



S.T.E.P.

Safety Training & Education Program

APPLICATION PACKET



1600 East Century Ave. Suite 1 | Bismarck ND 58506-5585 | Call 1-800-777-5033 or 701-328-3800 | Att.: Grant Program Specialist

GRANT GUIDELINES

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GENERAL GRANT INFORMATION

SAFETY TRAINING & EDUCATION PROGRAM (S.T.E.P.)

SECTION I

PURPOSE:

The purpose of the **Safety Training & Education Program (STEP Grant)** is to provide financial assistance to promote workplace safety practices through safety training and education. The program seeks to enlist the resources of North Dakota associations and employee organizations to assist in reducing injuries and accidents.

An association is a body of individuals or businesses operating under a common name, whether incorporated or not, who share common occupational risks and are grouped for a common cause or objective. According to NDCC 92-05-03-02, an association or group comprised of North Dakota employers or employees active and in good standing with the North Dakota secretary of state for at least one year are eligible to apply for an organization grant.

ELIGIBILITY REQUIREMENTS:

Associations eligible to participate in the STEP Grant must meet the following requirements:

- Provide an association membership listing including active WSI covered employers
- Submit a completed grant application packet
- Have a high emphasis on workplace safety and health
- Applicant must demonstrate the need for funding addressing all guidelines outlined in the Procedures section below
- Active and in good standing with the North Dakota secretary of state for at least one year
- Application must be approved by WSI Grant Review Committee
- Eligible participants may request up to \$175,000.00 per calendar year

GRANT FUNDING:

The program period is not to exceed the current calendar year in which the application was submitted. Additional grant requests are dependent upon results and availability of funds. All proposals must accurately reflect necessary and approved costs for that time period. Expenses incurred prior to application approval will not be paid by WSI. WSI reserves the right to require program participants to provide matching funds for certain budget items being requested.

Any changes to the application proposal must be agreed to in writing by WSI in advance of any change.

ITEMS INELIGIBLE FOR FUNDING:

The following items are ineligible for funding through this program:

1. Commissions¹, Consultant Fees and Administrative Fees²
2. Salaries & Benefits.
3. Operating Expenses (rent, telephone/cell phone/Internet, utilities, etc.).
4. Vehicles³.
5. Ergonomic assessments, consultation, training and equipment.
6. Training Equipment (computers, projectors, printers etc.).

¹No grant monies may be allocated from a grant award for the payment of any fee associated with the advising, preparation, submission or any other service provided in the process of the award of grant funds.

²No grant monies may be allocated from a grant award for any consulting services in which expert advice or recommendation is provided in a particular area of expertise.

³Ineligible items include vehicles and their associated costs including gasoline, insurance, registration and title fees and maintenance costs, etc.

7. Food or beverages provided at conferences or training events
8. Miscellaneous expenses (processing fees, freight or transportation costs)

STEP PROGRAM FUNDING LIMITS:

The STEP Grant is not to exceed a maximum of \$175,000 award amount in a calendar year. Grant awards are dependent upon availability of funds.

GENERAL TERMS AND CONDITIONS:

If funding is provided through WSI, the successful STEP Grant applicant must adhere to the following terms and conditions:

1. **Applicant must get prior approval for Keynote speakers/instructors prior to submission of application.**
 - a. Keynote speakers/instructors **MUST** have an emphasis in workplace safety and health
2. Applicant must submit a signed grant application to include an action plan proposal defining the scope, goals, expected outcomes and timelines of the project.
3. If any Grant Administrator requires access to confidential WSI documents and files during the program period, they will be required to sign a Confidentiality Statement agreeing to keep the information confidential. The language of both NDCC 65-04-15 (pertaining to confidentiality of employer information) and NDCC 65-05-32 (pertaining to claims information) will be provided.
4. WSI and STEP Grant participants agree to share all educational materials, as well as loss prevention and loss control products developed using this funding. All products developed may be provided by WSI to other industry associations, firms or employers to enhance the safety efforts for the benefit of all North Dakota employees.
5. Program participants must agree to defend, indemnify and hold harmless the State of North Dakota, its agencies, officers and employees (State) from any and all claims of any nature, including all costs, expenses and attorney fees that may in any manner result from or arise out of this agreement. The legal defense provided by Program participants to the STATE under this provision must be free of any conflicts of interest, even if retention of separate legal counsel for the STATE is necessary. Program participants also agree to defend, indemnify and hold the STATE harmless for all costs, expenses, and attorney's fees incurred in establishing and litigating the indemnification provided herein. This obligation shall continue after the termination of this agreement.
6. The Grant Administrator must submit an expense requisition form on or before the 15th day of the month following the month expenses were incurred. Expense requisition forms may only be disbursed once per month for each approved STEP grant participant. Expense requisition forms must include itemized receipts and invoices.
7. WSI will periodically audit the financial and non-financial records of the program participants as they pertain to STEP grant such audits may be performed by WSI personnel or by outside auditors selected by WSI.
8. WSI reserves the right to conduct surveys to evaluate the effectiveness and performance of any and all STEP grant projects.
9. Program participants must agree to maintain all pertinent records related to this program for a period of six years from the end of the project.
10. Program participants will not collect a fee or receive money from anyone other than WSI for services and/or materials rendered/provided through STEP grant funds unless prior approval is given in writing by WSI.
11. Both WSI and Grant Administrator have the authority to terminate the STEP grant agreement at any time during the program, with a 60-day advanced notification in writing. If the program participant terminates, all funds will be returned.
12. An agreement outlining the responsibilities and obligations of the parties must be executed before any funds are disbursed.

