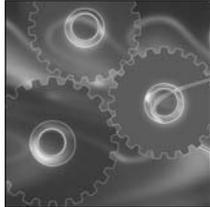


*Safety***GRANTS**

Phase V

Revised Jan. 9, 2009

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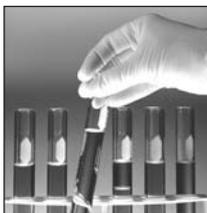


Safety Intervention Program

This program helps employers eliminate injuries and illnesses in the workplace by aiding in the purchase of safety interventions.

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Drug-Free Workplace Program

Implement BWC's Drug-Free Workplace Program (DFWP) or Drug-Free EZ Program (DF-EZ).

Part 2: Drug-Free Workplace Program

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Why you should apply for Safety Intervention SafetyGRANT\$

SafetyGRANT\$ can help prevent injuries and illnesses FACT: Each year, Ohio employers spend millions of dollars on workplace injuries and illnesses. Employers can prevent these injuries and illnesses.

With the safety intervention grant, employers are eligible for a 4-to-1 matching grant, up to a maximum of \$40,000, meaning a total of \$50,000 — \$10,000 from the employer and \$40,000 from BWC.

Employers must use these funds to purchase equipment to substantially reduce or eliminate workplace injuries and illnesses. In exchange, employers will send BWC information on the effectiveness of the change so that other employers can benefit.

Eligibility requirements

To be eligible for a safety intervention grant, you must:

- Be a state-fund employer;
- Maintain active coverage;
- Current on all monies owed BWC;
- Demonstrate the need for safety intervention with claims (claim eligibility is based on filing date within the last two years, not date of injury).

Program requirements

- Provide BWC documentation that may include, but is not limited to, original paid itemized invoices, proof of payment, proof of employer contribution and canceled checks that demonstrates you spent and applied all funds issued by BWC toward the purchase of ergonomic, safety and/or industrial hygiene equipment.
- Provide BWC quarterly reports electronically for two years, which detail the hours worked and BWC claims reported by the affected population. You must enter these reports within 30 days of the reporting period.
- Provide BWC an interim report electronically at one year from the intervention date, and a final report at two years from the intervention date. You must enter these reports within 30 days of the reporting period.
- Allow BWC staff access to the work site to observe, photograph and videotape affected processes before and after the intervention.
- Cooperate with BWC by providing access to information to help it measure the effectiveness of the intervention.
- Allow BWC to share the safety intervention results with other employers so they can benefit from your success with the safety intervention grant.
- BWC must issue an IRS 1099 form to you for all unused and/or unverified funds. If you fail to submit all documentation in accordance with the terms of the SafetyGRANT\$ Program, and/or you have not verified how you spent the funds by Dec. 31 of a given year, the award could be considered income received and may be

taxable. (Note: The issuance of a 1099 form does not preclude BWC from seeking administrative, civil and/or criminal sanctions if you do not reimburse the bureau all unused grant money and/or funds deemed misappropriated.) Acceptable verification is your original paid invoice(s) and copies of canceled check(s) to verify payment.

Employer responsibilities

- **Consultant visit:** After completing the application, you must contact your local BWC customer service office to schedule a visit by a BWC safety consultant for review of the safety intervention application. The BWC safety consultant must sign the application before it will be eligible for review.
- **List of claims:** You must provide BWC with a list of all claims filed in the last two years for the task the safety intervention will affect. Claim eligibility is based on filing date, not date of injury.
- **No job elimination:** You must agree you will eliminate no jobs due to the proposed intervention. You should further consider that BWC will require you to reimburse it, up to the full amount of the grant should you fail to adhere to the regulations, terms and/or conditions of the award.
- **Proof of spending:** Should BWC approve your application, you must make your purchases within three months of the bureau issuing the check. Within 30 days after the three-month implementation has expired, you must provide BWC with a copy of the originally approved budget, original paid invoice(s) pertaining to all equipment purchased, and copies of all canceled check(s) issued that demonstrate all invoices associated with the intervention were paid in full, and all BWC and employer contributions were fully used in the manner intended. (Note: You must include a description of the item(s) purchased with all invoices.) BWC recommends you keep copies of all documentation submitted for your files.
- **Reporting to BWC:** All grant recipients are required to submit a baseline report with their grant application and must file quarterly reports electronically through BWC's Web site at ohiobwc.com. You can access the SafetyGRANT\$ Web page by selecting:
 - Ohio employers;
 - Safety services;
 - SafetyGRANT\$.

