

Why you should apply for Safety Intervention SafetyGRANTS

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BWC awards safety grants to employers for the purchase of ergonomic, safety and/or industrial equipment. Employers can use this equipment to help reduce or eliminate injuries and illnesses. This in turn can reduce the number and severity of injuries and illnesses.

BWC evaluates the research data from the safety grant Program on a periodic basis. BWC publishes reports of the research to assist employers in preventing workplace injuries and illnesses. When determining whether to award a grant, BWC considers how much the intervention will advance research.

With the safety intervention grant, employers are eligible for a 3-to-1 matching grant, up to a maximum of \$40,000 per eligibility cycle. This means BWC gives \$3 for every \$1 the employer contributes.

Eligibility requirements

To be eligible for a safety intervention grant, you must:

- o Be a state-fund employer;
- o Maintain active coverage;
- o Be current on all monies owed BWC;
- o Demonstrate the need for safety intervention.

Note: BWC-sponsored programs

Employers who participate in a group-rating program or are involved in other BWC-sponsored programs may apply for a safety grant.

Eligibility cycle

Employers who meet the previous eligibility requirements may receive grant funds up to \$40,000 per eligibility cycle. BWC determines the eligibility cycle by review of the last full year for which payroll information is available. For private employers, the policy year is July 1 through the following June 30. For public employers, the policy year is January 1 through December 31.

Total payroll reported for last two payroll periods	Eligibility cycle
Greater than \$10,000,000	Three (3) years
Greater than \$5,000,00 and Less than \$10,000,000	Five (5) years
Greater than \$1,000,000 and Less than \$5,000,000	Seven (7) years
Less than \$1,000,000	Ten (10) years

Steps to apply

1. Pre-work for application

Prior to applying for a safety intervention grant, please consider using the list below as preparation for completing the “Steps to Apply.”

Gather the following data for the operation of concern.

1. Injury statistics, associated claim numbers, and costs for past two years
2. Production and quality data
3. Absenteeism and turnover rates
4. Number of employees in operation of concern
5. Hours worked by all employees in operation of concern for past two years
6. Job safety analysis or work procedures
7. Pictures or video of the operation/tasks of concern

Determine what type of intervention you plan to implement.

1. Make sure item is not on the BWC safety grant moratorium list.
2. Contact vendor(s) to research item.
3. Arrange for a demo or a trial period if possible.
4. Include affected employees in evaluation.
5. Get pictures or drawings to illustrate intervention(s).
6. Get a recent, detailed quote(s) for the intervention(s).

Arrange for BWC assessment of facility and operation/area of concern.

1. This is where you contact BWC to schedule a BWC consultant visit (Step 1, under Steps to Apply).
2. Assist with facility/job analysis, exposure assessments, etc.
3. Refer to results/report to assist with writing your grant narrative.

Arrange for BWC comprehensive safety assessment.

1. Gather safety management and safety program documentation.
2. Contact BWC consultant to schedule this meeting (Step 1, under Steps to Apply).

2. Consultant visits

You must contact your local BWC customer service office to schedule visit(s) by a BWC safety consultant prior to completing the safety intervention grant application. The employer will allow BWC staff access to the work site to perform an assessment of the facility and operation/area of concern. BWC staff will also complete a comprehensive safety assessment report. This assessment provides BWC with a more comprehensive look at the applicant's overall safety practices. This could help assess the cost effectiveness of providing a safety grant. BWC will also conduct a five-year claims history review.

To schedule a consultant to visit, call BWC's Division of Safety & Hygiene at 1-800-OHIOBWC, and listen to the options.

Steps to apply

3. Complete the application

You must complete the application, including Section I, employer information and Section II, baseline data, which begins on page 10. The baseline data includes a list of claim numbers. A claim is not required for program eligibility. However, if an injury occurred as a result of the task the intervention will affect, then we ask you to report it in the baseline data.

Also, you must complete Sections III through Section VI, providing detailed responses. Once completed, contact your BWC safety consultant, who will review and sign the application prior to your mailing it to BWC.

In addition to Sections I – VI, complete the budget page, without any corrections or erasures. Additionally, you must read, initial, and sign the Agreement between Ohio Bureau of Workers' Compensation and the employer, submitting both the budget page and agreement with original signatures from duly authorized employer representatives.

Your completed application will include the following:

1. Section I, Employer Information;
2. Section II, Baseline data;
3. Sections III through Section VI, Answers to questions specific to the grant request;
4. Section VII, Budget page;
5. Price quotes for all proposed purchases;
6. Additional product information;
7. Section VIII, Agreement between Ohio BWC and employer.