13. Grant Administrator acknowledges that WSI will post grantee name and award amount as recipient of Safety Grant funds in WSI publications and on WSI's website. Grant files are also subject to open records laws under Section 65-04-15.
14. WSI will not provide funding for training events which did not occur or were cancelled.
15. WSI staff may attend the event to observe or participate free of charge.

PUBLIC INQUIRIES AND MEDIA RELEASES:

If a STEP Grant application is approved, requests for information regarding the project shall be referred to WSI for response. Media releases pertaining to STEP award, or to the services or projects to which they relate, shall not be made without prior WSI written approval.

SECTION II

STEP PROCEDURES

The following procedure shall be followed by the applicant:

1. **Obtain prior approval for keynote speakers/instructors.**
2. Submit a STEP Grant Application with the appropriate signatures and an original proposal signed by the Grant Administrator **90 days** prior to the event. The proposal must explain how the project will promote safety, prevent injuries and change the culture of the employer/entity. The proposal must concisely outline the following items relating to the project:
 - a. Statement of the need, problem, issue, topic, idea, etc. to be addressed (relevant data supporting this statement should be included).
 - b. Description of constituency to be served and how they will benefit.
 - c. Detailed explanation of project including goals and process to be followed. Detailed description of activities planned to accomplish these goals. Outline the curriculum, and provide a description of written materials, handouts, audiovisuals, etc. to be used. If applicable, describe who will provide training and the trainer's credentials. Include location, dates, times etc.
 - d. Outline the anticipated methodology to be used to track the results throughout the education and/or training process. The applicant should anticipate what data must be gathered and in what form it can be presented to WSI to demonstrate the effectiveness of the education or training.
 - e. Statement of how the project will benefit WSI.
 - f. Timetable for accomplishing goals.
 - g. Itemized, detailed budget. Actual invoices/receipts are required for all expenses, except mileage and meals which may be reimbursed without receipt. These expenses are reimbursable according to the North Dakota Office of Management and Budget per diem policy and must include the name, title and employer affiliation of the person traveling in addition to the date, time, and purpose of travel.
 - h. Description of other organizations or entities, if any, participating in this STEP Grant project. If applicable, letters of corroboration should be included from each organization.
 - i. Long-term sources and strategies for funding the program after initial funding by WSI ends, if applicable.
 - j. Use of the program's results and how they will be disseminated and shared with other North Dakota employers, etc.
 - k. Outline of how the project will be evaluated and presented
 - i. Participation information must be collected at the training site and include agenda, training topic, name, company name, address, email and phone number
 - l. Evaluation forms must be provided to all attendees
3. If approved, applicant must sign and date an Award Agreement.
4. STEP Grant Award Recipients will be required to provide a written summary report upon project completion. Summary report is to include project scope, attendees, goals achieved, successes, lessons learned and survey results of project.

5. STEP Grant Award Recipients exceeding \$50,000.00 may be required to present project outcomes in person to WSI at the completion of the project.

SECTION III

BUDGET PROPOSAL GUIDELINES

Each STEP Grant applicant must submit a budget for the entire project period. The budget must reflect income and costs that will be incurred during this time period. No payment will be made for expenses incurred or services provided prior to or after the project period or that did not occur.

The budget proposal must use the same categories found on the STEP Grant application. Some categories may not apply to all projects. Expenses within each category **MUST** be itemized.

