Attachment J-2:

OBWC Safety Grants Application

(Additional background information and full application found at http://www.ohiobwc.com/downloads/brochureware/publications/SafetyGrantsPhaseVI.pdf)

Safety Intervention SafetyGRANT Application

Instructions

Please type or print clearly. Sections I-VIII, the attached W-9 form and the Vendor Information Form are required for a complete application. Please arrange your application in the order of the sections, with the W-9, Vendor Information Form and supporting materials attached.

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 attached W-9 and Vendor Information Form. 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: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