

Please type or print clearly. All employers must complete Sections 1-6 and the attached W-9. Thank you for your interest in providing a safe workplace for your employees. The WSI Grant Review Committee will use your application to determine if the request will be approved. Therefore, the information you provide on this application must be filled out to its entirety. Please attach any and all supporting materials with this application. **Incomplete application forms will be returned.**

Are you currently, or have you in the past, been a participant in WSI's Ergonomic Initiative Program?

- Yes – Continue completing the application
 No – Not currently eligible for this grant, please do not submit application

SECTION 1 – EMPLOYER INFORMATION

Business Name			Employer Contact Name	
Mailing Address			Title	
City	State	Zip	Phone Number	Fax Number
Email Address			WSI Employer Account Number	

SECTION 2 – DESCRIPTION OF ERGONOMIC HAZARD

Have you had any claims in the past 3 years that are directly related to the equipment being requested? If not, please explain how you see this equipment being of value in terms of reducing risk of injury and return on investment.

Attach additional sheets if needed

Will the safety equipment/service cause any other foreseeable hazards? If so, please explain?

Attach additional sheets if needed

Attach the provider's final report developed through the Ergonomic Initiative Program.

The report shall include:

- A description of the ergonomic safety issue(s).
- The plan to address the issue(s).
- Recommendations, including equipment necessary to address the ergonomic hazard.

SECTION 3 – IMPLEMENTATION

Implementation plan – Explain the process you will use to implement your ergonomic intervention including a training and follow up plan. If grant request is for education, briefly explain how you will implement what you have learned into your organization.

Attach additional sheets if needed

Please complete the itemized expense information for your project. Any equipment requested **must** be part of the recommendations found in the provider’s final report. Attach additional sheets if necessary. Attach original vendor price quotes for all proposed items.

SECTION 4 – BUDGET

Item Description	Quantity	Cost/Unit	Total
Grand Total			

(A)	Standard Premium: See Below	\$	(C)	Total Amount of Project: Section 4 Above:	\$
(B)	Lifetime Maximum Award from Table Below:	\$	(D)	WSI Contribution - 75% of total amount or lifetime maximum (whichever is less)	\$
If Standard Premium from Line (A) above is:		Lifetime Maximum	(E)	Employer Contribution (total amount of project – WSI’s contribution)	\$
\$250 to \$1,000	\$2,500	<div style="border: 1px solid black; padding: 5px;"> Previous Award: </div>		\$	
\$1,001 to \$5,000	\$5,000				
\$5,001 to \$25,000	\$10,000				
\$25,000 to \$50,000	\$15,000				
\$50,000 and above	\$20,000				

WSI does not endorse any particular vendor

Fraud Statement

The information contained in this application is accurate and true to the best of my knowledge. I agree that all applicable regulations will be adhered to in completing the proposed project(s). By my signature, I agree to fully comply with the terms and conditions of the program and to use all monies solely for the purpose intended. I further understand that I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and/or misleading or fraudulent statements made and/or if funds are not used, or are misused, misapplied, or misappropriated in any way and/or are used for purchases and/or services not associated with the approved budget and/or itemized proposal submitted.

SECTION 5 – APPLICATION REQUIREMENTS

All boxes below **must** be checked indicating each item has been completed in order for your application to be considered complete. Please read each item listed below to ensure your application will be considered for review. All incomplete applications will be returned.

- The final ergonomic report developed by the provider through the Ergonomic Initiative Program is included.
- W-9 tax form is included with the application
- Product quotes and product information (brochures, websites, etc.) are included in this application
- This application has been signed by appropriate personnel.

Attach additional sheets if needed

SECTION 6 – EMPLOYER SIGNATURES

Employer Name (please print)	Position Title	
Employer Signature	Telephone Number	
Name of Chief Executive Officer, President, or Authorized Official (please print)		Date
Signature of Chief Executive Officer, President or Authorized Official		Title