package. However, employers with a comparable program can spend the money on only those training materials and professional services associated with providing employee education and/or supervisor training for their drug-free programs.

Q: Can I use the grant to pay for my in-house training staff?

A: Yes. You can use the grant to cover the qualified on-staff trainer, but you cannot use it to cover staff salary for attending training.

Q: Can I pay for materials prepared in-house?

A: Yes. You can use SafetyGRANT\$ to pay for the cost of duplicating, but not for the time spent developing these materials.

Q: What am I required to provide to BWC as proof I used the SafetyGRANT\$ money for training?

A: The original paid invoice(s) for both the employer's portion and BWC's portion of the grant along with a copy of the canceled check verifying the payment. Please remember to keep a copy for your file.

Q: What is the maximum grant I can receive?

A: BWC will reimburse up to a maximum of \$10,000 per private employer participating in the DFWP or DF-EZ, or having a comparable program, and \$15,000 per public employer participating in the DFWP or DF-EZ, or having a comparable program as long as funding is available.

Q: What if a vendor of drug-free education/training services is an out-of-state company that doesn't have an Ohio location and doesn't carry Ohio workers' compensation coverage?

A: Out-of-state companies can serve as education/training vendors, but companies that do business in Ohio for more than 90 days must obtain workers' compensation coverage.

Q: What items are not covered by the DFWP and DF-EZ SafetyGRANT\$?

A: DFWP and DF-EZ SafetyGRANT\$ may not be used for testing, salaries, wages and charges associated with education and/or training, such as room rental, equipment rental, food or equipment purchases. In addition, employee assistance expenses related to assessment and/or treatment services are not covered except if assessment is packaged as part of the service offerings of a BWC-approved consortium.

Q: What if we do not use all of the grant money awarded?

A: You must reimburse BWC for the funds that you did not use.

Q: May I apply more than once for grant money?

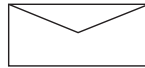
A: Yes. You may apply more than once for grant money, not to exceed the maximum total amounts as allowed per employer. This process is considered reapplying. BWC will require a new application and agreement but not a new W9 tax form.



How to apply

Applying for a safety grant is easy. Simply complete the application that follows, providing all the information requested; BWC will return incomplete applications.

Employers applying for a safety grant must complete the application form, agreement and W-9. Wherever signatures are required, they must be original! Mail the completed application and supporting documentation to:



BWC SafetyGRANTS
P.O. Box 91
Pickerington, OH 43147-0091

And, don't forget!
Before you seal your envelope, remember to:

- Complete all sections of the application form;
- Complete and sign the Drug-Free safety grant agreement (contract) and W-9;
- Include your BWC policy number and federal tax ID number.

Application

Instructions

Please type or print clearly

All employers must complete **Sections I, II, III** and the attached **W-9**.
Thanks for your interest in providing a safe workplace for your employees.

Section I. Employer information

Please check the type of safety grant for DF-EZ
which you are applying. DFWP

Name of employer	<input type="text"/>
Doing business as (DBA) name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP code	<input type="text"/>
County	<input type="text"/>

Employer BWC policy number

Federal tax ID number

Employer contact name	<input type="text"/>
Title	<input type="text"/>
Telephone number	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
Fax number	(<input type="text"/>) <input type="text"/> - <input type="text"/>
E-mail address	<input type="text"/> (optional)

To ensure BWC has the necessary information to quickly issue a safety grant check to you, please complete the attached W-9 form. The W-9 will allow us to add your company to the state accounting system and provide tax information in case we must issue a 1099 form to you.

to BWC may be subject to a 1099. Acceptable verification is the employer's original paid invoice. If the employer fails to provide this documentation, a 1099 may be issued.

Employers must verify how the grant money was spent by Dec. 31. Any funds not used or not verified

Section II. Application for drug-free workplace education and training grant

To apply for a drug-free workplace safety grant, you are required to participate in BWC's DFWP or DF-EZ, or a comparable program. Employers with a comparable program are only eligible for funding to cover employee education, supervisor training and associated materials. If you are not participating in BWC's DFWP or DF-EZ, submit proof of your comparable program, along with this safety grant application, agreement and a completed W-9. Proof of comparability includes a written policy that includes requirements for annual employee education and supervisor training, drug and alcohol testing, and employee assistance. If you would like more information on BWC's DFWP or if you would like to enroll, please call **1-800-OHIOBWC** and press 2. Or access our Web site at **www.ohiobwc.com**.

Name of company providing training

Address

City

State ZIP code

Enter your total cost of drug-free workplace services	
<p>If you are a private employer, multiply total cost amount x .66 - 2/3 (multiply by 2 and divide by 3) =</p> <input type="text"/>	<p>Total cost amount</p> <input type="text"/>
<p>If you are a public employer, multiply total cost amount x .75 =</p> <input type="text"/>	
<p>The total for this item should not exceed \$10,000 for a private employer.</p>	<p>The total for this item should not exceed \$15,000 for a public employer.</p>

The DFWP, DF-EZ safety grant requires companies providing education and training to have active workers' compensation coverage and a BWC-approved drug-free workplace program in place.