You must file quarterly reports for two years after the intervention you implement detailing the hours worked and BWC claims reported by the affected population. Also, BWC requires you provide it with an interim case study one year from the intervention date and a final case study two years from the intervention date. You must file the interim and final reports

electronically, in the format you specified in your application. Submit both quarterly reports and annual reports within 30 days of the reporting period. BWC will require employers who fail to adhere to the reporting requirements to reimburse it up to the full amount of the grant.

- **Addendum to application:** The BWC SafetyGRANT\$ Review Board must approve all changes prior to implementation. You must submit requests for changes and/or modifications in writing, as an addendum to your application, and provide BWC with an amended budget and itemized expense report. If you have any questions, please call SafetyGRANT\$ at 1-800-OHIOBWC.
- **Return unused funds:** You must reimburse BWC for funds you did not use from the SafetyGRANT\$ program within 30 days after the three-month expiration date. Failure to repay BWC all unused portions of the grant may result in administrative, civil and/or criminal sanctions.
- **BWC-sponsored programs:** Employers who participate in a group-rating program or are involved in other BWC-sponsored programs such as the Premium Discount Program +, may apply for a safety grant.

Use of grant funds

- **Approved purchases:** You may only use the safety intervention grant to purchase ergonomic, safety and/or industrial hygiene equipment to substantially reduce or eliminate workplace injuries and illnesses. BWC will hold a company responsible for using the grant in the intended manner, and the company may face administrative, civil and/or criminal sanctions should it misappropriate funds.
- **Unapproved purchases:** Interventions not covered include rented or leased equipment, personal protective equipment, back belts, wrist splints, safe-lifting training, routine office interventions, and interventions used solely for rehabilitative purposes. BWC reserves the right to approve or deny any application based upon research needs, program needs and intervention effectiveness. Please visit ohiobwc.com to view a current list of moratorium intervention items. You may also contact the SafetyGRANT\$ program at 1-800-OHIOBWC.
- **Purchases:** As previously stated, you may only use the safety intervention grant to purchase ergonomic, safety and/or industrial hygiene equipment to substantially reduce or eliminate workplace injuries and illnesses. You may not use SafetyGRANT\$ for salaries, wages, internal labor and the cost of preparing the application.
- **Multiple grants:** You may apply for grant money more than once, not to exceed the maximum total amounts as allowed per employer. BWC considers this process reapplying. BWC will require a new application and agreement, but not a new W9 tax form.
- **Prior purchases:** You may not use grant money for safety interventions you have already purchased. This includes any or all of the following: ordered equipment, received equipment, or paid equipment. If you make the purchase/payment prior

to receipt of the grant check, BWC will consider the purchase retroactive, and it will request return of the funds.

- **External consultants:** You may not use the grant money for external consultant fees.

Time of performance

- **Making the purchase:** You will have three months from the date on the check to purchase all items and/or services referenced on your budget and itemized expense report(s). If you do not spend the funds within three months of BWC issuing the check and/or prior to Dec. 31 of a given year (whichever comes first), BWC may issue your company a federal 1099 tax form. BWC will further issue a 1099 form to companies that fail to abide by the program reporting requirements.

Note: The issuance of a 1099 form will not preclude BWC from seeking civil and/or criminal sanctions, if you do not reimburse it all unused grant money and/or if funds deemed misappropriated.

- **When to purchase:** You may not make the purchase and then request reimbursement. If approved, BWC will issue the check approximately three weeks after approval. Upon receipt of your grant check, you may make your purchase.

Disqualification

- **Disqualification from program:** 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, Ohio Administrative Code (OAC) 4123-17-56, and the following agreement, including, but not limited to, the requirement of maintaining active coverage, timely payments therefore, and the obligations described in the Employer Responsibilities and Time of Performance sections, BWC may disqualify the employer from the program. Disqualification will result in termination of BWC's obligations under this agreement, and 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 to the Office of the Attorney General of Ohio for collection, set-off, recoupment, or other civil and/or legal remedy.

If the employer moves out of state, transfers, merges or combines its business or otherwise closes its business after receiving a grant, but before completing the two years of measurement reporting, BWC may disqualify the employer as of the date of the move, transfer, merger, combination or closure. The employer shall then be liable to repay any and all previously paid grant monies.

Grant approval process

- **Approval process:** When BWC receives the completed application, the bureau will review it to ensure you have addressed all questions and completed all forms. BWC then sends the application to the Safety Intervention Review Board with your name removed to ensure a fair assessment of the application.

The board reviews the applications individually, approving or denying the applications, based upon their merit. If approved it will forward your application to BWC's finance department to issue the check. If denied, BWC will return the application to you with a letter of explanation. You may re-apply for grant money.

