STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE & FINANCIAL SERVICES
Bureau of Human Resources
Office of Employee Health and Wellness
Workers' Compensation
114 State House Station
Augusta, ME 04333-0114

Janet T. Mills, Governor
Elaine Clark, Commissioner

Shonna Poulin-Gutierrez, Executive Director

SAFETY GRANT APPLICATION INSTRUCTIONS

Thank you for your interest in submitting a request for safety grant funds for your department. This document provides information on the documentation required for departmental safety grants and step-by-step directions for submitting grant requests.

Step 1: Review the **Safety Grant Guidelines** form on page two of this document.

Step 2: Prepare a signed **Justification for Funds** form, which can be found on the Office of Employee Health and Wellness website.

All **Justification for Funds** forms must include the following information:

- What will the requested funds be used for?
- Amount being requested?
- How Will These Funds Benefit the Department?
- Proposed use of funds (including estimated cost of budget)?
- What are the proposed impacts of the funds requested?

Step 3: Submit completed **Justification for Funds** form. Please Submit this form to the address listed within the **Safety Grant Guidelines** below. Once submitted, you will be notified of the status of your grant request during the applicable notification period.

Step 4: If your department is selected to receive a safety grant, you will be notified by email. You will be required to prepare, sign, and submit the provided **Grant Award Agreement** form.

For your department to receive the funds, the following information will need to be provided:

- Account number for funds transfer
- Agreement to the proposed safety grant requirements
- Agreement to providing the Office of Employee Health and Wellness with a completed **Safety Grant Outcomes** form, one year from grant funds reception date.

Step 5: Use funds for proposed activities. One year after receiving funds, prepare and submit the **Safety Grant Outcomes** form. Along with this form, any unused funds must be returned.

Applications for Safety Grants for the fiscal year (July 1st – June 30th) will be reviewed quarterly by the Safety Grant Committee. Only one grant applications is permitted per fiscal year.

Applications Submitted In	**Will Be Reviewed On/About**	**Decision Issued By**
July, August, September	October 15th	November 1st
October, November, December	January 15th	February 1st
January, February, March	April 15th	April 30th
April, May, June	July 15th	July 31th

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SAFETY GRANT GUIDELINES TO SUPPORT DEPARTMENTS

Eligibility for Grants

The State of Maine's central fund for Workers' Compensation shall provide limited resources to assist departments in developing and introducing safety and loss prevention initiatives. Each agency contributing to the central fund is eligible to receive up to $5000.00 as an annual grant to support the department. In order to receive the grant, the department must confirm that these funds will be used exclusively for safety and loss prevention activities. The purpose of these activities would be to provide a safe and healthy environment for employees and to reduce the number, severity, and potential costs of illnesses, injuries, and harmful activities.

Request for Grants

In order to receive the grant funds, the department must have support from their labor and management group and approval from their commissioner. All grant submissions must be sent to:

info.owc@maine.gov

Use of Grant Funds

Departments are authorized to use the grant funds for a variety of training and education services that may include, but are not limited to, the following:

- Training of department employees that leads to increased wellbeing of the departments employees.
- Education and needs assessments.
- Training and education programs related to hazard assessment, accident investigation, job safety analysis, ergonomics, injury management, and safety/loss prevention issues specific to the department.
- The purchase of training aids such as videos, literature, printing, educational equipment and other tools to facilitate the delivery of health and safety training and education program services in the workplace.
- General safety enhancements.
- Implementation of new and less hazardous departmental processes.

Documentation Required to Support Award of Funds

Safety Grant submitters will be required to complete a Justification of Funds form in order to be considered for this grant. Information provided on the Justification of Funds form must detail how these funds will be effectively used to promote safety and/or loss prevention. If a Safety Grant is awarded, then awardees must also submit a Safety Grant Outcomes form one-year preceding funds reception, detailing use of funds and the observed impacts on the department. Safety Grant Awardees will also be required to provide a summary of receipts verifying the funds were used in accordance with the award. Any monies not used must be returned back to the fund.

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JUSTIFICATION FOR FUNDS FORM

Request Date: Department Name:

Address:

City: State: Zip: Country:

Contact Person: Title:

Phone #: Email Address:

What will be purchased with the requested funds?

Amount being requested:

How will these funds benefit your department?

Proposed use of funds – Including estimated cost of budget:

What are the proposed impacts of the funds requested?

Form completed by (Commissioner's Office Representative):

_____ _____

Signature Date

Please see Safety Grant Request Form for **estimated grant request processing times** for current fiscal year.

*This application will be reviewed in consideration of how many applications have been submitted within this grant period.

Please email completed form to**:** info.owc@maine.gov

For questions, please contact: info.owc@maine.gov

For in office use only:

Application _____ of _____ received.

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SAFETY GRANT OUTCOMES FORM

As a condition of receiving a Safety Grant, you are required to complete this short evaluation form to enable us to assess the impact the grant has made on your department and employees. This form must be **submitted by the date specified on the Grant Award Agreement**. Failure to do so will affect any future grant funding applications.

Name of Department:

How much funding were you awarded?

Did you spend the entire amount awarded? Yes No
If no, please explain why not and how much is remaining:

Describe the impact from the grant funds received on the department/employees during the grant period. Be specific, such as, the number of individuals served, number of processes changed, etc.

What were the results of this grant funding? How do these outcomes differ from the original proposed outcomes?

Please use this space to make any other comments which will help us improve the grants process:

Form completed by (Commissioner's Office Representative):

_____ _____

Signature Date

Please email completed form to**:** info.owc@maine.gov

For questions, please contact: info.owc@maine.gov