In addition to the above, you must complete a Vendor Information Form, IRS form W-9, and the Direct Deposit of electronic funds transfer (EFT form). You may find additional information on these forms on page 9.

4. Grant application reviewed

When BWC receives the completed application, it will review it to ensure you have addressed all questions and completed all forms. BWC then sends the application to the Safety Intervention Review Board for a technical review of the application.

The board evaluates the applications individually. Approval or denial of an application is based on the application's merit. If approved, the application will be forwarded to BWC's finance department to issue the check. If denied, BWC will return the application to you with a letter of explanation.

Steps to apply

5. Submit proof of spending

Upon approval of your application and receipt of your grant funds, you must **purchase the equipment and implement** the intervention within 90 days of the date of the grant check. Within 120 days after the date of the check, you must provide BWC with a copy of the:

- o Original approved budget;
- o Original paid itemized invoice(s) pertaining to **all equipment purchased. Paid itemize invoices must show zero balance owed;**
- o Proof of employer contribution;
- o Copies of all canceled check(s) or online bank statements issued that demonstrate that you paid all invoices associated with the intervention in full, and all BWC and employer contributions were fully used in the manner intended.

Note: You must include a description of the item(s) purchased with all invoices.

6. Purchase extension approval process

Employers must make equipment purchases within 90 days of BWC issuing the grant check. BWC will consider allowing additional time, up to a maximum of 90 days, upon the request of the employer. You must make the extension request within the initial 90 day period. BWC recommends you keep copies of all documentation submitted for your files. Rentals or leases are not allowed under the safety grants program.

7. Quarterly data reporting

After you implement the intervention, all grant recipients must file quarterly data reports electronically for two years.

These reports detail the hours worked by the affected population and list claim numbers affected by the intervention, if any. Submit the quarterly report within 30 days of the reporting period. You can access the safety grants quarterly reporting through BWC's website at ohiobwc.com by clicking on:

- o Ohio employers;
- o Safety services;
- o Safety Grants.

8. Case study

BWC requires you to provide a case study one year from the intervention date; two- and three-year case study reports are optional. The case study template is available on the safety grants webpage at ohiobwc.com. Submit the annual report within 30 days of the reporting period. BWC will require employers who fail to adhere to the reporting requirements to reimburse it up to the full amount of the grant.

Use of grant funds

BWC reserves the right to approve or deny any application based upon research needs, program needs and/or intervention effectiveness. The safety grant Review Board may deny grant applications for interventions for which BWC has already collected enough research information or for interventions, that are outside the scope of the research program. These interventions appear on the moratorium list found on ohiobwc.com. You may also contact the SafetyGRANTS Program at 1-800-OHIOBWC.

Multiple grants

You may apply for grant money more than once, not to exceed the maximum total amount of \$40,000 as allowed per employer eligibility cycle.

Approved purchases

As previously stated, you may only use the safety intervention grant to purchase ergonomic, safety and/or industrial hygiene equipment to substantially reduce or eliminate workplace injuries and illnesses. You may not use SafetyGRANTS for salaries, wages, internal labor and the cost of preparing the application. You must complete purchases within 90 days of receipt of grant award.

BWC will hold a company responsible for using the grant in the intended manner. The company may face administrative, civil and/ or criminal sanctions should it misappropriate funds.

Unapproved purchases

Interventions not covered include the following:

- o Rented or leased equipment;
- o Personal protective equipment;
- o Back belts;
- o Wrist splints;
- o Safe-lifting training;
- o Routine office interventions;
- o Interventions used solely for rehabilitative purposes;
- o Routine equipment replacement;
- o Equipment related to capital improvement projects already under way.
- o Building and/or property improvements.
- o Equipment intended to meet minimum OSHA compliance.
- o Monitoring equipment.

Prior purchases

You may not use grant money for safety interventions you have already purchased. This includes any or all of the following:

- o Ordered equipment;
- o Received equipment or paid equipment.

If you make the purchase/payment prior to receipt of the grant check, BWC will consider the purchase retroactive and it will request return of the funds.

Use of grant funds

Any changes to intervention must be approved

If the employer decides to make any changes to the intervention during the implementation, the changes must be approved prior to the implementation of such changes. You must submit requests for changes and/or modifications in writing as an addendum to your application, and provide BWC with an amended budget and itemized expense report. If you have questions, please call SafetyGRANTS at 1-800-OHIOBWC.

Testing equipment

Employers may test equipment before applying for a safety grant. BWC grant funds will not be used to cover the cost of testing. Therefore, the agreement for the testing period is between the employer and the vendor. If the employer decides to test equipment and applies for grant funds to purchase the equipment, the baseline data must be the two-year period prior to the test period.

External consultants

You may not use the grant money for external consultant fees.