- **Signature on application and agreement:** The person signing the application and agreement for the employer states 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 the signer or his or her successor will have the authority to oversee the carrying out of the employer's responsibilities for two years after the implementation of the intervention. The signer's authority will continue until the employer notifies BWC of the name of the successor.

- **Multiple grants:** You may apply for grant money more than once, but the total of all grants submitted cannot exceed the maximum total amount associated with the SafetyGRANTS program. BWC will require a new application and agreement, but not a new W-9 tax form.

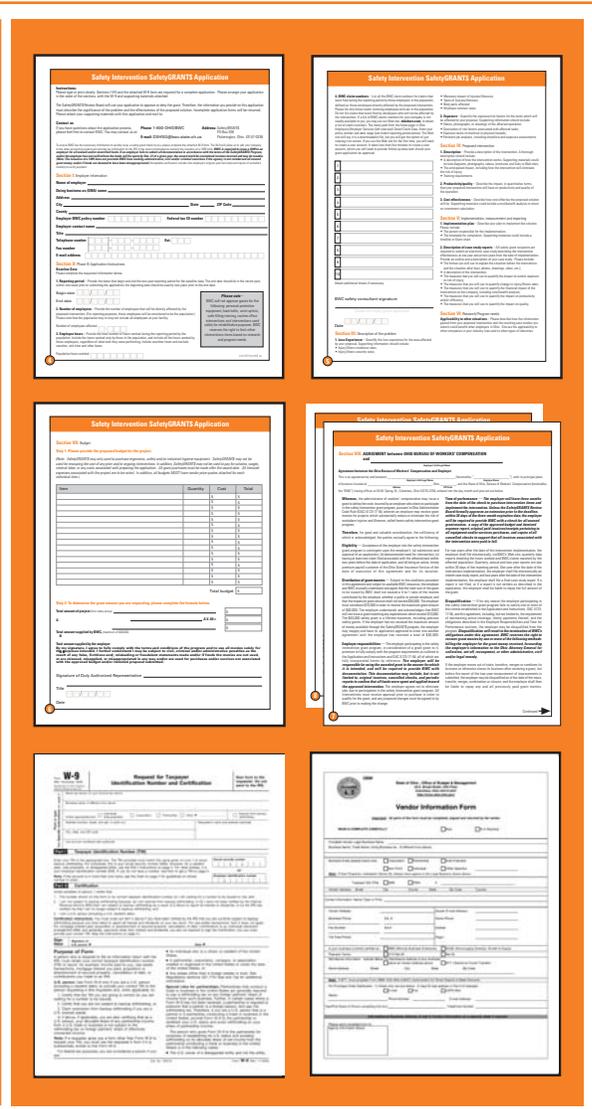
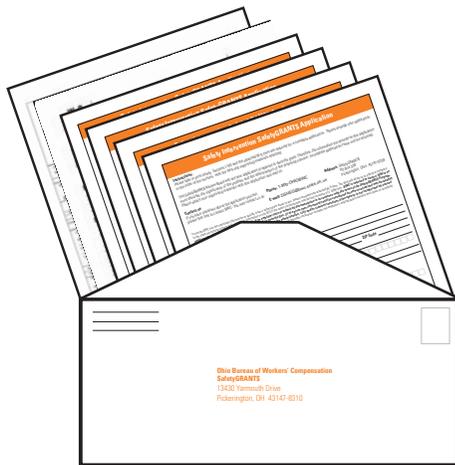
Steps to apply

Simply complete the application that follows, providing all the information requested; BWC will return incomplete applications.

Employers applying for a safety intervention safety grant must answer all questions, and complete the agreement, W-9 (located in the back of this book) and the Vendor Information Form. All signatures must be original. A BWC safety consultant must review and sign your application prior to mailing. To schedule a consultant to review your application, please contact BWC's Division of Safety & Hygiene at 1-800-OHIOWBC and listen to the prompts. Mail the completed application and supporting documentation to:

Ohio Bureau of Workers' Compensation SafetyGRANTS

13430 Yarmouth Drive
Pickerington, OH 43147-8310



Safety Intervention SafetyGRANT\$ Application

4. BWC claim numbers – List only the BWC claim numbers for claims that were filed during the reporting period by those employees directly affected by the proposed intervention. Do not list claims that were filed by employees who will not be affected by the intervention. Claim eligibility is based on filing date, not date of injury. If a list of BWC claims numbers for your company is not readily available to you, you may use our Web site, **ohiobwc.com**, to obtain a list of claims numbers. The menu path from the home page is Ohio Employers/Employer Services (left side bar)/ Detail Claim Data. Enter your policy number and date range (can match reporting period above). The Web site will say it is a downloadable file, but you will get the option of just viewing it on screen. 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 to provide follow-up data later should your grant application be approved.

