WSI
North Dakota Workforce
Safety & Insurance

ERGO *PHASE II*
Grant Information

Instructions and Application

Workforce Safety & Insurance
1600 E. Century Ave. Suite #1
PO Box 5585
Bismarck ND 58506-5585

http://www.WorkforceSafety.com

REV. (8/2014)

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SECTION I

Introduction

Workforce Safety & Insurance (WSI) is committed to helping North Dakota based employers provide safe working environments for all employees.

Approximately 35% of all claims filed can be associated with ergonomic related injuries. Workforce Safety & Insurance wants to help employers reduce the frequency of ergonomic related injuries in the workplace by increasing worker training and safety through the new Ergonomic Initiative Program.

The ERGO *Phase II* Grant Program is a component of the Ergonomic Initiative. WSI is offering financial assistance to be put toward the purchase of ergonomic equipment. **This grant is only availabe to employers who have already participated in WSI's Ergonomic Initiative Program.** If you have completed the Ergonomic Initiative Program and the assessment included ergonomic equipment recommendations, this grant offers financial assistance to be used for those purchases.

Eligibility Requirements

To be eligible for the ERGO *Phase II* Grant an employer must:

- First complete the Ergonomic Initiative Program
- Be in good standing with their vendor as it relates to the 3:1 matching fund responsibility
- Have an active employer account with WSI for at least the past 12 month period
- Be in "good standing" at the time of application submission and remain in "good standing" status for a period to include the twelve (12) months following the Ergonomic Grant agreement
- Demonstrate the need for the ergonomic intervention with written documentation
- Have an email address and the ability to access WSI's website

Employers NOT eligible:

- Those who have <u>not</u> previously participated in the Ergonomic Intiative Progam
- Self employed (no employees), or "optional coverage only" accounts (WSI will review the past 24 month period)

SECTION II

Program Requirements

1. **GRANT REQUESTS MUST BE APPROVED BY WSI PRIOR TO EQUIPMENT BEING ORDERED OR PURCHASED BY EMPLOYER.** Equipment ordered, funds expended, or invoices dated prior to the Agreement effective date are not eligible for reimbursement under this program. The Agreement between employer and WSI is effective when signed and dated by both parties.

2. Once the grant request has been approved by WSI, the Grantee must order or purchase the requested ergonomic equipment within 45 days from the date the agreement is signed by the grantee. Grantee agrees to full functionality of the intervention within three months of the date of the signed agreement.

3. This is a reimbursement program. The equipment must be received by the employer prior to submitting a reimbursement request. Within 45 days of payment of equipment, Grantee will provide WSI with original paid itemized invoices, proof of payment, proof of employer contribution and canceled checks that demonstrate all funds issued by WSI were spent toward the purchase on the intervention as approved. All reimbursement requests must coincide with the grant application and invoice/estimate in order to be reimbursed by WSI.

4. ***An award of funds must be exhausted by the grantee and reimbursed to the grantor within twelve (12) months of the date of award***. Funds unexpended beyond twelve (12) months, absent exceptional circumstances determined and approved in advance by WSI, are not eligible for reimbursement.

5. The grantee must agree not to eliminate jobs due to participation in the Ergonomic Grant Program.

6. The Grantee must agree to allow WSI staff access to the work site to observe, verify implementation of intervention, photograph, and videotape affected processes before and after implementation of intervention.

7. The Grantee must agree to allow WSI to share the safety implementation results with other employers.

8. The Grantee acknowledges that WSI will post the grantee name as a recipient of an Ergonomic Grant in publications and the internet.

9. Reimbursement will be for the ergonomic intervention only. Expenses for warranties, freight and taxes are not allowable for reimbursement.

10. All requested items must be included in the provider's recommendations and include photographs of the current process.

The following changes to the program went into effect August 1, 2013:

1. ***All awards under ERGO Phase II must be reimbursement within 12 months of WSI grant approval or upon termination of program. Extensions may be granted at the discretion of WSI with written approval.***

2. ***Awards under ERGO Phase II are for new interventions and cannot be applied to items already approved through the ERGO grant unless the report recommended additional items.***

3. ***Awards under the Ergonomic Grant cannot be combined with awards under ERGO Phase II.***

SECTION III

Application Process

The ERGO *Phase II* Grant application process is outlined below.

1. Employer must submit a **fully completed, signed & printed online application. Incomplete applications will be returned**.

   Application must include the following:
   - A copy of the final ergonomic report developed by the provider through the Ergonomic Initiative Program
   - W-9 tax form
   - Product quotes and product information (brochures, websites, etc.)
   - Signature of appropriate personnel

2. **Submit completed application and all attachments to WSI via:**
   - Email to eljohnson@nd.gov
   - Or Fax to Attention: Grant Program Specialist at 701-328-6028
   - Or Mail to Grant Program Specialist; Workforce Safety & Insurance; PO Box 5585; Bismarck ND 58506-5585

3. The Grant Program Specialist will present completed applications to the WSI Grant Review Committee.
4. After the Grant Review Committee has reviewed applications, you will be notified in writing of the grant approval or denial.
5. If the application is approved, you will receive a packet of information which will include an Award Letter, Agreement/Contract, and Reimbursement Request Form.

Grant Award Levels

Grant awards are based upon standard premium (manual premium as modified by the experience rate surcharge or discount) for the last completed premium year. Employers are free to spend their own funds to purchase anything above and beyond the ERGO *Phase II* Grant awards listed.

