



2018

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

\$350,000 has been set aside for 2018 Safety Grants, with a maximum of \$15,000 per Member.

TYPE OF GRANT

This is a “reimbursement grant”. The Member must include a budget for the proposed project. Grant monies that are awarded shall be paid as they are expended or at the completion and successful implementation of the project. All requests for payments will require appropriate documentation with detailed invoices for all costs.

TIMELINE

| | |
|------------------|------------------------------------|
| February 8, 2018 | Program announcement |
| March 23, 2018 | Submission deadline for applicants |
| April 20, 2018 | Announcement of grant recipients |

ONCE AWARDED

| | |
|-------------------|--|
| July 1, 2018 | Initial progress report due |
| October 1, 2018 | Progress report with measurement outcomes due |
| December 31, 2018 | Project must be completed. Final report with measureable outcomes submitted. |

GRANT DISBURSEMENTS

75% disbursed as expenses are incurred

25% of approved funds will be disbursed upon successful implementation of the project.

QUALIFICATION CRITERIA

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

- The project must be a specific risk reduction initiative with the goal of reducing or minimizing risk to employees.
- The ideal project will have measureable results in terms of reduction of exposure. Desired outcomes must be identifiable and measureable.
- The grant application must include information on how the member plans to measure the results or how the reduction in exposure will provide a safer workplace.
- Applicant must be a member of the Workers' Compensation Trust at the time funds are disbursed.
- Grant application must be completed in full and postmarked or emailed no later than March 23, 2018.
- Application must be signed by the executive officer of the organization.

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

PROCESS

Members must complete the application form and submit by **March 23, 2018** to:

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

Applications may also be submitted electronically to fronczek@wctrust.com

Questions can be answered by calling 203-678-0161 or by emailing fronczek@wctrust.com.



2018 SAFETY GRANT APPLICATION FORM

Applications must be received by March 23, 2018

SEND TO:
Carol Fronczek
Vice President, Loss Control Services
Workers' Compensation Trust
47 Barnes Industrial Road South
Wallingford, CT 06492 or
fronczek@wctrust.com

A. GENERAL INFORMATION

Member Name: _____

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 each step?

How many employees will this project impact? _____

Expected Outcomes:

What are the results you expect?

Measurement/Monitoring of Successful Initiative: -

How will you measure success?

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

| Expense Category | Description | Cost |
|--------------------------------------|-----------------------|------|
| 1. Equipment / Materials / Supplies | | \$ |
| 2. Consultant / Trainers | | \$ |
| 3. Administrative / General Expenses | | \$ |
| 4. Promotion / Advertising | | \$ |
| 5. Other (Explain) | | \$ |
| | Total Expenses | \$ |

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 progress reports at least on July 1, 2018, October 1, 2018 and a completed project report on or before December 31, 2018.

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

_____ Date Submitted

Title