Return unused funds

You must reimburse BWC for funds you did not use from the SafetyGRANTS Program within 30 days after the 90 days expiration date. Failure to repay BWC all unused portions of the grant may result in administrative, civil and/or criminal sanctions.

IRS 1099 Requirement

BWC must issue an IRS 1099 form to you for all unused and/or unverified funds. Acceptable verification is your original paid invoice(s) and copies of canceled check(s) to verify payment. If you fail to submit all documentation in accordance with the terms of the SafetyGRANTS Program, and/or you have not verified how you spent the funds by Dec. 31 of a given year, the award could be considered income received and may be taxable. (Note: The issuance of a 1099 form does not preclude BWC from seeking administrative, civil and/or criminal sanctions if you do not reimburse the bureau all unused grant money and/ or funds deemed misappropriated.)

Program considerations

BWC research needs

Cooperate with BWC by providing access to information to help it measure the effectiveness of the intervention. Allow BWC staff access to the work site to observe, photograph, and/or video-tape affected processes before and after the intervention

Grant recipients must allow BWC to publish safety intervention grant results, including but not limited to data, videos, specifications, and/or photos for the purposes of illustrating, educating, and training employers and employees.

Pursuant to Ohio Revised Code 125.112 (F), BWC is required to post to the BWC website names of grant recipients and dollar amounts awarded.

No job elimination

You must agree you will eliminate no jobs due to the proposed intervention. You should further consider that BWC will require you to reimburse it, up to the full amount of the grant, should you fail to adhere to the regulations, terms and/or conditions of the award.

Signature on application and agreement

Private employers must sign the application and agreement signifying that they are either the owner, chief executive officer, chief financial officer, plant manager or other person having fiduciary responsibilities with the employer; and the employer agrees the signer or his or her successor will have the authority to oversee the carrying out of the employer's responsibilities for two years after the implementation of the intervention. The signer's authority will continue until the employer notifies BWC of the name of the successor.

Public employers are required to sign the application and agreement signifying that they have primary fiduciary responsibilities under the public employer's BWC policy number. The employer agrees the signer or his or her successor will have the authority to oversee the carrying out of the employer's responsibilities for two years after the implementation of the intervention.

Professional employer organizations

State-fund employers who are in a professional employer organization (PEO)/client relationship are eligible to apply for a safety intervention grant. The client employer must apply under its own BWC policy number and will be responsible for obtaining all claims data from their PEO as required for participation in the safety grant program. This claims data includes a five-year claims history and follow-up claims data reported quarterly to BWC for a two-year period. In addition, the employer must provide a case study on the effectiveness of the intervention.

PEOs are eligible for safety grants under their own policy number. A PEO can only use these grants for operations owned/operated by it and not for any client employer.

Program considerations

Disqualification from program

If for any reason the employer participating in the Safety Intervention Grant Program fails to satisfy one or more of the criteria established in the application and instructions, Ohio Administrative Code (OAC) 4123-17-56, and the following agreement, including but not limited to, the requirement of maintaining active coverage, timely payments therefore, and the obligations described in the Employer Responsibilities and Time of Performance sections, BWC may disqualify the employer from the program. Disqualification will result in termination of BWC's obligations under this agreement. BWC reserves the right to recover grant monies by one or more of the following methods:

- o Billing the employer for the grant money received;
- o Forwarding to the Office of the Attorney General of Ohio for collection, set-off, recoupment, or other civil and/or legal remedy.

If the employer merges or combines its business after receiving a grant but before completing the two years of measurement reporting, the BWC Successorship Liability Policy will go into effect.

The grant/predecessor employer is responsible for notifying the successor employer of the obligations under the Safety Intervention Grant Program. The successor employer may be liable to repay any and all previously paid grant monies if it does not meet these obligations.

Application and forms

Mailing your application

Simply complete the application that follows, providing all the information requested.
BWC will return incomplete applications.

Employers applying for a safety intervention safety grant must answer all questions and complete the agreement. All signatures must be original. A BWC safety consultant must review and sign your application prior to mailing. To schedule a consultant to review your application, call BWC's Division of Safety & Hygiene at 1-800-OHIOBWC, and listen to the options.

Mail the completed application to:
Ohio Bureau of Workers' Compensation
SafetyGRANTS
13430 Yarmouth Drive
Pickerington, Ohio 43147-8310

State Required Forms

Additionally, as a grant recipient, the state considers you a state vendor. This means you must complete the three forms below, and send them to Ohio Shared Services.

Vendor Information Form (OBM-5657-Rev.11/1/2011)

Verify all fields are complete and you have signed the form. We do not accept electronic signatures. Also, verify information contained on the W-9 matches that provided on the Vendor Information Form - specifically, legal business name, taxpayer ID # (TIN), and business type/business entity. IRS Form W-9 Request for Taxpayer Identification Number & Certification

Request for Taxpayer Identification Number & Certification (W-9)

Complete all applicable sections of the document, including taxpayer type, a valid tax identification number and responsible party's signature. We do not accept electronic signatures. The information you provide must match how you're registered with the IRS. You can find instructions for completing the form on the IRS website. Should you require additional assistance, contact the IRS at 1-800- 829-1040.

Authorization Agreement for Direct Deposit of EFT Payments (OBM-4310-Rev.11/1/2011)

The preferred method of payment for the State of Ohio is EFT). Complete this form and include a current voided check or bank letter. The agreement contains instructions. Send the completed forms to:

Vendor Maintenance
Ohio Shared Services
P.O. Box 182880
Columbus, Ohio 43218-2880
Email: vendor@ohio.gov
Fax: 614-485-1052

If you have questions, call **Ohio Shared Services** at 1-877-644-6771 or 614-338-4781.

Instructions

Please type or print clearly. Sections I-VIII, are required for a complete application. Please arrange your application in the order of the sections.

The SafetyGRANTS Review Board will use your application to approve or deny the grant. Therefore, the information you provide on this application must describe the significance of the problem and the effectiveness of the proposed solution. Incomplete application forms will be returned. Please attach your supporting materials with this application and mail to:

Contact us

If you have questions about the application process, please contact BWC via:

Phone: 1-800-OHIOBWC

E-mail: DSHSG@bwc.state.oh.us

Address: Ohio Bureau of Workers' Compensation
SafetyGRANTS
13430 Yarmouth Drive
Pickerington, Ohio 43147-8310

To ensure BWC has the necessary information to quickly issue a safety grant check to you, please complete the W-9, Vendor Information Form and EFT Direct Deposit form as explained on page 9. Both the W-9 and Vendor Information Form will allow us to add your company to the state accounting system and provide tax information to the IRS in the event circumstances warrant the issuance of a 1099 form. ***BWC is required to issue a 1099 to an employer for all unused and/or unverified funds. If an employer fails to submit all documentation in accordance with the terms of the SafetyGRANTS Program, and/or the employer has not verified how the funds will be spent by Dec. 31 of a given year the award could be considered income received and may be taxable. (Note: The issuance of a 1099 does not preclude BWC from seeking administrative, civil and/or criminal sanctions if the agency is not reimbursed all unused grant money and/or if funds are deemed to have been misappropriated.)*** Acceptable verification includes the employer's original paid invoice(s) and copies of cancelled check(s), or online bank statements to verify payment.

Section I: Employer information

Name of employer: _____

Doing business as (DBA) name: _____

Address: _____

City: _____ **State:** _____ **ZIP code:** _____

County: _____

Employer BWC policy number: **Federal tax ID number:**

Employer contact name: _____

Title: _____

Telephone number: **Ext.**

Fax number:

E-mail address:

Section II: Phase V Application Instructions

Baseline Data

Please complete the requested information below.

- Baseline reporting period** – Provide the dates that begin and end the two-year reporting period for the baseline data. The end date should be in the recent past, within one week prior to submitting the application; the beginning date should be exactly two years prior to the end date.

Begin date: / /

End date: / /

- Baseline number of employees** – Provide the number of employees that will be directly affected by the proposed intervention. (For reporting purposes, these employees will be considered to be the population.) Please note that the population may or may not include all employees at your facility.

Number of employees affected ,

- Baseline employee hours** – Provide the total number of hours worked during the two year reporting period by the population. Include the hours worked only by those in the population, and include all the hours worked by those employees, regardless of what task they were performing. Include overtime hours and exclude vacation, sick time and other leave.

Population hours worked for **two year** reporting period

Please note – Refer to BWC's Web site, ohiobwc.com, for a moratorium of items not available through the Safety Intervention SafetyGrant\$ program.

BWC reserves the right to limit other intervention items based on research and program needs.

4. BWC claim numbers – List only the BWC claim numbers for claims that would have been affected by the intervention(s) that were filed during the reporting period. Do not list claims that were filed by employees who will not be affected by the intervention. If a list of BWC claim numbers for your company is not readily available to you, you may use our Web site, ohiobwc.com, to obtain a list of claim numbers. If you use the Web site for the first time, you will need to create a user account. It takes less than five minutes to create a user account, which you will need to provide follow-up data later should your grant application be approved. **Claims are not a requirement for program participation.**

1	
2	
3	
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8	
9	
10	

Attach additional sheets if necessary.

