



**S.T.E.P GRANT
APPLICATION**
EMPLOYER SERVICES /
LOSS CONTROL DIVISION
SFN 58596 (01/2022)

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

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. Attach any and all supporting materials with this application. Incomplete application forms will be returned.

Safety Training & Education Program (STEP)

☐ Initial funding request up to \$175,000

☐ Request for additional funding

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

Ensure that your grant application has the following 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
- ☐ Detailed budget

SECTION 3 – 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 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) | | |

LC25

| | | |
|---|---|----|
| | | \$ |
| | | \$ |
| 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 | |