OPERATING EXPENSES

This category includes pre-approved program expenses incurred during the approved program period that are documented with an invoice. Expenses must be documented and submitted, with copies of receipts, on the Expense Requisition Form. Examples of Operating Expenses include: Contracted services, educational & training materials, meeting & training room costs, travel, office supplies, printing, advertising, postage, etc.

Grantees whose grant related work requires travel out of town for business purposes may be eligible for "per diem" expenditure reimbursement. A "Per Diem" reimbursement request must be outlined in the proposal and budget submitted by the STEP applicant and must be approved by the Grant Review Board. "Per Diem" reimbursements will follow N.D.C.C. §44-08-04. A copy of the North Dakota Century Code may be found at <http://www.legis.nd.gov/cencode/t44c08.pdf>

Travel reimbursements for all contracted services/trainers/keynote speakers will also follow North Dakota Office of Management, Budget, Fiscal, and Administrative Policies #505, #511, #513, #516, and #518. Copies of the North Dakota OMB Administrative Policies may be found on the following website: <http://www.nd.gov/fiscal/>.

Travel reimbursement requests must be submitted using the Non-Employee Travel Reimbursement Claim Form attached to this application and must include hotel receipts, date/time/purpose of travel for meals and mileage reimbursement. Meals, and mileage will be reimbursed at current state rates. Prior approval must be obtained to submit a travel reimbursement form other than the one noted above.

Meal Allowance

6:00 a.m. – 12:00 noon
12:00 noon – 6:00 p.m.
6:00 p.m. – 12:00 midnight

Percentage

20% Daily Rate
30% Daily Rate
50% Daily Rate

SECTION IV

STEP GRANT PARTICIPANT SELECTION CRITERIA

WSI seeks proposals that:

1. Provide the greatest savings in terms of injury prevention and safety practices through **education and training**.
2. Demonstrate a commitment to effective workers' compensation loss prevention and loss control.
3. Offer an effective, dynamic plan which provides documented results.

STEP funds will be awarded to entities to create new loss prevention measures or supplement and improve existing programs.

All STEP Grant proposals received by WSI are reviewed on their merits and scored by the WSI Review Committee. Any award made under this program is within the sole discretion and authority of WSI. Decisions made by the WSI Review Committee are neither appealable nor reviewable.

All applicants will be notified of approval or denial of their request; however, WSI is not obligated to provide detailed information on why any applicant was or was not selected. WSI reserves the right to reject any and all proposals, to waive any minor irregularities, and to make awards in the best interest of WSI with or without further discussions or negotiations.

Any or all applicants may be invited by WSI to make an oral presentation and answer questions at the WSI Bismarck office at any time.

All STEP Grant application proposals and accompanying documentation become the property of WSI.

Inquiries regarding this Safety Training & Education Program (STEP) should be directed to:

Grant Programs Specialist
Workforce Safety & Insurance
1600 E. Century Ave., Suite 1
PO Box 5585
Bismarck, ND 58506-5585
1-701-328-3800 or 1-800-777-5033



S.T.E.P GRANT APPLICATION
 EMPLOYER SERVICES / GRANT PROGRAMS
 SFN 58596 (08/2015)

1600 E Century Ave, Ste 1
 PO Box 5585
 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

Please type or print clearly. Thank you for your interest in providing safety training and education to your association/organization members. The WSI Grant Review Committee will review this application and supporting documentation to determine if the request will be approved. Therefore, the information you provide in application must be completed in its entirety. Please attach any and all supporting materials with this application. Incomplete application forms will be returned.

Safety Training & Education Program (STEP) – Funding request up to \$175,000 per calendar year.

| SECTION 1 – Applicant organization | | |
|---|--------------------------------|----------|
| Organization | Account number (if applicable) | |
| Contact name | Email address | |
| Mailing address | Telephone number | |
| City | State | ZIP Code |
| Name & date of proposed event | Grant amount requested | |
| SECTION 2 – Grant request proposal checklist | | |
| Please ensure that your grant application has the following information | | |
| <input type="checkbox"/> Statement of need <input type="checkbox"/> Description of constituency to be serviced, and how they will benefit from the project <input type="checkbox"/> Estimated number of attendees <input type="checkbox"/> Description of project: venue, date, time, etc <input type="checkbox"/> Statement of how the project will benefit WSI <input type="checkbox"/> Goals, timetable, outcome <input type="checkbox"/> Other organizations involved in this project, if any <input type="checkbox"/> Detailed budget | | |
| SECTION 3 – Grant supporting documentation | | |
| Please submit the following supporting information | | |
| <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 and supporting documentation (include quotes for all contracted vendor services) | | |
| SECTION 4 – Budget information (please attach supporting documentation for all expenses) | | |
| Income (Estimated) | | |
| Booth Rentals | | \$ |
| Sponsorships | | \$ |
| Registration Fees | | \$ |
| Other Income (Please specify) | | |
| | | \$ |
| | | \$ |
| | | \$ |