BWC safety consultant signature

(Does not imply grant approval)

Date

Section III: Description of the problem

- Provide a brief explanation of your organization and a description of the current situation, e.g. tasks involved and process.
- Loss Experience** – Quantify the loss experience for the area affected by your proposal. Supporting information should include:
 - o Injury/illness incidence rates;
 - o Injury/illness severity rates;
 - o Monetary impact of injuries/illnesses;
 - o Types of injuries/illnesses;
 - o Body parts affected;
 - o Employee turnover rates.
- Exposure** – Quantify the exposure/risk factors for the tasks which will be affected by your proposal. Supporting information should include:
 - o Videos, photographs, or drawings of the affected operation;
 - o Description of risk factors associated with affected tasks;
 - o Exposure levels of chemical or physical hazards;
 - o Pertinent job analyses, including check lists and exposure assessments.

Section IV: Proposed intervention

- Description** – Provide a description of the intervention.
A thorough description should include:
 - o A description of how the intervention works.
Supporting materials could include diagrams, photographs, videos, brochures and links to Web sites;
 - o Training requirements.
 - o Does the proposed intervention create any additional risks/hazards to the task or operation. If yes, how will these hazards be addressed?
- Safety** - Describe specifically, how the intervention will eliminate or substantially reduce the risk of injury.
- Productivity/quality** – Describe the impact, in quantitative terms, that your proposed intervention will have on productivity and quality of the operation.
- Cost effectiveness** – Describe how cost-effective the proposed solution will be. Supporting materials could include a cost/benefit analysis or return on investment calculation. This analysis should include injury prevention.

Section V: Implementation, measurement and reporting

- Implementation plan** – Describe your plan to implement the solution. Please include:
 - o The person responsible for the implementation;
 - o The timetable for completion. Supporting materials could include a timeline or Gant chart.
- Case Study Report** – All safety grant recipients are required to submit an electronic case study describing the intervention effectiveness at one year from the date of implementation. If program participation is approved a case study template will be provided for your completion. Data elements expected include, but are not limited to the following:
 - o A description of your company
 - o A description before the intervention
 - o A description after the intervention
 - o Pictures/video of task being performed before intervention
 - o Pictures/video of task being performed after intervention
 - o Pre and Post intervention risk assessment
 - o Productivity data for affected intervention
 - o Quality data for affected intervention
 - o Cost benefit analysis
 - o Other pertinent info

Section VI: Research/Program needs

Applicability to other situations – “Safety grants are awarded to purchase equipment for prevention of injuries and illnesses to reduce the number and severity of workplace injuries and illnesses. The BWC evaluates the research data from the safety grant program on a periodic basis. BWC publishes reports of the research to assist employers in preventing workplace injuries and illnesses. When determining whether to award a grant consideration is given to how much the intervention will advance research.” Please describe how the information gained from your proposed intervention and the resulting case study you submit could benefit other employers in Ohio. Discuss the applicability to other companies in your industry class and to other types of industries.

Section VII: Budget**Step 1: Please provide the proposed budget for the project.**

(Note: You may only use SafetyGRANTS to purchase ergonomic, safety and/or industrial hygiene equipment. **You may not use SafetyGRANTS for recouping the cost of any prior and/or ongoing interventions or for rented or leased equipment.** In addition, you may not use SafetyGRANTS to pay for salaries, wages, internal labor, or any costs associated with preparing the application. **You must make all grant purchases within 90 days after the award date.** Note all itemized expenses associated with the project. Indicate exact costs, do not round figures. All budgets MUST have vendor price quotes attached for each individual item.)

Item	Quantity	Cost	Total
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Total budget \$

Step 2: To determine the grant amount you are requesting, please complete the formula below.

Total amount of project (from table above) _____	A	\$ <input type="text"/>
Total amount supplied by BWC, (maximum of \$40,000) _____	(A x 3) / 4 = B	\$ <input type="text"/>
(multiply A by 3, then divide by 4)		
Total amount supplied by the employer _____	A-B	\$ <input type="text"/>

Do you have ownership, partnership or any other affiliation with the vendor of the equipment being purchased?

If yes, please explain _____

By my signature, I agree to fully comply with the terms and conditions of the program and to use all monies solely for the purposes intended. I further understand 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.

Name of duly authorized representative (please print) _____

Signature of duly authorized representative _____

Title _____

Date / /

Section VIII. AGREEMENT between OHIO BUREAU OF WORKERS' COMPENSATION

and _____
Employer's Full Legal Name

Agreement between the Ohio Bureau of Workers' Compensation and Employer

This is an agreement by and between _____ (hereinafter, "Employer's Name"), with its principal place of business located at _____, Ohio _____, and the State of Ohio, Bureau of Workers' Compensation (hereinafter, the "BWC"), having offices at 30 W. Spring St., Columbus, Ohio 43215-2256, entered into the day, month and year set out below.

