

Safety Intervention SafetyGRANT\$ Application

Instructions:

Please type or print clearly. All employers must complete **Sections I-VIII** and the attached **W-9**. Thanks for your interest in providing a safe workplace for your employees. The SafetyGRANT\$ Review Board will use 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. Please attach your supporting materials with this application.

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.**

Fax number - -

E-mail address

BWC signature (Does not imply approval of grant) **Date:**

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. Employers must verify how the grant money was spent by Dec. 31. Any funds not used or not verified to BWC may be subject to a 1099. *Acceptable verification is the employer's original paid invoice and a copy of the cancelled check to verify payment.* If the employer fails to provide this documentation, a 1099 may be issued.

Section II: Phase III Application Instructions

Baseline Data

Please complete the requested information below.

1. 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 submitting the application; the beginning date should be exactly two years prior to the end date.

Begin date / /

End date / /

2. Number of employees – Provide the number of employees that will be directly 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.

Number of employees affected ,

3. Employee hours – Provide the total number of hours worked during the reporting period by the population. Include the hours worked only by those in the population, and include all the hours worked by those employees, regardless of what task they were performing. Include overtime hours and exclude vacation, sick time and other leave.

Population hours worked

Please note –
 BWC will not approve grants for the following: 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 limit other interventions items based on research and program needs.

Equipment pictured in this guidebook is not necessarily guaranteed for approval by the Safety Intervention Grant Review Board.

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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:

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 which matches any expenditures which 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 SafetyGRANT\$ program, the employer may reapply and have its application approved to enter into another agreement until the employer has received a total of \$40,000.00.

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 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.

Time of performance — The employer shall have three months from the date of the warrant to purchase its approved intervention items, implement the intervention, and verify to the appropriate BWC department by receipts

and proof of payment that the grant money was utilized for the approved intervention as described in the Application and Instructions. For two years after the date of the warrant, the employer shall file electronically via BWC's Web site quarterly data reports which detail the hours worked and BWC claims reported by the affected population. One year after the date of the warrant, the employer shall file an interim case study report, and two years after the date of the warrant, 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 therefore, and the obligations described in the Employer Responsibilities and Time for Performance, the employer may be disqualified from the program.

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. 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 legal remedy.

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.

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 of the employer's responsibilities for two years after BWC issues the grant warrant. The signer's authority shall continue until the employer notifies BWC of the name of the successor.

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 _____

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

SafetyGrant\$ Safety Intervention 2003 RSP May 23, 2003