Organization

| Operating Expenses | Quote Required | |
|---|---|----|
| Contracted services – speaker/trainer fees | <input checked="" type="checkbox"/> | \$ |
| Scholarships | | \$ |
| Education/training materials | | \$ |
| Meeting/training room expenses | <input checked="" type="checkbox"/> | \$ |
| Office supplies | | \$ |
| Postage | | \$ |
| Printing | <input checked="" type="checkbox"/> | \$ |
| Advertising | <input checked="" type="checkbox"/> | \$ |
| Equipment rental | <input checked="" type="checkbox"/> | \$ |
| Travel Expenses | | |
| Airfare | <input checked="" type="checkbox"/> | \$ |
| Baggage/luggage fees | | \$ |
| Lodging | <input checked="" type="checkbox"/> | \$ |
| Meals (State per diem rate) | | \$ |
| Mileage (State per diem rate) | | \$ |
| Car rental/parking fees | <input checked="" type="checkbox"/> | \$ |
| Other Expenses (Please specify) | | |
| | | \$ |
| | | \$ |
| | | \$ |
| Total Amount Requested | | \$ |
| 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 | |
| SECTION 6 – For WSI use only | | |
| Received date | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Review date | Award amount | |
| Finance ID | Request number | |



PAYEE REGISTRATION & SUBSTITUTE IRS FORM W9
 FINANCE DIVISION
 SFN 53043 (08/2014)

1600 EAST CENTURY AVENUE, SUITE 1
 PO BOX 5585
 BISMARCK ND 58506-5585
Telephone 1-800-777-5033
 Toll Free Fax 1-888-786-8695
 TTY (hearing impaired) 1-800-366-6888
 Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

| | |
|--|---|
| <input type="checkbox"/> New registration (includes changes to legal name, taxpayer identification number, social security number) <input type="checkbox"/> Change to existing registration (complete parts of the form relevant to the change) | WSI claim number <i>Internal use only</i> |
|--|---|

SECTION 1 - Request for taxpayer identification number information

Legal name (exact name as filed with IRS or SSA; any variation in name or TIN will cause a delay in processing)

| | |
|--|--|
| Doing Business As (DBA) (information must match billing statement; medical provider information must match CMS 1500 box 33 or UB 04 box 2) | Business National Provider Identifier (NPI) number (medical provider only) |
|--|--|

Taxpayer identification number (TIN) - **Provide only one**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Employer identification number | Or | Social security number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | |
|---|---|
| Tax classification <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Other | <input type="checkbox"/> Exempt from backup withholding |
|---|---|

Remittance address (address where payments should be sent)

| | | | | |
|------------------|------------------------|------------|-------|----------|
| Street address | PO Box (if applicable) | City | State | Zip code |
| Telephone number | | Fax number | | |

Physical location address (physical address where services are rendered, if different from remittance address)

| | | | |
|------------------|------------|-------|----------|
| Street address | City | State | Zip Code |
| Telephone number | Fax number | | |

Correspondence address (address where correspondence should be sent)

| | | | | |
|------------------|------------------------|------|-------|----------|
| Street address | PO Box (if applicable) | City | State | Zip Code |
| Telephone number | Fax number | | | |

Contact information

| | |
|---------------------------------------|------------|
| Contact name (person completing form) | Title |
| Telephone number | Fax number |

Affidavit
 By completing, signing, and filing this form the business payee applicant (1) certifies that the information given above is current and true to the best of their knowledge and is no way misleading; (2) ensures that the correct information forwarded to WSI should any data change in the future.

