

Safety hazard abatement grant

Application and instructions



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.

- Every question on this application must be answered. **If an answer is not provided, your application will be returned to you.** We recommend you use this form; if you choose to create your own, you must follow this exact format.
- A safety/health on-site survey report with recommendations must be attached with this application. **If it is not included, your application will be returned to you.** [Information on page 9.]
- 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.** [Information on page 6.]
- Vendor quotes for each item 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.** [information on page 7.]

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 surveys. Upon approval, this is a reimbursement program. Invoices dated prior to the contract date are not eligible for this program. Grants are awarded to those best satisfying 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 also 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

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 tracey.josephson@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. You are allowed 120 days from the date of the last signature on the grant agreement to finish your project. Can you meet this deadline?

D. Project participants – Give the name and address of the person or persons 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 and the cost of each item. You will also need to attach a vendor quote for each item.

Costs

Total grant-eligible project costs: _____

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

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			
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