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Attach additional sheets if necessary.

BWC safety consultant signature

(Does not imply grant approval)

Date / /

Section III: Description of the problem

1. Provide a brief explanation of your organization and a description of the current situation, e.g. tasks involved and process.

2. Loss Experience – Quantify the loss experience for the area affected by your proposal. Supporting information should include:

- Injury/illness incidence rates;
- Injury/illness severity rates;
- Monetary impact of injuries/illnesses;
- Types of injuries/illnesses;
- Body parts affected;
- Employee turnover rates.

3. Exposure – Quantify the exposure/risk factors for the tasks which will be affected by your proposal. Supporting information should include:

- Videos, photographs, or drawings of the affected operation;
- Description of risk factors associated with affected tasks;
- Exposure levels of chemical or physical hazards;
- Pertinent job analyses, including check lists and exposure assessments.

Section IV: Proposed intervention

1. Description – Provide a description of the intervention. A thorough description should include:

- A description of how the intervention works. Supporting materials could include diagrams, photographs, videos, brochures and links to Web sites;
- The anticipated impact, including how the intervention will eliminate the risk of injury;
- Training requirements.

2. Productivity/quality – Describe the impact, in quantitative terms, that your proposed intervention will have on productivity and quality of the operation.

3. Cost effectiveness – Describe how cost-effective the proposed solution will be. Supporting materials could include a cost/benefit analysis or return on investment calculation.

Section V: Implementation, measurement and reporting

1. Implementation plan – Describe your plan to implement the solution. Please include:

- The person responsible for the implementation;
- The timetable for completion. Supporting materials could include a timeline or Grant chart.

2. Description of case study reports – All safety grant recipients are required to submit an electronic case study describing the intervention effectiveness at one year and at two years from the date of implementation. Provide an outline and a description of your case study. Please include:

- The format you will use to explain the situation before the intervention and the situation after (text, photos, drawings, video, etc.);
- A description of the intervention;
- The measures that you will use to quantify the impact on worker exposure to risk of injury;
- The measures that you will use to quantify change in injury/illness rates;
- The measures that you will use to quantify the financial impact of the intervention on the company, including cost/benefit analysis;
- The measures that you will use to quantify the impact on productivity and/or efficiency;
- The measures that you will use to quantify the impact on quality.

Section VI: Research/Program needs

Applicability to other situations – Please describe how the information gained from your proposed intervention and the resulting case studies you submit could benefit other employers in Ohio. Discuss the applicability to other companies in your industry class and to other types of industries.

Safety Intervention SafetyGRANTS\$ Application

Section VIII. 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 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, (c) having at least one claim filed associated with the affected task within two years before the date of application, and (d) 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 4-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 \$10,000 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 \$10,000. The \$40,000 safety grant is a lifetime maximum, including previous safety grants. If the employer has not received the maximum amount of money available through the SafetyGRANTS\$ program, the employer may reapply and have its application approved to enter into another agreement until the employer has received a total of \$40,000.

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 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 share the safety intervention results with other employers so they can benefit from your success with the safety intervention grant;

Time of performance — **The employer will have three months from the date of the check to purchase intervention items and implement the intervention. Unless the SafetyGRANTS\$ Review Board formally approves an extension prior to the deadline, within 30 days of the three-month expiration date, 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.**

For two years after the date of the intervention implementation, the employer shall file electronically, via BWC's Web site, quarterly data reports detailing the hours worked and BWC claims reported by the affected population. Quarterly, annual and two year reports are due within 30 days of the reporting period. One year after the date of the intervention implementation, the employer shall file electronically an interim case study report, and two years after the date of the intervention implementation, the employer shall file a final case study report. 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 moves out of state, transfers, merges or combines its business or otherwise closes its business after receiving a grant, but before the report of the two-year measurement of improvements is submitted, the employer may be disqualified as of the date of the move, transfer, merger, combination or closure, and the employer shall then be liable to repay any and all previously paid grant monies.

Continued →

Safety Intervention SafetyGRANT\$ Application

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: Contractor hereby certifies all applicable parties listed in Divisions (I)(3), (J)(3), (Y)(3) and (Z)(3) of the Ohio Revised Code (ORC) Section 3517.13 are in full compliance with Divisions (I)(1), (J)(1), (Y)(1) and (Z)(1) of O.R.C. Section 3517.13.

Conflicts of interest and ethics compliance certification:

Employer affirms he or she 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, employer affirms that a person who is or may become an agent of employer, 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.

Employer agrees to adhere to all ethics laws contained in Chapters 102 and 2921 of the ORC 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.

