

**APPLICATION  
OR-OSHA Occupational Safety and Health Training and Education Grant Program**

**FORM A**

<b>GRANT PROJECT TITLE</b>		<b>TOTAL REQUESTED \$</b>
<b>ORGANIZATION</b>		<b>FEDERAL TAX ID #</b>
<b>DESIGNATED ADMINISTRATIVE OFFICIAL</b>	<b>TITLE</b>	
<b>MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE AND ZIP CODE)</b>		
<b>TELEPHONE NUMBER (      )</b>		
<b>COMPLETE IF THE PROJECT DIRECTOR IS OTHER THAN THE DESIGNATED OFFICIAL</b>		
<b>GRANT PROJECT DIRECTOR</b>	<b>TITLE</b>	
<b>MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE AND ZIP CODE) (IF DIFFERENT)</b>		
<b>TELEPHONE NUMBER (IF DIFFERENT) (      )</b>		
<b>E-MAIL:</b>		

**OFFICIAL CERTIFICATION**

1. The designated administrative official of the organization certifies that the above referenced Grant Project Director (Check one box:)

**Is** authorized to negotiate and execute legal documents related to this grant with OR-OSHA.

**Is not** authorized to negotiate and execute legal documents related to this grant with OR-OSHA. Who will be the authorized person to negotiate and execute legal documents for this grant?

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

2. The designated administrative official of the organization also certifies that if selected for funding, this project will be operated in accordance with the OR-OSHA Grant Program guidelines and the policies and requirements specified by the contractual agreement which will be executed the Oregon Occupational Safety and Health Division.

<b>DESIGNATED OFFICIAL SIGNATURE</b>	<b>DATE</b>
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**APPLICATION INSTRUCTIONS**

*Before completing the grant application, please read the quality criteria by which the application will be judged. The significance of each part of the application is briefly explained.*

1. **Impact Statement:** The first part of the application is where you tell us about the Oregon occupational safety and/or health problem by demonstrating the seriousness of the problem, who is the target audience, how you expect the project to help solve the problem, evidence of joint management/labor cooperation, and how you intend on measuring program effectiveness in reducing and/or eliminating the problem.
  
2. **Project Design:** The second part of the application is where you describe the training program itself. The critical elements in the project's design include the learning objectives, innovation or new ideas, method of outreach or impacting the target audience, producing a comprehensive training program, how you intend on measuring project effectiveness and the time-line for the program.
  
3. **Project Management:** The third part of the application is where you describe who will manage and direct the program, the division of responsibility, commitment from organizations or partner groups, project activities are clearly outlined, and key project staff and management are identified and know how the project will be successfully completed.
  
4. **Resources:** The fourth part of the application is where you indicate specifically the costs associated with the project. The project expenditures are consistent with grant objectives and activities. The budget plan is consistent with Oregon OSHA grant guidelines - the following expenditure limitations apply: Research 20%, Subcontracting 45%, Equipment 25%, Operations and Facilities 20%. Evidence of fiscal management for required budgetary monitoring and auditing are in place. Exemption requests to these limitations must be justified in the application.

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## Project Summary

*Fill in this section **after** completing the rest of the proposal. Write a short summary of the project covering Impact Statement, Project Design, Project Management and Resources.*

***Impact Statement***

***Project Design***

***Project Management***

***Resources***

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**Impact Statement**

**Problem** *(What is the occupational safety and/or health problem(s)? Be specific.)*

**Documentation supporting the problem** *(You must collect data that supports the occupational safety and/or health problem(s) described above. Explain how the data you collected supports the problem. Attach copies of data. For example, injury/illness reports, statistical reports, case studies, journals, articles, etc. See Procedures and Guidelines Appendix C for assistance with data.)*

**Target Audience** *(Who is the audience of the training program? After training, how will the target audience reduce or eliminate the occupational problem(s) listed above? Be specific.)*

**Goals** *(Describe the proposal goals and **how** these goals will affect the problem.)*

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**Impact Statement (continued)**

**Learning Objectives** *(Describe the learning objectives and **how** these learning objectives will affect the target audience.)*

**New and Innovation Idea** *(Explain **the extent** to which the proposed project is not currently available. In your answer, identify Oregon and national sources researched to support that the product is not otherwise available.)*

**Recruitment** *(Explain the outreach and recruitment efforts which will be used to ensure the audience will receive the training and/or services.)*

**Measurement** *(Identify the measurement method(s) which will be used to determine program effectiveness. Examples, (pre-post test, survey, injury/illness reduction study, complaint tracking system, etc.)*

