

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.dli.mn.gov/WSC/Grants.asp

Revised Feb. 23, 2010

Instructions

Your application will be returned to you if any of the following are not included:

- all required answers and requested information listed in the application;
- a safety/health on-site hazard survey report with recommendations;
- a recent (one full-year) profit and loss statement and a current balance sheet;
- vendor quotes for equipment to be purchased, quotes must list type of equipment and cost; and
- if you are applying for a training or tuition reimbursement grant only, if that section is not complete.

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 on-site hazard surveys. **This is a reimbursement program. Invoices dated prior to the approved contract date are not eligible for this program.** Grants are awarded to employers that best satisfy the Safety Grant Program goals. If the number of qualified applicants exceeds the available funds, applications are evaluated based on factors in the statutes and rules. (See www.dli.mn.gov/WSC/Grants.asp, 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:

- utilities (except nuclear)
- food manufacturing
- construction
- beverage and tobacco product mfg
- wood product manufacturing
- nonmetallic mineral product manufacturing
- primary metal mfg. (except foundries)
- transportation equipment manufacturing
- furniture and related product mfg.
- building material and garden equipment and supply dealer
- warehouse and storage
- hospitals
- nursing homes
- amputations
- combustible dust
- foundries
- refineries
- grain facilities
- meatpacking
- public sector
- tree trimming/logging
- asthma
- lead
- methylene chloride
- popcorn
- silica
- process safety management
- ergonomics and safe-patient handling, including hospitals, surgical centers, nursing homes

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, toll-free at 1-800-731-7232; TTY at (651) 297-4198; fax at (651) 284-5739; or e-mail at dli.grants@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 audio, 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: _____

Go to www.census.gov/eos/www/naics for assistance in determining SIC/NAICS codes entries.

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 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) this project will benefit by reducing or preventing injuries and/or illnesses.

H. Economic feasibility – Explain the anticipated return on the investment during 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 and loss statement and current balance sheet are to be attached.**

I. Items and costs – Describe the item(s) to be purchased, any correlating training to be conducted 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 include and how it relates to the equipment purchase. Attach training material. (This information is required, in addition to the rest of this application, for funding of this type.)

B. Safety and health tuition reimbursement – Describe the course offering (name of the course; and 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 funding of this type.)

Costs

Total grant-eligible project costs: _____

Amount requested from state grant: _____

(cannot be more than dollar-for-dollar match, 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? Within (check one of the following): ___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 2008, provide 2007 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 away from work	(L) Number of days on job transfer or restriction	(M)(1) Injury	(M)(2) Skin disorder	(M)(3) Respiratory condition	(M)(4) Poisoning	(M)(5) Hearing loss	(M)(6) 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	

Safety committee report

A hazard survey was conducted _____ . The following hazards were observed.
date of survey

Hazard observed	Recommended abatement

This report should be filled in and a copy of the safety committee minutes should be added if the safety committee is conducting the on-site survey.