Whereas, the administrator of workers' compensation may issue a grant to defray the costs incurred by an employer who elects to participate in the safety intervention grant program, pursuant to Ohio Administrative Code Rule (OAC) 4123-17-56, wherein an employer may receive grant monies for projects which substantially reduce or eliminate the risk of workplace injuries and illnesses, called herein safety intervention grant program.

Therefore, for good and valuable consideration, the sufficiency of which is acknowledged, the parties mutually agree to the following conditions.

Eligibility — Acceptance of the employer into the safety intervention grant program is contingent upon the employer's: (a) submission and approval of an application, (b) demonstrated need for intervention, e.g. completion of a risk assessment, and (c) being an active, timely premium payroll customer of the Ohio State Insurance Fund as of the date of execution of this agreement and for its duration.

Distribution of grant monies — Subject to the conditions precedent in this agreement and subject to available BWC resources, the employer and BWC mutually understand and agree that the total sum of the grant to be issued by BWC shall not exceed a 3-to-1 ratio of the monies contributed by the employer, whether a public or private employer, and that the maximum grant amount shall not exceed \$40,000. The employer must contribute \$13,333 in order to receive the maximum grant amount of \$40,000. The employer understands and acknowledges that BWC will not issue a grant matching any expenditures that exceed \$13,333. The \$40,000 safety grant is a lifetime maximum, including previous safety grants. If the employer has not received the maximum amount of money available through the SafetyGRANT\$ program, the employer may reapply and have its application approved to enter into another agreement until the employer has received a total of \$40,000.

Employer responsibilities — The employer participating in the safety intervention grant program, in consideration of a grant given to it, promises to fully comply with the program requirements as outlined in the Application and Instructions and OAC 4123-17-56, all of which are fully incorporated herein by reference. **The employer will be responsible for using the awarded grant in the manner for which it is intended, and will be required to provide BWC with documentation. This documentation may include, but is not limited to, original invoices, canceled checks, and periodic reports to confirm that all funds were spent and applied toward the approved intervention.** The employer understands that approved safety intervention equipment may not be rented or leased. The employer agrees to allow a BWC safety consultant to conduct a comprehensive safety evaluation of their overall safety practices. Further, the employer agrees not to eliminate jobs due to participation in the safety intervention grant program. All interventions must receive approval prior to purchase

in order to qualify for the grant, and any proposed changes must be agreed to by BWC prior to making the change. The employer agrees to allow BWC to publish safety intervention grant results including, but not limited to, data, videos, specifications, and/or photos for the purposes of illustrating, educating, and training employers and employees.

Time of performance—Employers must make all equipment purchases within 90 days of BWC issuing the grant check. BWC will consider allowing additional time, up to a maximum of 90 days, upon the request of the employer. However, the extension must be made within the initial 90 day period. Within 30 days of the 90 day purchase period, the employer will be required to provide BWC with a check for all unused grant monies, a copy of the approved budget and itemized expense report, original paid invoices/receipts pertaining to all equipment and/or services purchases, and copies of all cancelled checks to support that all invoices associated with the intervention were paid in full.

The employer shall provide BWC quarterly data reports electronically for two years which detail the hours worked by the affected population and list claim numbers affected by the intervention, if any. Quarterly reports and one year case study are due within 30 days of the reporting period. One year after the date of the intervention implementation, the employer shall complete and submit the one year case study report template via fax or US Mail. If a report is not filed, or if a report is not written as described in the application, the employer shall be liable to repay the full amount of the grant.

Disqualification — If for any reason the employer participating in the safety intervention grant program fails to satisfy one or more of the criteria established in the Application and Instructions, OAC 4123-17-56, and this agreement, including, but not limited to, the requirement of maintaining active coverage, timely payments thereof, and the obligations described in the Employer Responsibilities and Time for Performance sections, the employer may be disqualified from the program. **Disqualification will result in the termination of BWC's obligations under this agreement. BWC reserves the right to recover grant monies by one or more of the following methods: billing the employer for the grant money received, forwarding the employer's information to the Office of the Attorney General of Ohio for collection, set-off, recoupment, or other administrative, civil and/or legal remedy.**

If the employer merges or combines its business after receiving a grant, but before completing the two years of measurement reporting, the BWC Successorship Liability Policy will go into effect. The grant/predecessor employer is responsible for notifying the successor employer of the obligations under the Safety Intervention Grant program. The successor employer may be liable to repay any and all previously paid grant monies if these obligations are not met.

Disclaimer — If implemented correctly by the employer, the goal of the safety intervention grant program is to substantially reduce or eliminate injury and illness in the workplace and, hence, claims associated with the affected processes. BWC does not guarantee or warrant that the implementation of such a plan will result in a substantial reduction or elimination of injuries and illnesses in the workplace. In the event of an injury or occupational disease arising from the implementation of the program, the employer and the employee's sole and exclusive remedy shall be pursuant to workers' compensation laws of the appropriate jurisdiction. In no event, shall BWC be liable for any damages in contract or in tort.

Ohio elections law: Grantee hereby certifies that no applicable party listed in Divisions (I), (J), (Y) and (Z) of O.R.C. Section 3517.13 has made contributions in excess of the limitations specified under Divisions (I), (J), (Y) and (Z) of O.R.C. Section 3517.13

Conflicts of interest and ethics compliance certification: Grantee affirms that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict, in any manner or degree, with the performance of services which are required to be performed under any resulting Contract. In addition, Grantee affirms that a person who is or may become an agent of Grantee, not having such interest upon execution of this Contract shall likewise advise the Bureau in the event it acquires such interest during the course of this Contract.

Grantee agrees to adhere to all ethics laws contained in Chapters 102 and 2921 of the Ohio Revised Code governing ethical behavior, understands that such provisions apply to persons doing or seeking to do business with the Bureau, and agrees to act in accordance with the requirements of such provisions; and warrants that it has not paid and will not pay, has not given and will not give, any remuneration or thing of value directly or indirectly to the Bureau or any of its board members, officers, employees, or agents, or any third party in any of the engagements of this Agreement or otherwise, including, but not limited to a finder's fee, cash solicitation fee, or a fee for consulting, lobbying or otherwise.

Non-Discrimination and Equal Employment Opportunity: The Grantee will comply with all state and federal laws regarding equal employment opportunity and fair labor and employment practices, including Ohio Revised Code Section 125.111 and all related Executive Orders. The State encourages the Grantee to purchase goods and services from Minority Business Enterprise (MBE) and Encouraging Diversity, Growth and Equity (EDGE) vendors.

Authority — The person signing below for the employer states that he or she is either the owner, chief executive officer, chief financial officer, plant manager or other person having fiduciary responsibilities with the employer; and the employer agrees that that the signer or his, or her successor, will have the authority to oversee the carrying out the employer's responsibilities for two years after BWC issues the grant check. The signer's authority shall continue until the employer notifies BWC of the name of the successor.

initials

By initialing this box, the employer agrees that prior purchases have not been made. The employer also confirms understanding that all grant approved purchases are to be made within 90 days after the award date. Additionally any changes to the original intervention must receive prior approval by BWC.

By my signature, I agree to fully comply with the terms and conditions of this agreement and the program and to use all monies solely for the purposes intended. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and 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.

Modifications: The parties may, in writing and by mutual agreement, amend, modify, supplement or rescind the terms of this agreement.

In witness whereof, the parties hereunto affix their signatures this day of _____, 20____.

Employer's full legal name _____

Federal tax I.D. _____

Title _____

Name (please print) _____

Signature _____

State of Ohio, Bureau of Workers' Compensation
SafetyGrant Safety Intervention RSP July 2013



VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor. Incomplete forms will be returned. The information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

- ☒ NEW (W-9 OR W-8ECI FORM ATTACHED) ☐ CHANGE OF CONTACT PERSON/INFORMATION
- ☐ ADDITIONAL ADDRESS – (A COPY OF AN INVOICE OR A LETTER INCLUDING THE ADDRESS IS REQUIRED)
- ☐ CHANGE OF ADDRESS – (PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)
- ADDRESS TO BE REPLACED:
- ☐ CHANGE OF TIN (W-9 & LETTER OF CLARIFICATION OF CHANGE, WHICH INCLUDES NEW & OLD TIN IS REQUIRED)
- ☐ CHANGE OF NAME (W-9 & LETTER OF CLARIFICATION OF CHANGE, MUST INCLUDES NEW & OLD NAME IS REQUIRED)
- ☐ CHANGE OF PAY TERMS ☐ CHANGE OF PO DISPATCH METHOD ☐ OTHER _____

SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)

L P International Inc.