In accordance with Executive Order 2007-01S, employer or grantee, by signature on this document, certifies: (1) he or she has reviewed and understands Executive Order 2007-01S, (2) has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) will take no action inconsistent with those laws and this order.

The employer or grantee understands that failure to comply with executive order 2007-01S is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the state of Ohio.

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 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 any changes to the original intervention requested must receive prior BWC approval.

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____.

Date Month

Employer's full legal name _____

Federal tax I.D. _____

Title _____

Name (please print) _____

Signature _____

State of Ohio, Bureau of Workers' Compensation
SafetyGrant\$ Safety Intervention 2006 RSP Jan. 9, 2009

Why you should apply for Drug-Free Workplace SafetyGRANT\$

SafetyGRANT\$ can help make your workplace drug-free. FACT: National statistics show drug and alcohol users are five times more likely to be injured at work. And these employees are 40 percent more likely to involve a co-worker in the accident.

Private employers are eligible for grants up to a maximum of \$10,000, while public employers are eligible for grants up to a maximum of \$15,000. DFWP and DF-EZ program participants may use these funds in support of meeting either of the following drug-free requirements:

- Employee education (using direct services from a substance professional or a train-the-trainer approach);
- Supervisor training (using direct services from a substance professional only);
- Employee Education Train-the-Trainer - Actual cost up to a maximum of \$150 per hour: up to four hours for DFWP, three hours for DF-EZ.

Eligibility requirements

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

- Be a state-fund employer;
- Current on all monies owed BWC;
- Maintain active coverage;
- Participate in BWC's DFWP or DF-EZ discount program at level 1, 2 or 3.

Program requirements

- Provide documentation, which may include, but is not limited to itemized service invoices and proof of payment, to verify that ALL SafetyGRANT\$ funds BWC issued are reimbursement for services already rendered and were involved in meeting employee education and/or supervisor training drug-free requirements.

Employer responsibilities

- **Proof of spending:** BWC requires a paid invoice to consider a grant submission. Acceptable verification is your paid invoice(s) and copies of canceled check(s) to verify payment. Only services already rendered will be eligible for reimbursement. Submit reimbursement requests only for eligible services already received. Submit to BWC the itemized service invoice(s) for employee education and/or supervisor training. Include a copy of the canceled check verifying the payment and proof the service(s) for which you are requesting reimbursement have already been rendered. Documentation must show when you rendered services for BWC to process the grant request. BWC recommends you keep copies of all documentation submitted for your files.

Use of grant funds

- **Maximum amount of grant:** BWC will reimburse up to a maximum of \$10,000 per private employer participating in the DFWP or DF-EZ, and \$15,000 per public employer participating in DFWP or DF-EZ.
- BWC expressly reserves the right to limit the amount of reimbursements and to set caps on such reimbursements, as

well as determine whether a specific service is or is not eligible for reimbursement.

- For an employer's first year in DFWP, BWC will reimburse actual costs up to \$150 per hour for up to two hours of employee education offered through direct services from a substance professional for DFWP employers and up to two hours for refresher sessions in subsequent years. BWC will reimburse actual costs up to \$150 per hour for up to one hour of employee education offered through direct services from a substance professional for DF-EZ employers and up to one hour for refresher sessions in subsequent years.
- For an employer's first year in DFWP, BWC will reimburse actual costs up to \$150 per hour for up to four hours of employee education train the trainer offered by a substance professional for DFWP employers and up to three hours for employee education train the trainer offered by a substance professional for DF-EZ employers.
- For an employer's first year in DFWP, BWC will reimburse actual costs up to \$150 per hour for up to four hours of supervisor training offered through direct services from a substance professional for DFWP employers and up to two hours for refresher sessions in subsequent years. BWC will reimburse actual costs up to \$150 per hour for up to two hours of supervisor training offered through direct services from a substance professional for DF-EZ employers and up to one hour for refresher sessions in subsequent years.
- BWC will NOT reimburse for development of a written substance policy, legal review of a written substance policy, supervisor training utilizing a train-the-trainer model, substance testing or employee assistance/ assessment.
- You may apply for grant money more than once, not to exceed the maximum total amounts as allowed per DFWP or DF-EZ employer. BWC considers this process re-applying. BWC will require a new application and agreement, but not a new W9 tax form or vendor information form.
- **Approved purchases:** Employers participating in either DFWP or DF-EZ can spend drug-free workplace SafetyGRANT\$ funds on employee education and supervisor training that meet program requirements.
- Out-of-state companies can serve as educational/training vendors, but companies that do business in Ohio for more than 90 days must obtain workers' compensation coverage.
- **Unapproved purchases:** You are not permitted to use DFWP and/or DF-EZ SafetyGRANT\$ funds to pay for the following (list not all inclusive):
 - In-house training staff;
 - Staff salary;
 - Consultant/broker/third party administrator fees;
 - Substance testing;
 - Salaries or wages;
 - Charges associated with education and/or training, such as room rental, equipment rental or purchase, or food;
 - Employee assistance expenses related to assessment and/or treatment services;
 - Duplication of the substance policy.

