Ed MacDonald

Safety Grant Program

PURPOSE

MMA's Risk Management Services is committed to assisting its' Workers' Compensation Fund members in their safety efforts. The prevention of occupational injury and illness is in everyone's best interest. The primary purpose of the Safety Grant is designed to fund equipment or items that reduce the risk of injury to workers and promote safe and healthy conditions in the workplace.

ELIGIBILITY

Current Workers' Compensation Fund members are eligible to apply. The grants are awarded in the Spring of each year. To be eligible for the grant period, your application is due *by close of business April 15th*.

Important Note: To support slip, trip and fall prevention, we are dedicating 25% of the grant funds to this effort. Requests that target slip, trip, and fall prevention will take priority. If a member has an employee injury exposure greater than slip, trip, and falls, based on their own claims experience for frequency and severity, that application will also be a priority.

Grant request must be for single items or groups of related items. A few examples of single and related items grouped that do qualify:

Slip, Trip and Fall Prevention	Related Items Grouped Examples		
Slip-resistant flooring	• Cones, Hi-Viz Vests, Stop/Slow Paddles		
 Outdoor slip resistant mats 	(Traffic Control Equipment)		
Heated Sidewalks	• Cold-water Immersion Suits, Throw Ropes,		
Improved Lighting	Life Vest (Cold-water Rescue)		
Ice Creepers	• Body Harnesses & Lanyards (Fall Protection)		

Items purchased before the grant was awarded are not eligible for reimbursement. Notification to each grant applicant on the disposition of their application will be sent after committee finish reviewing them. Projects that receive funding from other grant programs or funding sources are not eligible for this Safety Grant.

AWARDS

Members are eligible for a maximum award of \$3,000 per application. Total cost of the request amount must be a minimum of \$200. Only one application can be submitted per grant period per membership.

Items must be purchased by May 1st of **the following year**. We reserve the right to review appropriate documentation of all expenses.

EVALUATION CRITERIA

Grant funds disbursed under this program are intended to purchase safety equipment that directly enhance the health and safety of employees.

Strong preference will be given to first time applicants who demonstrate a compelling request that addresses an injury history, potential injury or provides a proactive approach to injury prevention.

Applications requesting items that directly enhance the safety of employees from severe or frequent workplace exposures and demonstrate a need to provide or replace non-existent or sub-standard equipment will be given priority. Applications that do not meet program guidelines will not be considered and awards are contingent on available funds.

APPLICATION CHECKLIST:

o Fax: 207-624-0127

Is the application made out for ONLY a single item or a group of related items?					
Is there a description of the equipment you wish to purchase? If needed, is there a vendor description of the equipment being requested?					
Is there an explanation of why the equipment is needed?					
If replacing old or obsolete equipment, are there photos of old equipment? If applying for ergonomic equipment, photos of the old equipment/stations are required ?					
How will it aid in reducing the severity or frequency of workplace injuries?					
Have you NOT already purchased these items yet?					
Is there a copy of the quote from the vendor included?					
Are you able to able to pay for the project prior to reimbursement or cover anything over \$3,000?					
Have you applied or received grant money from another grant program or organization?					
Has the Applicant signed the application (if different from the Key Official)? ** Electronic signatures are accepted **					
Has the Key Official of the Membership that is listed with MMA signed the application? ** Electronic signatures are accepted **					
The application is submitted in the specified time frame for the Spring grant period?					
Has the one-page application been filled out completely?					
Is all supporting documentation included?					
Have you made a copy for your records?					
Send in application or question to:					
 Preferred E-mail: <u>safetygrants@memun.org</u> Subject Line: Safety Grant Application 					



Application – Safety Grant

Contact Person's Name and T	itle:			
Organization's Name:				
Contact's e-mail:		Contact's Phone:		
1. Please describe the safety e installation or completion date		idering purchasing. Include the intended	purchase	e,
		onal page if necessary). If this is to replos are required for ergonomic equipmen		
3. How will this safety equipmenvironment? (Use additional)	-	rkplace injuries and provide your entity v	with a sa	fer work
4. Total cost of equipment? (a5. Are you able to able to pay \$3,000?	•	he application) o reimbursement or cover anything over	Yes	No
·	eived grants or funding	g from other sources for this endeavor?	Yes	No
If Yes, from whom:	J .	Amount (\$):		
Applicant Signature	Date	Key Official Signature	Date	
Print Name and Title		Print Name and Title		
		Key Official's e-mail		