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN):


103403093RM - Canadian Business Number

SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS

ADDRESS: 151 Savannah Oaks Drive		COUNTY: Canada
CITY: Brantford	STATE: Ontario	ZIP CODE: N3V 1E8

SECTION 4 – ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, PLEASE INCLUDE A SEPARATE SHEET)

ADDRESS: PO Box 696		COUNTY: Canada
CITY: Brantford	STATE: Ontario	ZIP CODE: N3T 5P9

SECTION 5 – CONTACT INFORMATION & PERSON TO RECEIVE PURCHASE ORDER		
NAME: Paul Gazik		
WEBSITE: www.powermate.info		
PHONE: 519-759-3292	FAX: 519-759-3298	EMAIL: pfg@powermate.info
PREFERRED METHOD OF BEING CONTACTED: (CHECK ONE) <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> EMAIL		
SECTION 6 – INDIVIDUAL TO RECEIVE EMAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE EMAIL ADDRESS BELOW		
NAME:		
EMAIL:		PHONE:
TO ADD AN ADDITIONAL OR REPLACE A STRATEGIC SOURCING CONTACT PERSON		
<input type="checkbox"/> ADDITIONAL CONTACT PERSON <input type="checkbox"/> REPLACE CONTACT PERSON (WILL BE MARKED INACTIVE)		
NAME:		
EMAIL:		PHONE:
SECTION 7 – PAYMENT TERMS (PLEASE CHECK ONE – IF NONE IS SELECTED THEN NET 30 WILL APPLY)		
<input type="checkbox"/> 2/10 NET 30 <input checked="" type="checkbox"/> NET 30 <input type="checkbox"/> NET 45 <input type="checkbox"/> NET 60 <input type="checkbox"/> NET 90		
SECTION 8 – PURCHASE ORDER DISTRIBUTION – OTHER THAN USPS MAIL		
EMAIL <u>OR</u> FAX: pfg@powermate.info		
SECTION 9 – PLEASE SIGN & DATE		
PRINT NAME:		
Lee Jeavons		
SIGNATURE: (DIGITAL SIGNATURES NOT ACCEPTED AT THIS TIME) 		DATE:
		July 17, 2013
SECTION 10 – STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)		
AGENCY CONTACT NAME/EMAIL/PHONE:		
BWC Purchasing purchasing@bwc.state.oh.us 614-466-6847		

COMMENTS:

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Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.

SUBMIT FORM TO: Mail: Ohio Shared Services Attn: Vendor Maintenance P.O. Box 182880 Cols., OH 43218-2880 Email: vendor@ohio.gov Fax: 1 (614) 485-1052	QUESTIONS? PLEASE CONTACT: Phone: 1 (877) OHIO - SS1 (1-877-644-6771) 1 (614) 338-4781 Website: www.ohiosharedservices.ohio.gov/ Email: vendor@ohio.gov
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Form **W-8BEN**

(Rev. February 2006)

Department of the Treasury
Internal Revenue Service**Certificate of Foreign Status of Beneficial Owner
for United States Tax Withholding**▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual W-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.**Instead, use Form:****Part I Identification of Beneficial Owner (See instructions.)**

1 Name of individual or organization that is the beneficial owner L P International Inc.	2 Country of incorporation or organization Canada															
3 Type of beneficial owner: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Individual</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Disregarded entity</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Simple trust</td> </tr> <tr> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Complex trust</td> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> International organization</td> </tr> <tr> <td><input type="checkbox"/> Central bank of issue</td> <td><input type="checkbox"/> Tax-exempt organization</td> <td><input type="checkbox"/> Private foundation</td> <td colspan="2"></td> </tr> </table>		<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization	<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation		
<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust												
<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization												
<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation														
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 151 Savannah Oaks Drive City or town, state or province. Include postal code where appropriate. Brantford, Ontario N3V 1E8																
5 Mailing address (if different from above) P.O. Box 696 City or town, state or province. Include postal code where appropriate. Brantford, Ontario N3T 5P9																
6 U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	7 Foreign tax identifying number, if any (optional)															
8 Reference number(s) (see instructions)																

Part II Claim of Tax Treaty Benefits (if applicable)

- 9** I certify that (check all that apply):
- a ☐ The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.
 - b ☐ If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
 - c ☐ The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
 - d ☐ The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
 - e ☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.
- 10** Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income):
 Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts

- 11** ☐ I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
 - 2 The beneficial owner is not a U.S. person.
 - 3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
 - 4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Capacity in which acting

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 2-2006)

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific instructions on page 2.	Name (as shown on your income tax return) L P International Inc.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > _____ <input type="checkbox"/> Other (see instructions) > _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) 151 Savannah Oaks Drive City, state, and ZIP code Brantford, Ontario, Canada N3V 1E8	
List account number(s) here (optional)		
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

103403093RM - CANADIAN BUSINESS NUMBER

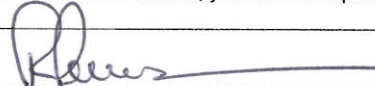
Social security number								
				-				
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (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. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person > 	Date > 07/17/2013
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.