

IMWCA SAFETY STUDY GRANT GRANT APPLICATION & CHECK OFF SUMMARY

GRANT APPLICATION & SUPPORTING DOCUMENTS CHECK OFF SUMMARY

Prepare and submit the grant application and supporting documents as one document according to the following outline. Multiple attachments and zip files **cannot** be accepted.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

GRANT APPLICATIONS AND ALL SUPPORTING DOCUMENTS LISTED BELOW MUST ONLY BE SUBMITTED ELECTRONICALLY TO imwcagrants@iowaleague.org

- Grant Application - Submit application as one PDF document. Your application will not be considered if all required information listed in the application is not provided.
- Organization Description, safety study goals.
- Budget Narrative - This should be a detailed written description of your proposed summary and explain how each line item in the budget summary will be utilized.

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SAFETY STUDY GRANT PROGRAM

COMPANY INFORMATION

1. Applicant/Organization Legal Name:

2. Contact:

3. Applicant Complete Address:

4. Phone Number:

5. Email Address:

6. Federal Employer Identification Number (FEIN): If consortium grant please include FEIN for all parties.

7. How did you originally hear about this grant program?

8. Has your organization received a Safety Grant contract with IMWCA? If yes please specify.

9. Type of organization City County 28E

10. Is your organization an IMWCA member?

11. Employee Demographics

Total Employees

Total Employees To Be Trained

12 Hazards to be addressed in application (*please check all that apply*)

Injury Prevention

Ergonomics

Other (explain)

Asbestos

Fire

CPR/AED

Electrical

Right to Know/
Hazard Communication

Toxins

13. Location Demographics: In which county(s) will training take place?

14. Total Amount Requested

TELL US ABOUT YOUR PROJECT

Briefly describe the nature of the project including a description of the training and services provided. Be sure to state how you plan to implement your project and the long term goal.

WHAT ARE YOUR SAFETY STUDY GOALS

Identify and describe the injury history of the targeted occupation(s) (if any), or preventative safety issues you intend to address in this proposal. Connect the safety study with the work the employee performs.

BUDGET NARRATIVE

Please provide a brief description of the proposed study plan. This should be a detailed written description of how each line item in the budget summary will be utilized.

In order to evaluate the cost effectiveness of the program.

****Identify the safety study objective, the cost of each item, the budget line item and how the program will be funded in the future.**