If you do not participate in BWC's DFWP or DF-EZ, please submit, along with the application, proof of your comparable drug-free workplace program and attach your current written policy. Remember to include information on the comparable program elements listed above.

If you are applying for only the drug-free workplace safety grant, you're finished!

Just complete the W-9 and agreement, and mail them along with this application and documentation, if applicable, to:

BWC SafetyGRANTS
P.O. Box 91
Pickerington, OH 43147-0091

Section III. 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 30 W. Spring St., Columbus, Ohio 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 BWC's Drug-Free Workplace Program (DFWP) or drug-free workplace program for small employers (Drug-Free EZ) or a BWC-approved comparable program (hereinafter referred to as comparable program), pursuant to Ohio Administrative Code Rule (OAC) 4123-17-58 or 4123-17-58.1, as it currently exists or as amended from time to time;

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

Conditions Precedent — Approval of a drug-free safety grant is contingent upon the following: (1) approval of the employer's application to participate in DFWP or Drug-Free EZ or a comparable program, and (2) the employer being an active, timely premium payroll customer of the Ohio State Insurance Fund as of the date of execution of this agreement and for the duration hereof. Acceptance of an employer's comparable program is contingent upon submission of proof of compliance with all program elements.

Task Description — An employer in consideration of the grant given to it to participate in DFWP or Drug-Free EZ promises to institute all of the following: a written substance policy that is developed by the employer or its legal counsel or subjected to legal review, drug and alcohol awareness educational sessions for all employees, a supervisor training program, drug and alcohol testing (consisting, at minimum of pre-employment, reasonable suspicion, post-accident and return-to-duty testing) and employee assistance, all of which shall meet or exceed the requirements of OAC 4123-17-58 or 4123-17-58.1. To be considered eligible, a comparable program must satisfy all of the requirements set forth above as well as in the application and in OAC 4123-17-58 or 4123.58.1, which are hereby incorporated herein by reference. The employer shall verify with BWC by invoice/receipt and check copy that the grant money was utilized for the intended purpose.

Eligibility and Distribution of Grant Monies — The distribution of any drug-free grant money to an employer participating in DFWP or Drug-Free EZ, or a comparable program is subject to the Conditions Precedent provision and to available resources of BWC. Payments under DFWP or Drug-Free EZ may cover legal review and development of a written substance policy, drug and alcohol awareness educational sessions for all employees, a supervisor training program and assessment services if part of a BWC approved consortium package.

If an employer has a comparable program, payments will cover only drug/alcohol awareness educational sessions for all employees and a supervisor training program. The total sum of the grant to be issued to a private employer shall not exceed a 2-to-1 ratio of monies contributed by the employer, i.e., a private employer shall be eligible for a grant, the total sum of which shall not exceed a maximum of \$10,000 for the private employer who contributes up to a maximum of \$5,000. A public employer shall be eligible for a grant, the total sum of which shall not exceed a 3-to-1 ratio of monies contributed by the employer, i.e., a public employer shall be eligible for a grant, the total sum of which shall not exceed a maximum of \$15,000 for the public employer who contributes up to a maximum of \$5,000. BWC will not issue a grant which exceeds \$10,000 for a private employer or \$15,000 for a public employer. In the event that the maximum amount is not utilized by an employer during the term of this agreement, the employer may choose to reapply, provided that the previous grant conditions have been satisfied.

Time of Performance — An employer participating in DFWP or Drug-Free EZ shall have one year from the date of the warrant to fulfill any and all requirements as enumerated in OAC 4123-17-58 or OAC 4123-17-58.1. The employer shall also have one year to submit invoices/receipts and check copies; otherwise the employer shall be responsible for repaying to the bureau the outstanding balance. In the event an employer participating in DFWP or Drug-Free EZ has not utilized the maximum amount of money available, it may reapply for additional funds until it has received the maximum amount as indicated in Eligibility and Distribution of Grant Monies provision. An employer participating in a comparable program shall have one year from the date of the warrant to fulfill any and all requirements as enumerated in the application. In the event an employer participating in a comparable program has not utilized the maximum amount of money available, the employer may reapply through submitting a new application until it has received the maximum amount as indicated in Eligibility and Distribution of Grant Monies provision.

Disqualification — If for any reason an employer participating in DFWP or Drug-Free EZ, or a comparable program fails to satisfy the requirements enumerated in the Task Description and OAC 4123-17-58.1, including, but not limited to the requirement of maintaining active coverage and timely payments thereof, it may be disqualified. An employer may also be disqualified for failing to verify by invoice/receipt and check copy that the grant money was utilized for the intended purposes. Additionally, BWC reserves the right to recover the misappropriated grant monies by the following methods: billing the employer for the grant money received, by set-off, recoupment or other legal remedy.

