



**2023**

## **SAFETY GRANT PROGRAM**

### **PROGRAM OVERVIEW**

The Safety Grant will be awarded for projects or initiatives that improve employee safety or reduce risk for workplace injuries. Grants can be used for enhancements to safety and security of your workforce or workplace. The program objective is to encourage and support member efforts in developing innovative safety initiatives by defraying the cost of participating, adding or enhancing a risk reduction strategy, program or process.

### **AMOUNT OF GRANT**

\$450,000 has been set aside for Safety Grants this year, with a maximum of \$15,000 per Member.

### **TYPE OF GRANT & DISBURSEMENTS**

This is a “reimbursement grant”. The Member must include a budget with details for the proposed project. All requests for payments will require detailed documentation and proof of payment.

### **TIMELINE**

- February 2, 2023 Program announcement
- March 24, 2023 Submission deadline for applicants (must be postmarked or emailed by this date)
- April 21, 2023 Announcement of grant recipients

### **ONCE AWARDED**

- August 1, 2023 Status report due
- December 29, 2023 Project must be completed. Final report submitted.

## **QUALIFICATION CRITERIA**

All of the following criteria must be met for a proposal to receive consideration for funding:

- Only 1 application with 1 project per member.
- The project must be for one (1) specific risk reduction or loss source initiative with the goal of reducing or minimizing injuries to employees.
- The grant application must include information on how the reduction in exposure will provide a safer workplace.
- The application should include actual estimates or invoices for all requests.
- Applicant must be a member of the Trust at the time funds are disbursed.
- Grant application must be completed in full and postmarked or emailed no later than March 24, 2023.
- Application must be signed by the executive officer of the organization.

## **HELPFUL HINTS**

- The ideal project will have measurable results in terms of reduction of exposure. Desired outcomes must be identifiable and measurable.
- Pictures are very helpful.
- Professional quotes are given higher consideration than estimates.

## **EXCLUSIONS**

Funds cannot be used:

- To fund new positions, or add staff
- For reimbursement of existing purchases or programs
- For continuing education credits
- For staff salaries to train staff
- For recurring fees

## **PROCESS**

Members must complete the application form and submit by **March 24, 2023**:

Electronically to [fronczek@wctrust.com](mailto:fronczek@wctrust.com)

Or by mail to:

Carol Fronczek  
Vice President, Loss Control Services  
Workers' Compensation Trust  
47 Barnes Industrial Park Road  
Wallingford, CT 06492

Questions will be answered by calling 203-678-0161 or by email: [fronczek@wctrust.com](mailto:fronczek@wctrust.com).

  
**2023 SAFETY GRANT  
APPLICATION FORM**

**SEND TO:**  
Carol Fronczek  
Vice President, Loss Control Services  
Workers' Compensation Trust  
47 Barnes Industrial Park Road  
Wallingford, CT 06492 or  
[fronczek@wctrust.com](mailto:fronczek@wctrust.com)

Applications must be received by March 24, 2023

**A. GENERAL INFORMATION**

Member Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Year you joined the Trust: \_\_\_\_\_

**CEO Administrator**

**Project Coordinator**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**B. PROJECT INFORMATION** - alternate form can be used if preferred

**Amount of grant request: \$** \_\_\_\_\_  
(maximum award of \$15,000 per member)

**Project Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Goals or Objectives:**

What problem has the organization identified and how will this help?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Execution of Project:**

What needs to be done to complete the project?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Time Frame:**

How much time is needed to complete the project?

\_\_\_\_\_  
\_\_\_\_\_

How many total employees? \_\_\_\_\_ How many employees will this project impact? \_\_\_\_\_

Location of this project: \_\_\_\_\_

Have you had losses in this area? If yes, please provide the number of injuries, the timeframe in which they occurred, and costs associated.

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**Expected Outcomes:**  
What are the results you expect?

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**Measurement/Monitoring of Successful Initiative:**  
How will you measure success?

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**C. PROPOSED PROJECT IMPLEMENTATION BUDGET** - actual quotes or pictures would be helpful

Expense Category	Description	Cost
1. Equipment / Materials / Supplies		\$
2. Consultant / Trainers / Contractors		\$
3. Other (Explain)		\$
	<b>Total Expenses</b>	\$

**D. CERTIFICATION**

As a condition of receiving a Safety Grant, the applicant agrees to implement activity and program plan as outlined in the proposal and complete and submit a progress report by August 1, 2023 and a completed project report on or before December 29, 2023.

For consideration that I acknowledge, I grant to Workers' Compensation Trust, the right to copy, reproduce, and use all or a portion of the grant application for all purposes, including advertising, trade or any commercial purport throughout the world and in perpetuity.

I grant the right to use my/our image, name and logo in connection with all uses of the Grant Application and waive the right to inspect or approve any use of my/our project.

Submitted by: \_\_\_\_\_  
Signature of CEO/Administrator/Executive Director                      Date Submitted

\_\_\_\_\_  
Title