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|  | **S.T.E.P GRANT**  **APPLICATION**  EMPLOYER SERVICES /  LOSS CONTROL DIVISION  SFN 58596 (09/2023) | 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 |

**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 |  | $ | |
| Scholarships |  | $ | |
| Meeting/training room expenses |  | $ | |
| Education/training materials |  | $ | |
| Advertising |  | $ | |
| Office supplies |  | $ | |
| Printing/postage |  | $ | |
| **Travel Expenses** |  |  | |
| Airfare/baggage fees |  | $ | |
| Lodging |  | $ | |
| 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 | | |