Standard Premium	Maximum Eligible Award
$250 - $5,000	$5,000
$5,001 - $20,000	$10,000
$20,001 - $50,000	$15,000
$50,001 - $150,000	$20,000
$150,001 - $300,000	$30,000
$300,001 and above	$50,000

The grant award is based upon a 3-to-1 cash match; with WSI contributing the largest portion of the ratio. WSI may contribute up to the maximum eligible amount for the duration of this program.

SECTION IV

ERGO PHASE II
GRANT APPLICATION
EMPLOYER SERVICES
DIVISION
SFN 60382 (8/2014)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
TELEPHONE NUMBER (701) 328-3800
DIRECT FAX NUMBER (701) 328-6028
TOLL FREE FAX NUMBER 1-888-786-8695
TDD NUMBER (for the hearing impaired only)
(701) 328-3786
www.WorkforceSafety.com

Please type or print clearly. All employers must complete Sections 1-5 and the attached W-9. Thank you for your interest in providing an ergonomically safe workplace for your employees. The WSI Grant Review Committee will use the provider's assessment report along with this application to determine if the request will be approved. Therefore, the information you provide on this application must be filled out in its entirety. Please attach any and all supporting materials with this application. **Incomplete application forms will be returned.**

Is the item(s) requested in this grant application included in the provider's final assessment report completed through WSI's Ergonomic Initiative (EI) Program?
☐ Yes – Continue completing the application
☐ No – Not currently eligible for this grant, please submit the Employer Application SFN 59017 to enroll in the EI program

SECTION 1 – EMPLOYER INFORMATION

Business Name			Employer Contact First Name	Employer Contact Last Name
Mailing Address			Title	
City	State	Zip	Telephone 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 ergonomic 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 issue(s).
- The plan to address the issue(s).
- Recommendations, photographs, etc., 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.

Attach additional sheets if needed

Please complete the itemized budget 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 vendor price quotes for all proposed items.

SECTION 4 – BUDGET

Taxes, warranties, and shipping expenses are not eligible for reimbursement.

Item Description	Quantity	Cost/Unit	Total
Grand Total			

(A)	Standard Premium:	$	(C)	Total Amount of Project: Section 4 Above:	$
(B)	Maximum Award from Table Below:	$	(D)	**WSI Contribution** - 75% of total amount or maximum eligibility (whichever is less)	$
If Standard Premium from Line (A) is:		***Maximum Eligibility***	(E)	**Employer Contribution** (total amount of project – WSI's contribution)	$
$250 to $5,000		$5,000			
$5,001 to $20,000		$10,000			
$20,001 to $50,000		$15,000			
$50,001 to $150,000		$20,000			
$150,001 to $300,000		$30,000			
$300,001 and above		$50,000			

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 – EMPLOYER SIGNATURES

Contact First Name (please print)	Contact Last Name (please print)	Position Title
Contact 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

SECTION 6 – CHECKLIST

The following items **must** be included for your application to be considered for review. Incomplete applications will be returned.

- ☐ Sections 1-5 have been completed.
- ☐ The final ergonomic report developed by the provider through the Ergonomic Initiative Program.
- ☐ W-9 tax form.
- ☐ Product quotes and product information (brochures, websites, etc).

Please submit the completed grant application and supporting documentation to WSI via email eljohnson@nd.gov; fax to 701-328-6028; or mail to PO Box 5585 Bismarck ND 58506-5585.

SECTION V
Federal Tax Form – W9

North Dakota Workforce Safety & Insurance
Putting Safety to Work
WSI

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

FEDERAL TAXPAYER IDENTIFICATION NUMBER REQUEST
FINANCE DIVISION
SFN 53043 (05/2008)

W9
Substitute Form

1. INFORMATION

****Enter your tax identification number into the appropriate box. This is the number reported to the IRS****

Tax Payer Identification Number (TIN)	OR	Social Security Number (SSN)

Legal Name of Business (*Note: Name needs to match EXACTLY with the name filed with IRS*)

Doing Business As (DBA)

Payments Address

City	State	Zip Code

Physical Address

City	State	Zip Code

Telephone Number	Fax Number

E-Mail Address

2. TYPE OF BUSINESS

☐ Corporation ☐ Individual/Sole Proprietor
☐ Partnership ☐ Other _____

☐ EXEMPT from backup withholding.

3. WHAT IS THE NATURE OF YOUR BUSINESS? (Example…..Medical Clinic, Chiropractic Clinic, Law firm, Hospital, School….etc.)

4. AFFADAVIT

By completing, signing, and filling this form the business payee applicant: (1) certifies that the person signing this document is a duly authorized officer of this company and that the information given above is current and true to the best of their knowledge and in no way misleading; (2) ensures that correct information will be immediately forwarded to WSI should any data change in the future.

5. IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that:

If Exempt, Indicate Type of Entity: _____

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, (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 and
3. I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

6. SIGNATURE

Please print name	Date
Signature	**Title**

SECTION VI
Contact Information

Contact Information:
Questions regarding the ERGO *Phase II* Grant application process may be directed to: WSI Grant Program Specialist: telephone at (701) 328-3868; toll-free at 1-800-777-5033; fax at (701) 328-6028.

Submit completed application and all attachments to WSI via:

- Email to eljohnson@nd.gov
- Or Fax to Attention: Grant Program Specialist at 701-328-6028
- Or Mail to Grant Program Specialist; Workforce Safety & Insurance; PO Box 5585; Bismarck ND 58506-5585