

**IMWCA SAFETY STUDY GRANT  
IMPLEMENTATION 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](mailto:imwcagrants@iowaleague.org)**

- Implementation 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.

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SAFETY STUDY IMPLEMENTATION 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  
\*Summer Seasonal  
Employees not  
qualified

Total  
Employees

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

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Injury Prevention                      | <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Back Injury                            | <input type="checkbox"/> Fire       |  |
| <input type="checkbox"/> CPR/AED                                | <input type="checkbox"/> Electrical |  |
| <input type="checkbox"/> Right to Know/<br>Hazard Communication | <input type="checkbox"/> Slip/Fall  |  |

13. Total Amount Requested

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### **TELL US ABOUT YOUR ISSUES**

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

### **WHAT ARE YOUR IMPLEMENTATION 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 training and implementation with the work the employee performs.