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 _____
Signature _____

James Conrad
Administrator/CEO
State of Ohio, Bureau of Workers' Compensation

SafetyGrant DFWP/DF-EZ2002 RSP October 23, 2002

W-9

Please visit www.irs.gov for the printable version of form **W-9** (Request for Taxpayer Identification Number and Certification).

Telephone Numbers

By calling 1-800-OHIOBWC, you can reach key information areas and customer service representatives ready to respond to inquiries. The number is effective nationwide and in Canada and Mexico. Automated information is available from 7 a.m. to 7 p.m., Monday through Friday.

For more information

Visit us on the Internet at:
www.ohiobwc.com

Customer service offices

Call your local customer service office for all account and claims information, and for help on how to better manage your workers' compensation claims.

Akron

Ocasek Government Building
161 S. High St., Suite 300
Akron, OH 44308-1617
Claims (330) 643-3111
Employer Services (330) 643-3075

Bridgeport

P.O. Box 388-389
56104 National Road, Suite 112
Bridgeport, OH 43912-0388
Claims (740) 635-1163
Employer Services (740) 635-0942

Canton

P.O. Box 24801
400 Third St., SE
Canton, OH 44701-4801
Claims (330) 438-0638
Employer Services (330) 471-0937

Cincinnati

125 E. Court St.
Cincinnati, OH 45202-2196
Claims (513) 852-3341
Employer Services (513) 852-3216

Cleveland

615 Superior Ave. W., Sixth Floor
Cleveland, OH 44113-1889
Claims (216) 787-3050
Employer Services (216) 787-3060

Columbus North

30 W. Spring St., 11th floor
Columbus, OH 43215-2256
Claims (614) 728-5416
Employer Services (614) 752-4538

Columbus South

30 W. Spring St., 12th Floor
Columbus, OH 43215-2256
Claims (614) 466-6446
Employer Services (614) 466-8451

Dayton

3401 Park Center Drive
Dayton, OH 45414
Claims (937) 264-5000
Employer Services (937) 264-5217

Governor's Hill

8500 Governor's Hill Drive
Cincinnati, OH 45249
Claims (513) 583-4400
Employer Services (513) 583-4403

Hamilton

1 Renaissance Center
345 High st.
Hamilton, OH 45011
Claims (513) 785-4500
Employer Services (513) 785-4510

Independence

P.O. Box 318030
5990 West Creek Road, Suite 200
Independence, OH 44131-8030
Claims (216) 573-7700
Employer Services (216) 573-7030

Lima

P.O. Box 780
2025 E. Fourth St.
Lima, OH 45802-0780
Claims (419) 227-3127
Employer Services (419) 227-4116

Logan

P.O. Box 630
1225 W. Hunter St.
Logan, OH 43138-0630
Claims (740) 385-5607
Employer Services (740) 385-9848

Mansfield

P.O. Box 8051
240 Tappan Drive N.
Mansfield, OH 44906-8051
Claims (419) 747-4090
Employer Services (419) 529-4528

1-800-OHIOBWC options:

Option 0: Customer assistance

(general inquiries)

Option 1: Injured worker information

- 1: Automated claim information
- 2: Forms and publications
- 3: To report fraud

Option 2: Employer information

- 1: Automated policy information
- 2: Safety services information
- 3: Self-insuring information
- 4: Forms and publications
- 5: To report fraud

Option 3: To report fraud

Option 4: Provider information

- 1: Automated information
- 2: Forms and publications
- 3: Pharmacy benefits
- 4: To report fraud

Option 5: Pharmacy benefits

Portsmouth

P.O. Box 1307
1005 Fourth St.
Portsmouth, OH 45662-4195
Claims (740) 353-2187
Employer Services (740) 353-3419

Richmond Heights

26301 Curtiss Wright Parkway
Richmond Heights, OH 44143-1433
Claims (216) 289-4290
Employer Services (216) 289-5390

Springfield

P.O. Box 1467
1 South Limestone St.
Springfield, OH 45501-1467
Claims (937) 327-1425
Employer Services (937) 327-1365

Toledo

P.O. Box 794
1 Government Center, Suite 1136
Toledo, OH 43695-0794
Claims (419) 245-2700
Employer Services (419) 245-2474

Warren

P.O. Box 1190
258 E. Market St.
Warren, OH 44482
Claims (330) 306-4000
Employer Services (330) 306-4142

Youngstown

242 Federal Plaza W., Suite 200
Youngstown, OH 44503
Claims (330) 797-5500
Employer Services (330) 797-5010

Zanesville

P.O. Box 37
905 Zane St.
Zanesville, OH 43702-0037
Claims (740) 450-5151
Employer Services (740) 450-5260

TTY/TDD Ohio Relay Service

Statewide (800) 292-4833



Ohio Bureau of Workers' Compensation
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Columbus, OH 43215-2256
www.ohiobwc.com