In addition, drug-free service vendors are not eligible for coverage of expenses for their own company.

- BWC will hold a company responsible for using the grant in the intended manner, and a company may face civil and/or criminal sanctions if it misappropriates and/or misuses grant funds or misrepresents information in submitting a request for grant funds or any documents submitted for the purpose of securing grant funds.

Time of performance

- **Making the purchase:** You must obtain and pay the invoice for the covered service(s) (employee education and/or supervisor training), and submit this invoice with all of the other required paperwork. For BWC to consider reimbursement, you must have rendered services prior to grant submission. BWC will not process incomplete submissions.

Disqualification

- **Disqualification from program:** If for any reason an employer participating in DFWP or Drug-Free EZ fails to satisfy the requirements enumerated in the Task Description and OAC 4123-17-58.1, including, but not limited to, the requirement to maintain active coverage and timely payments thereof, BWC may disqualify the employer.
- Disqualification will result in termination of BWC's obligations under this agreement, and 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 to the Ohio Attorney General for collection, set-off, recoupment, or other civil and/or legal remedy.

Grant approval process

- **Approval process:** When BWC receives the completed application, it will review it to ensure you addressed all questions and completed all forms. BWC will then review the application to determine qualification for the DFWP or DF-EZ grant program. Approval is contingent on funding availability.
- **Signature on application and agreement:** The person signing the application and agreement for the employer states 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 the signer or his or her successor will have the authority to oversee the carrying out of the employer's responsibilities for providing the required receipt documentation. The signer's authority will continue until the employer notifies BWC of the name of the successor.
- **Are there reimbursement limitations within Drug-Free Workplace SafetyGRANT\$ for specific drug-free services?** BWC expressly reserves the right to limit the amount of reimbursements and to set caps on such reimbursements for each and every specific reimbursable drug-free service, as well as to limit which drug-free services are eligible for reimbursement.

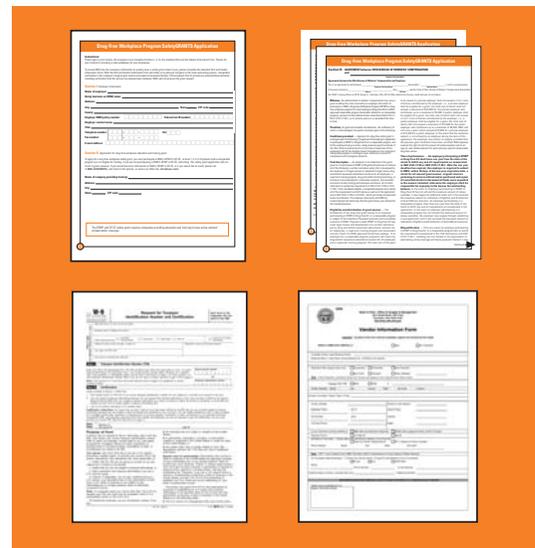
Steps to apply

Applying for a DFWP or DF-EZ 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, W-9 (located in the back of this book) and the Vendor Information Form. Wherever signatures are required, they must be original. Mail the completed application and supporting documentation to:

Ohio Bureau of Workers' Compensation Employer Management Services

30 W. Spring Street, 22 Floor
Columbus, OH 43215



IMPORTANT NOTE: This booklet contains the only version of the drug-free SafetyGRANT\$ application that BWC will accept.

Drug-Free Workplace Program SafetyGRANT\$ Application

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.

Employer's Full Legal Name

Employer Name

Address

ZIP code

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) 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 at level 1, level 2 or level 3; (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; and (3) the services rendered having occurred prior to the submission of the grant request.

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 developed by the employer or its legal counsel, or has been subjected to legal review; drug and alcohol awareness educational sessions for all employees, including supervisors; a supervisor skill-building training program; drug and alcohol testing (consisting, at minimum of pre-employment, reasonable suspicion, post-accident and return-to-duty and other follow-up testing and, if required, random drug testing); and employee assistance, all of which shall meet or exceed the requirements of OAC 4123-17-58 or 4123-17-58.1. The employer shall verify with BWC by invoice/receipt and check copy that the employer used the grant money for the intended purpose and shall document when the service was rendered. Only services rendered may be submitted for grant reimbursement.

