

Safety hazard abatement grant

Application and instructions

Final



443 Lafayette Road N.
St. Paul, MN 55155
Phone: (651) 284-5162
Toll-free: 1-800-731-7232
Fax: (651) 284-5739
www.doli.state.mn.us/grants.html

Instructions

Check off each item to ensure the grant application is complete.

- **If all required answers are not provided, your application will be returned to you.**
- A safety/health on-site hazard survey report with recommendations must be attached with this application. **If it is not included, your application will be returned to you.**
- A recent (one full-year) profit and loss statement and a current balance sheet must be attached with this application. **If they are not included, your application will be returned to you.**
- Vendor quotes for equipment to be purchased must be attached. Quotes must list type of equipment and cost. **If quotes are not included; your application will be returned to you.**
- If you are applying for a Training or Tuition Reimbursement Grant only, and that section is not filled out, **your application will be returned to you.**

Introduction

The Safety Grant Program awards employers in the state of Minnesota a dollar for dollar match - up to \$10,000 - to qualifying employers for projects designed to reduce the risk of injury and illness to their workers, and based on safety/health onsite hazard surveys. This is a reimbursement program. Invoices dated prior to the contract approved date are not eligible for this program. Grants are awarded to employers who best satisfy the Safety Grant Program's goals. If the number of qualified applicants exceeds the available funds, applications are evaluated based on factors in the statutes and rules. (See www.doli.state.mn.us/grants.html, Minnesota Rules 5203.0010-5203.0070.)

If your grant is approved, you will be notified in writing of the specific approval. Whether your grant application is approved or not, in no way diminishes, delays or absolves you of any obligation to abate hazards as required by law. No state funds will be distributed until all grant documents are signed by all parties; funds expended before that must not rely on grant approval.

Priority will be given to projects, meeting the other requirements for grants, that create production jobs in an area or prevent loss of jobs due to safety problems. Also given priority are projects in industries that are the current focus of Minnesota OSHA compliance and consultation strategies, including:

- public sector
- food and kindred products
- lumber and wood products
- furniture and fixtures
- paper and allied products
- printing and publishing
- rubber and miscellaneous plastics
- industrial machine and equipment
- communications
- hotels and other lodging places
- automotive dealers and service stations
- construction
- health services

Priority will also be given for safety and health equipment, ergonomic equipment, training for purchased equipment, and tuition reimbursement. The Department of Labor and Industry reserves the right to request additional information if necessary.

Questions may be directed to Workplace Safety Consultation by: telephone at (651) 284-5162 or toll-free at 1-800-731-7232; TTY at (651) 297-4198; fax at (651) 284-5739; or e-mail at Ernest.Mattila@state.mn.us.

Completed application packets should be sent to:
Minnesota Department of Labor and Industry
Workplace Safety Consultation/Grant Applications
443 Lafayette Road N.
St. Paul, MN 55155

This document can be provided in different formats, such as large print, Braille or audiotape, by calling (651) 284-5162 or (651) 297-4198/TTY.

All requested information is required.

Company information

Company name: _____

Contact person: _____

Title: _____

Address: _____

City, state, ZIP: _____

E-mail address: _____

Phone: _____ Fax: _____

Federal ID number*: _____ State ID number**: _____

SIC code: _____ NAICS : _____ Type of business: _____

Unemployment insurance ID number***: _____

Number of employees at location: _____

***Federal ID number** is a nine-digit number

****State ID number** is a seven-digit number; a. tax identification number assigned by the state.

*****Unemployment insurance (UI) ID number** is a 13 –digit number assigned by the Minnesota Department of Employment and Economic Development.

Notice to grantee

Grantee is required by Minnesota Statutes §270.66 to provide grantee's federal employer tax identification number (or Social Security number) and Minnesota tax identification number to do business with the state of Minnesota. This information may be used in the enforcement of federal and state tax laws. Supplying these numbers could result in action requiring **grantee** to file state tax returns and pay delinquent state tax liabilities, if any. This application will not be approved unless these numbers are provided. These numbers will be available to federal and state tax authorities and state personnel involved in approving the grant contract and the payment of state obligations.