Certification
 Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (3) I am a U.S. person (including a U.S. resident alien)
 The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

| | |
|---------------------------------------|-------------|
| Signature of authorizing agent | Date |
|---------------------------------------|-------------|

| SECTION 2 - Payee type (Please select the primary payee type) | | |
|--|--|---|
| Medical | | Miscellaneous |
| Agencies | Hospitals | |
| <input type="checkbox"/> Community/Behavioral Health | <input type="checkbox"/> Hospital | <input type="checkbox"/> Agency |
| <input type="checkbox"/> Home Health | Laboratories | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Clinic Medical Laboratory | <input type="checkbox"/> Clerk of Court |
| <input type="checkbox"/> In Home Supportive Care | <input type="checkbox"/> Physiological Laboratory (IDTF) | <input type="checkbox"/> Collection Agency |
| Ambulatory Health Care Facilities | Nursing & Custodial Facilities | <input type="checkbox"/> Court Reporter |
| <input type="checkbox"/> Ambulatory Surgical Center | <input type="checkbox"/> Nursing & Custodial Care Facility | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Chiropractic Clinic | Other Service Providers | <input type="checkbox"/> Insurance Company |
| <input type="checkbox"/> Clinic/Center | <input type="checkbox"/> Lodging | <input type="checkbox"/> Moving/Van Line |
| <input type="checkbox"/> Dental Clinic | Suppliers | <input type="checkbox"/> Physical Fitness Program |
| <input type="checkbox"/> Hearing and Speech Clinic | <input type="checkbox"/> DME & Medical Supplies | <input type="checkbox"/> Private Investigator |
| <input type="checkbox"/> Massage Therapy Clinic | <input type="checkbox"/> Hearing Aid Equipment | <input type="checkbox"/> Records Copying Service |
| <input type="checkbox"/> Mental Health Clinic | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Retail Service |
| <input type="checkbox"/> Optometry Clinic | <input type="checkbox"/> Prosthetic/Orthotic Supplier | <input type="checkbox"/> School |
| <input type="checkbox"/> Physical Therapy Clinic | Transportation Services | <input type="checkbox"/> Sheriff |
| <input type="checkbox"/> Podiatric Clinic | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Travel Agency |
| <input type="checkbox"/> Radiology/MRI Center | <input type="checkbox"/> Bus/Taxi | <input type="checkbox"/> Other |

| SECTION 3 - Sign up for medical provider electronic communications | |
|---|----------------|
| If you would like to receive WSI provider news communications by e-mail, sign up below. | |
| Contact Name | E-Mail Address |

| SECTION 4 - Submission of form |
|--|
| Return completed form (both pages) to: |
| Workforce Safety & Insurance PO Box 5585 Bismarck ND 58506-5585 |
| Fax 701-328-3820 |
| Email ndwsi@nd.gov |
| For questions, contact WSI Customer Service 1-800-777-5033 or 701-328-3800 |

Payee Registration Substitute IRS Form W9 Instructions

Purpose of Form

The State of North Dakota is required to obtain your correct taxpayer identification number (TIN) to file an information return with the IRS. Do not send these instructions with your completed form.

SECTION 1 Request for taxpayer identification number information

Legal name

Individuals: Fill in the name as shown on your income tax return.

Businesses: Fill in the name as shown on your business IRS filing.

Doing Business As (DBA)

Individuals: Leave blank

Businesses: If your firm operates under another name state it here.

Business National Provider Identifier (NPI) number

Enter NPI of business as registered with National Plan & Provider Enumeration System (NPPES).

Taxpayer identification number

Individuals: Enter the social security number (SSN) that matches the legal name.

Sole Proprietor: Enter the social security number (SSN) or Employer identification number that matches the legal name.

All Other Businesses: Enter the Employer identification number that matches the legal name.

Tax classification

Check the IRS tax classification box that matches the legal name entered on this form.

Remittance address

Enter the address where payments should be sent.

Physical location address

Enter the physical address where services are rendered.

Correspondence Address

Enter the address where correspondence should be sent.

Contact Information:

Enter the contact person for information provided on this form.

Affidavit

Please read the affidavit thoroughly. This paragraph explains what your signature authorizes.

Certification

This certification is copied from the IRS Form W9. Check the following website for verification and further clarification:

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Signature of authorizing agent

Establishes that you are a U.S. person, or resident alien with authority to make changes as designated on this form for this bidder profile. This application will be rejected if not authenticated accordingly.

SECTION 2 Payee type

Identify the type of business, i.e. medical or miscellaneous. If medical, select all applicable types.

SECTION 3 Sign up for medical provider electronic communications

Indicate your consent to receive electronic communication and provide contact information.

SECTION 4 Submission of form

Return completed form (both pages) to:

Workforce Safety & Insurance
PO Box 5585
Bismarck ND 58506-5585

Fax 701.328.3820

Email ndwsi@nd.gov