Eligibility and distribution of grant monies — The distribution of any drug-free grant money to an employer participating in DFWP or Drug-Free EZ, is subject to the Conditions Precedent provision and to available resources of BWC. Payments under DFWP or Drug-Free EZ may cover only drug/alcohol awareness educational sessions for all employees and a supervisor training program, which meet specified program

requirements of OAC 4123-17-58 or OAC 4123-17-58.1. The total sum of the grants BWC will issue to a private employer shall not exceed a maximum of \$10,000 as a lifetime cap. A public employer shall be eligible for grants, the total sum of which shall not exceed a maximum of \$15,000 as a lifetime cap. BWC will not issue total grants that exceed \$10,000 for a private employer or \$15,000 for a public employer. In the event an employer does not use the maximum amount during the term of this agreement, the employer may choose to re-apply, provided the employer satisfied the previous grant conditions. BWC expressly reserves the right to limit the amount of reimbursements and to set caps (maximum amounts) on such reimbursements for each and every specific reimbursable drug-free service, and to determine which services are eligible for reimbursement.

Time of performance — **An employer participating in DFWP or Drug-Free EZ must have received reimbursable drug-free employee education and/or supervisor training services pursuant to requirements as enumerated in OAC 4123-17-58 or OAC 4123-17-58.1 respectively prior to submitting a request for reimbursement. BWC will not issue a drug-free safety grant without invoices that clearly document the services provided, the cost of these services and proof that services were rendered prior to grant submission date.** In the event an employer participating in DFWP or Drug-Free EZ has not used the maximum amount of money available in its lifetime cap, he or she may re-apply for additional funds until the employer has received the maximum amount as indicated in Eligibility and Distribution of Grant Monies provision.

Disqualification — BWC may disqualify an employer participating in DFWP or Drug-Free EZ if for any reason he or she fails to satisfy the requirements enumerated in the Task Description and OAC 4123-17-58 or OAC 4123-17-58.1, including, but not limited to the requirement of maintaining active coverage and timely payments thereof.

Continued →

Drug-Free Workplace Program SafetyGRANT\$ Application

Disqualification will result in the termination of BWC's obligations under this agreement. BWC reserves the right to recover the misappropriated grant monies by the following methods: billing the employer for the grant money received; forwarding the employer's information to the Ohio Attorney General for collection; by set-off; recoupment or other administrative, civil and/or legal remedy.

Ohio elections law: Contractor hereby certifies that all applicable parties listed in Divisions (I)(3), (J)(3), (Y)(3) and (Z)(3) of O.R.C. Section 3517.13 are in full compliance with Divisions (I)(1), (J)(1), (Y)(1) and (Z)(1) of O.R.C. Section 3517.13. **Conflicts of interest and ethics compliance certification**

Employer 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, employer affirms that a person who is or may become an agent of employer, 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.

Employer 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.

In accordance with Executive Order 2007-01S, employer or grantee, by signature on this document, certifies: (1) it has reviewed and understands Executive Order 2007-01S, (2) has reviewed and understands the Ohio ethics and conflict of interest laws, and (3) will take no action inconsistent with those laws and this order. The employer or grantee understands that failure to comply with Executive Order 2007-01S is, in itself, grounds for termination of this contract or grant and may result in the loss of other contracts or grants with the state of Ohio.

By my signature, I agree to fully comply with the terms and conditions of the program and use all monies solely for the purposes intended. I further understand that I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and/or fraudulent statements made and/or if funds are misappropriated and/or utilized for purchases and/or services that are not associated with the program. I fully understand that attempting to bundle or otherwise hide other non-reimbursable services in the invoices submitted to request drug-free safety grant funds will be construed as an attempt to fraudulently secure funds to which I am not entitled.

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____.

Date

Month

Employer's Full Legal Name _____

Federal Tax I.D. _____

Title _____

Name (please print) _____

Signature _____

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
		+		+					

or

Employer identification number									
		+							

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

INSTRUCTIONS FOR COMPLETING THE VENDOR INFORMATION FORM (OBM-3456-(Rev.07/2007))

OVERALL

- A. Check “New” to register as a vendor and to do business with the State of Ohio.
- B. Check “W-9 Attached” to confirm that a completed IRS Form W-9 (revised November, 2005 or later) is attached. This is required for all new vendors. Use the Vendor Information Change Form (OBM-3457) to make changes to the vendor information as it currently exists in OAKS.
- C. This form needs to be completed by the vendor and only reviewed by the agency.
- D. Whenever possible please have the vendor complete the original form from the OBM Website. This will help to eliminate an unreadable form being faxed. The form is under the Vendor Forms Section on the OBM website at: <http://www.obm.ohio.gov/forms/OAKS.asp>.
- E. Enter your company’s Federal Tax Identification number or your Social Security number if you, as an individual are participating.

