

# **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](http://www.dli.mn.gov/WSC/Grants.asp)

Revised Sept. 16, 2011

# 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](http://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
- window washing
- combustible dust
- foundries
- refineries
- grain facilities
- meatpacking
- public sector
- tree trimming/logging
- asthma
- hexavalent chromium
- lead
- methylene chloride
- microwave popcorn production
- silica
- process safety management
- ergonomics and safe-patient handling

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 email at [dli.grants@state.mn.us](mailto: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: \_\_\_\_\_

Worksite/correspondence address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Remit to address: \_\_\_\_\_

City, state, county, ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal ID number\*: \_\_\_\_\_ State ID number\*\*: \_\_\_\_\_

SIC code: \_\_\_\_\_ NAICS: \_\_\_\_\_ Type of business: \_\_\_\_\_

Go to [www.census.gov/eos/www/naics](http://www.census.gov/eos/www/naics) for assistance in determining SIC/NAICS codes entries.

Unemployment insurance ID number\*\*\*: \_\_\_\_\_

Number of employees at location: \_\_\_\_\_

**Note:** An IRS W-9 form is required to be on file with the state of Minnesota. If one has not previously been submitted, the form can be downloaded from the IRS website at [www.irs.gov/formspubs/index.html?portlet=3](http://www.irs.gov/formspubs/index.html?portlet=3).

\***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	
----------	--	---------------------------------------	--	---------------------------------	--

### 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	
---------------------------------------	--	---------------------------------	--	----------	--	-----------	--

--	--

## Further company information

- Is your company in the assigned risk plan for workers' compensation insurance? Yes No
- What 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? Yes No
- The company is a:                      private employer                      public employer
- Who conducted the safety/health on-site hazard survey you are attaching (circle one answer)?
  1. MNOSHA safety/health investigator
  2. MNOSHA Workplace Safety Consultation safety/health consultant
  3. In-house employee safety/health committee (fill in 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
- Has your company violated any federal, state or local regulations during the past 12 months? Yes No  
If "yes," please explain what happened:
- Are you financially able to complete the employer-paid portion of the proposed project(s)? 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

# Safety committee report

A hazard survey was conducted \_\_\_\_\_ . The following hazards were observed.  
*date of survey*

<b>Hazard observed</b>	<b>Recommended abatement</b>

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.