**Management/Labor Cooperation** *(Describe how management and labor groups will cooperate in the development and implementation of the project.)*

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**Project Design**

**Training and Activities** *(Describe the details of the training that will be developed and what activities will be accomplished by this project.)*

**Subject(s) Covered** *(What specific occupational safety and health subjects will the program or material cover?)*

**Training Program Materials or New and Innovative Idea** *(Describe the type(s) of educational materials to be developed (i.e., trainers guide, video, webinar, app, etc.) and why the selected materials are best.)*

**Tailoring for Audience Needs** *(Describe how the training and services will be tailored to the particular needs of the audience.)*



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**Project Management**

**Organization** *(Describe the history and purpose of your organization.)*

**Expanded Activities** *(Describe how the proposed project activities will augment or expand the current occupational safety and health activities provided by your organization.)*

**Staffing** *(Describe the staffing plan for the project. Identify key personnel who will provide: Administration or coordination, instruction, curriculum development, performance and evaluation, and financial record keeping. Include a description of the responsibilities of each position. Provide a brief resume for each staff person who has already been identified for the project. A complete resume for the Project Director must be provided.)*

**Project Management** *(Describe the procedures for the ongoing management of the project activities, including supervision of staff, monitoring or operations, and implementation of corrective action.)*

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**Resources**

See Procedures and Guidelines Appendix A for Allowable Expenditures

**Costs rationale** *(Provide costs explanation for each of the following categories. This section of the application provides written support to Form C of the Application.)*

**1. Administration Staff Salaries/Fringe** *(List the duties needed to administer the grant. For example: Bookkeeping, completing financial reports, ordering supplies, paying bills, etc.)*

**2. Training & Program Development Staff Salaries/Fringe** *(List the duties needed to develop the grant. For example: Writing, developing teaching materials, filming, conducting training, etc.) If the same person will perform both administration and training duties, these duties must be described separately.)*

**3. Operations/Facilities** *(This cost category in aggregate is **limited to 20%** of the total grant award. A Division consideration will be to reduce such costs to minimal levels.)*

**Rent** *(Describe currently available facilities for office and training use and the extent to which grant funds will be used to establish and/or maintain such facilities.)*

**Support Services** *(Describe the type of services needed and the extent to which grant monies will fund these services.)*

**General Administration** *(Describe amounts charged to general maintenance and operation of the grant project.)*

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**Resources (continued)**

<p><b>4. Office Supplies</b> <i>(Include costs for photocopies, postage, general supplies and printing.)</i></p>
<p><b>5. Travel</b> <i>(Explain the method of estimating the extent of travel required in the course of the proposed project. Cost figures must not exceed state authorized travel rates.)</i></p>
<p><b>6. Training Materials</b> <i>(Describe the types of educational materials to be developed or purchased and at what cost.)</i></p>
<p><b>7. Equipment</b> <i>(This cost category in aggregate is <b>limited to 25%</b> of the total grant award. A Division consideration will be to reduce such costs to minimal levels. See Sections 111 and 112 General Provisions of the Procedures and Guidelines.)</i></p>

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**Resources (continued)**

**8. Contractual Services** (*This cost category in aggregate is **limited to 45%** of the total grant award. A Division consideration will be to reduce such costs to minimal levels. Describe the scope of services to be provided through a subcontractual agreement and why these services must be purchased contractually. The total grant funds requested must include all actual costs. Do not include subcontractors expenses into the grantee individual grant categories, but do include a detailed estimate from a potential subcontractor. See Sections 111 and 112 General Provisions of the Procedures and Guidelines.*)

**9. In-kind Contributions** (*Describe the in-kind services that will be provided and for which activities.*)

**10. Fund Utilization** (*Describe how the budget represents the utilization of funds such that grant funds will not substitute for revenues currently devoted to same or similar activities currently provided by the sponsoring organization (grantee).*)

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**Resources (continued)**

**11. Fiscal Management** (*Describe the procedures for fiscal management, including maintenance of separate bank accounts, bookkeeping systems, etc., which will meet the requirements of documentation sufficient for fiscal monitoring or auditing by the Oregon Occupational Safety and Health Division.*)

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## Form C- Summary of Estimated Expenditures

*Instructions: After completing Form D, complete this summary reflecting the planned utilization of grant funds by major category and time periods.*