SECTION 1

- A. The Vendor Legal Business Name should match the name on the W-9.
- B. If the vendor has multiple subsidiaries doing business with the agency, then attach the needed information per subsidiary on a separate sheet. (i.e. If the subsidiary has a different remittance information or business location, then that information should be listed for each subsidiary company on a separate sheet of paper. If all subsidiaries have the same information but just different business names, then just list the different business names on an attached sheet if extra space is needed.)
- C. The Business Entity and Taxpayer ID# should be the same as listed for the IRS on the W-9 Form. Enter your company’s Federal Tax Identification number or your Social Security number if you, as an individual are participating.

SECTION 2

- A. Vendor Address is the physical location of the business.
- B. Complete “Contact Information” for the business.

- C. Should the business not have a website, e-mail address, business telephone or fax number, then please state that it is non-applicable or “N/A”.
- D. If the business is currently certified through the State of Ohio MBE or EDGE Program, check the appropriate box.
- E. Payment terms should be either discounted (2/10 Net 30) or “Net 30”. Should nothing be selected it will default to “Net 30”.

SECTION 3

- A. The remittance address may differ from the physical location of the business. Check the appropriate box if the remittance address is the same as the business’ physical location or if using EFT. Should the Business be using the EFT, then an EFT - Direct Deposit Form (OBM-1234) needs to be completed using the instructions posted on the OBM website under the Vendor Forms Section: <http://www.obm.ohio.gov/forms/OAKS.asp>.

SECTION 4

- A. Select how the purchase order should be distributed. Fill in the appropriate information (i.e. fax number if requesting via fax).
- B. Please identify the name of the person to receive the purchase order.

If you have any questions, please contact the issuing state agency.



STATE OF OHIO – OFFICE OF BUDGET & MANAGEMENT

30 E. BROAD STREET, 34th FLOOR
COLUMBUS, OHIO 43215 - 3457
<http://www.obm.ohio.gov/>

NEW VENDOR INFORMATION FORM

(Replaces the old CAS VENE Form)

ALL parts of this form must be completed by the vendor and returned to the issuing state agency

READ & COMPLETE CAREFULLY

NEW W-9 ATTACHED (REQUIRED)

SECTION 1:
COMPLETE VENDOR LEGAL BUSINESS NAME (Should match W-9)

Business Name, Trade Name, Doing Business As: (If different from above)

BUSINESS ENTITY: CORPORATION PARTNERSHIP SOLE PROPRIETOR
(Please check one only) NON PROFIT INDIVIDUAL OTHER (SPECIFY): _____

NOTE: IF SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME ABOVE

TAXPAYER ID # (TIN): SSN FEIN #

SECTION 2:
VENDOR ADDRESS: STREET CITY COUNTY STATE ZIP CODE COUNTRY

CONTACT INFORMATION: NAME (TYPE OR PRINT)

VENDOR WEBSITE:

VENDOR E-MAIL ADDRESS:

BUSINESS PHONE & Ext #:

FAX NUMBER & Ext #:

IS YOUR BUSINESS CURRENTLY CERTIFIED AS MBE (Minority Business Enterprise) EDGE (Encouraging Diversity, Growth & Equity)

PAYMENT TERMS: (Pick one only) 2/10 Net 30 Net 30

SECTION 3:
REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS

SAME AS VENDOR ADDRESS ABOVE EFT(Electronic Funds Transfer)

REMIT ADDRESS STREET CITY STATE ZIP CODE

NOTE: If EFT, must complete Form OBM-1234-(Rev.5/2007) Authorization for Direct Deposit of State Warrants

SECTION 4:

FOR PURCHASE ORDER (PO) DISTRIBUTION: 1) CHECK ONLY ONE BOX BELOW; 2) INPUT EMAIL ADDRESS OR FAX# (IF CHECKED)

EMAIL

FAX

USPS MAIL

NAME OF PERSON TO RECEIVE PO Distribution:

PHONE NUMBER:

E-MAIL ADDRESS:

TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM:

PHONE NUMBER:

SIGNATURE:

ADD ADDITIONAL BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED

PLEASE SEND COMPLETED FORM & QUESTIONS ABOUT THE FORM TO THE ISSUING AGENCY (information listed below):

ISSUING AGENCY INFORMATION

Questions?

Visit BWC's Web site at ohiobwc.com.

Call your local customer service office or **1-800-OHIOBWC**.
