Periodic Reports Packet

Occupational Safety And Health
Training And Education Grant
2023-2024

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# Reports Schedule and Instructions

## Schedule

Quarterly Reports are due according to this schedule

|  |  |  |  |
| --- | --- | --- | --- |
| Funds Allocated | Begin Quarter | End Quarter | Report Due |
| December 20, 2023 | December 20, 2023 | February 29, 2024 | **March 6, 2024** |
| March 13, 2024 | March 1, 2024 | May 31, 2024 | **June 5, 2024** |
| June 12, 2024 | June 1, 2024 | August 31, 2024 | **September 4, 2024** |
| September 11, 2024 | September 1, 2024 | November 30, 2024 |  |
| ***Final Report and product due to Oregon OSHA***  | **December 4, 2024** |

## Instructions

1. Complete the copy of the Quarterly Detail of Grant expenditures (Form G) and if applicable to your grant, Forms E, F, and H.
2. Attach copies of invoices, bills, canceled checks, etc., that support the incurred expenses. Invoices are needed for all expenditures on Form G.
3. Include a one page synopsis of the grant activities that have occurred that quarter and a description summary indicating if the project is progressing according to plan or whether there are significant changes, delays, or problems with project completion.
4. Final report: when submitting the final quarterly report, follow the above steps 1-4 and include a completed copy of the Financial Summary of Grant Expenditures (Form I).

At the end of the performance period for the grant, you must submit one copy of the final product to Oregon OSHA. These reports may be mailed, emailed, or faxed.

Mailing address:

Matt Kaiser
Training and Education Grants
Oregon OSHA
PO Box 14480
Salem, OR 97309-0405

Email: Matthew.C.KAISER@dcbs.oregon.gov

**Fax:** (503) 947-7461

# Form G – Quarterly Detail of Grant Expenditures

Instructions: Provide actual expenditures in each category for the quarter. Include invoices, receipts, etc., to support expenditures.

Grantee:       Quarter/Year

|  |  |
| --- | --- |
| Administration Salary & Fringe | Category Total $0.00 |
| Line Item Detail |
| Position | Salary Per Week | No. of Weeks | Total Charged |
| 1.       |       |       | $0.00  |
| 2.       |       |       | $0.00  |
| 3.       |       |       | $0.00  |
| 4.       |       |       | $0.00  |
| 5.       |       |       | $0.00  |

|  |  |
| --- | --- |
| Training and Development Personnel Salary & Fringe | Category Total $0.00 |
| Line Item Detail |
| Position | Salary Per Week | No. of Weeks | Total Charged |
| 1.       |       |       |  $0.00  |
| 2.       |       |       |  $0.00  |
| 3.       |       |       |  $0.00  |
| 4.       |       |       |  $0.00  |
| 5.       |       |       |  $0.00  |

|  |  |
| --- | --- |
| Office Supplies | Category Total $0.00 |
| Line Item Detail |
| Type of Supplies | Cost Per Unit | Total Units | Total Charged |
| 1. Printing |       |       |  $0.00 |
| 2. General SuppliesAttach details of items greater than $100.00 |       |       |  $0.00 |
| 3. Postage |       |       |  $0.00 |

|  |  |
| --- | --- |
| Operations and FacilitiesLimited to 20% of Grant Funds Requested | Category Total $0.00 |
| Line Item Detail |
|  | No. of Months | Monthly Amount | Total Charged |
| Rent |       |       |  $0.00 |
| Utilities |       |       |  $0.00 |
| Telephone |       |       |  $0.00 |
| Support Services |
| