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|   | **S.T.E.P GRANT****APPLICATION**EMPLOYER SERVICES /LOSS CONTROL DIVISIONSFN 58596 (09/2023) | 1600 E Century Ave, Ste 1PO Box 5585Bismarck ND 58506-5585**Telephone 800-777-5033**Toll Free Fax 888-786-8695TTY (hearing impaired) 800-366-6888Fraud and Safety Hotline 800-243-3331www.workforcesafety.com |

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

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| **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 –** *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 | **[x]**  | $ |
|  Scholarships |  | $ |
|  Meeting/training room expenses | **[x]**  | $ |
|  Education/training materials |  | $ |
|  Advertising | **[x]**  | $ |
|  Office supplies |  | $ |
|  Printing/postage | **[x]**  | $ |
| **Travel Expenses** |  |  |
|  Airfare/baggage fees | **[x]**  | $ |
|  Lodging | **[x]**  | $ |
|  Meals (State per diem rate) |  | $ |
|  Parking/rental care/mileage |  | $ |
| **Other Expenses (Please specify)** |  |  |
|  |  | $ |
|  |  | $ |
| **Total 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* |
| Submit the following supporting information[ ]  Trainer/speaker biography/credentials[ ]  Agenda, training materials[ ]  Evaluation form/survey to be handed out after event[ ]  Preliminary media advertising[ ]  Association membership list[ ]  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 |
| **SECTION 6 –** *For WSI use only* |
| Received date | [ ]  Approved [ ]  Denied |
| Review date | Award amount |
| Finance ID | Request number |