C. Implementation schedule with all timelines - Explain when you are going to order, receive and install the project, and when, if your grant request is for training, the training for the equipment purchased will be conducted. You are allowed 120 days from the date of the last signature on the grant agreement to finish your project. Training and education tied to the purchases of equipment will be granted an additional 30 days. Tuition reimbursement will be up to two semesters. Can you meet this deadline?

D. Project participants - Give the name and address of the person(s) who will be primarily responsible for completing this project, as well as the name of each person who will be involved in each activity. List employees and vendors separately. Give titles and credentials to show qualifications.

E. Current status of this project - Explain where you are in the process.

F. Location – Give the location of the project.

G. Project benefits - Describe the employees (including number) that this project will benefit by reducing or preventing injuries and/or illnesses.

H. Economic feasibility - Explain the anticipated return on the investment over the life of the project. Explain the source of funding and whether you have the necessary funds. Provide documentation if you assert reliance on bank loan approval. A **recent profit/loss statement and current balance sheet are to be attached.**

I. Items and costs - Describe the item(s) to be purchased, any training to be conducted on it and the cost of each item. You will also need to attach a vendor quote for each set of equipment.

Training tied to Equipment, or Tuition Reimbursement

A. Training for equipment purchase: Describe who will provide the training, the trainer's credentials, what the training will cover and how it relates to the equipment purchase. Attach training material. (This information is required in addition to the rest of this application for the funding of this application).

B. Safety and health class tuition: Describe the course offering (name of the course, college or university, vocational technical college, trade or business association), who will attend, their title, job functions and how this will impact injury reduction and prevention efforts. Include a catalog, course description or syllabus. (This information is required in addition to the rest of this application for the funding of this type).

Costs

Total grant-eligible project costs: _____

Amount requested from state grant: _____
(cannot be more than dollar for dollar, up to \$10,000)

Grant amount requested for training and/or tuition
reimbursement costs _____

Amount of employer matching funds: _____

Amount received from other sources (list source and amount): _____

Impact

If you were to get less than the full amount you requested, would that affect your ability to implement the project? If so, how?

If you were to complete the project without grant funding, within what timeframe would the project be complete? Check one of the following; within: ___six months ___12 months ___18 months

Form 300 log information

Please fill in the information requested. This information will be used to show effectiveness. Provide one full-year of information (i.e. for 2003, provide 2002 information).

Summary OSHA-300 data

Log year		Average number of full-time employees		Number of employee hours worked	
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Work-related injuries and illnesses

(G) Number of deaths	(H) Number of cases with days away from work	(I) Number of cases with job transfer or restriction	(J) Number of other recordable cases	(K) Number of days on job transfer or restriction	(L) Number of days away from work	(M)(1) Injury	(M)(2) Skin disorder	(M)(3) Respiratory condition	(M)(4) Poisoning	(M)(5) All other illnesses

Employers with 10 or fewer employees, please provide the following information.

Log year

Average number of full-time employees		Number of employee hours worked		Injuries		Illnesses	

Further company information

• Who is your workers' compensation insurance company? _____

• What is your workers' compensation policy number? _____

• Are you an employer with at least one employee and have been for at least two years?

(circle answer) Yes No

• The company is a (circle answer): private employer public employer

• Who conducted the safety/health on-site survey you are attaching? (circle one answer)

1. MNOSHA safety/health investigator
2. Workplace Safety Consultation safety/health consultant
3. In-house employee safety/health committee (fill out report form and include minutes)
4. Workers' compensation underwriter (cannot be from loss-control specialist)
5. Private safety/health consultant
6. A person under contract with the Assigned Risk Pool

• Are you financially able to complete the employer-paid portion of the proposed project(s)?

(circle answer) Yes No

The information contained in this application is accurate and true to the best of my knowledge. I am authorized by my employer to make this request. I agree that all applicable regulations will be adhered to in completing the proposed project(s).

Authorized representative

Date

Title