



**S.T.E.P GRANT
APPLICATION**
EMPLOYER SERVICES /
LOSS CONTROL DIVISION
SFN 58596 (10/2025)

1600 E Century Ave, Ste 1
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Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

SECTION 1 – Applicant organization		
Organization	Account number (if applicable)	
Contact name	Email address	
Executive name	Email address	
Mailing address	Telephone number	
City	State	ZIP Code
Name of event	Date of event	
SECTION 2 – Budget information (please attach supporting documentation for all expenses)		
Income (Estimated)		
Booth Rentals		\$
Sponsorships		\$
Registration Fees		\$
Other Income (Please specify)		
		\$
		\$
Operating Expenses	Quote Required	
Contracted services – speaker/trainer fees	<input checked="" type="checkbox"/>	\$
Scholarships		\$
Meeting/training room expenses	<input checked="" type="checkbox"/>	\$
Education/training materials		\$
Advertising	<input checked="" type="checkbox"/>	\$
Printing/postage	<input checked="" type="checkbox"/>	\$
Travel Expenses		
Airfare/baggage fees	<input checked="" type="checkbox"/>	\$
Lodging	<input checked="" type="checkbox"/>	\$
Meals (State per diem rate)		\$
Parking/rental care/mileage		\$

Other Expenses (Please specify)		
		\$
		\$
Total Grant Amount Requested		\$
SECTION 3 – Required information – Grant request proposal information		
Statement of need		
Description of constituency to be serviced and how they will benefit from the project		
Estimated number of attendees		
Description of project: venue, date, time, etc		
Statement of how the project will benefit WSI		
Goals, timetable, outcome		
Other organizations involved in this project, if any		
SECTION 4 – Grant supporting documentation checklist		
All applicants must submit the following supporting information		
<input type="checkbox"/> Completed application <input type="checkbox"/> Trainer/speaker biography/credentials <input type="checkbox"/> Agenda, training materials <input type="checkbox"/> Evaluation form/survey to be handed out after event <input type="checkbox"/> Preliminary media advertising <input type="checkbox"/> Association membership list <input type="checkbox"/> Detailed budget spreadsheet and supporting documentation (include quotes for all contracted vendor services)		
SECTION 5 – Grant title and signatures		
Grant administrator name		Title
Signature of grant administrator		Date
Name of executive officer (Please print)		Title
Signature of executive officer		Date