Category	Total Funds (Does not include matching funds)		Estimated Grant Expenditures			
	Grant	In Kind Matching	First 3 Months	Second 3 Months	Third 3 Months	Fourth 3 Months
<b>1. Administration Salaries &amp; Fringe</b>						
<b>2. Training &amp; Development Salaries &amp; Fringe</b>						
<b>3. Operations / Facilities</b>						
<b>4. Office Supplies</b>						
<b>5. Travel</b>						
<b>6. Training Materials</b>						
<b>7. Equipment</b>						
<b>8. Contractual</b>						
<b>9. Other</b>						
<b>TOTAL</b>	\$	\$	\$	\$	\$	\$

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<b>Form D-Itemized Expenditures CATEGORY</b>	<b>LINE ITEM DETAIL</b>			
<b>ADMINISTRATION Salary &amp; Fringe CATEGORY TOTAL \$</b>	POSITION	SALARY PER WEEK	NO. OF WEEKS	TOTAL CHARGED
	1.	\$		\$
	2.	\$		\$
	3.	\$		\$
<b>TRAINING AND DEVELOPMENT PERSONNEL Salary &amp; Fringe CATEGORY TOTAL \$</b>	POSITION	SALARY PER WEEK	NO. OF WEEKS	TOTAL CHARGED
	1.	\$		\$
	2.	\$		\$
	3.	\$		\$
	4.	\$		\$
<b>OPERATIONS AND FACILITIES</b> (Limited to 20% of grant funds requested) (Continues next page)	<b>RENT</b>			
	NO. OF MONTHS	MONTHLY AMOUNT	TOTAL CHARGED	
		\$	\$	
	<b>UTILITIES</b>			
		MONTHLY AMOUNT	TOTAL CHARGED	
		\$	\$	
	<b>TELEPHONE</b>			
		MONTHLY AMOUNT	TOTAL CHARGED	
		\$	\$	

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**Form D- Itemized Expenditures (continued)**

<b>SUPPORT SERVICES</b>				
TYPE OF SERVICE				TOTAL CHARGED
				\$
				\$
<b>GENERAL ADMINISTRATION</b>				
DESCRIPTION				TOTAL CHARGED
				\$
				\$
<b>CATEGORY TOTAL</b>				\$
<b>\$</b>				\$
<b>OFFICE SUPPLIES</b>	TYPE OF SUPPLIES	COST PER UNIT	TOTAL UNITS	TOTAL CHARGED
<b>CATEGORY TOTAL</b>				
<b>\$</b>				
	1. PRINTING	\$		\$
	2. GENERAL SUPPLIES (Attach details of items Greater than \$100.00)	\$		\$
	3. POSTAGE	\$		\$
<b>TRAVEL FOR GRANTEE STAFF</b>				
<b>TOTAL MILES</b>				
NO. OF MILES		AMOUNT PER MILE		TOTAL CHARGED
		\$ .56		\$
<b>LODGING</b>				
NO. OF NIGHTS		AMOUNT PER NIGHT		TOTAL CHARGED
		<small>See Procedures and Guidelines Appendix A for amounts</small>		\$
<b>MEALS</b>				
NO. OF MEALS		TOTAL AMOUNT		TOTAL CHARGED
		<small>See Procedures and Guidelines Appendix A for amounts</small>		\$
<b>CATEGORY TOTAL</b>				\$
<b>\$</b>				\$

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**Form D- Itemized Expenditures (continued)**

<b>TRAINING MATERIALS</b>	TYPE OF GOOD/ SERVICE	COST PER UNIT	TOTAL UNITS	TOTAL CHARGED	
	1.	\$		\$	
	2.	\$		\$	
	3.	\$		\$	
	4.	\$		\$	
	<b>CATEGORY TOTAL</b> \$	5.	\$		\$
<b>EQUIPMENT</b>  (Limited to 25% of grant funds requested)	TYPE OF PURCHASE	COST PER UNIT	TOTAL UNITS	TOTAL CHARGED	
	1.	\$		\$	
	2.	\$		\$	
	3.	\$		\$	
	4.	\$		\$	
	TYPE OF RENTAL	COST PER UNIT	TOTAL UNITS	TOTAL CHARGED	
	1.	\$		\$	
	2.	\$		\$	
	<b>CATEGORY TOTAL</b> \$	3.	\$		\$
		4.	\$		\$
	<b>CONTRACTUAL</b> INCLUDE ALL SUBCONTRACTORS AND COSTS  (Limited to 45% of grant funds requested)  <b>CATEGORY TOTAL</b> \$ <b>OTHER</b>  <b>CATEGORY TOTAL</b> \$	CONTRACTOR COMPANY NAME			TOTAL CHARGED
					\$
			\$		
<b>REPORT TOTAL - ALL CATEGORIES</b>			\$		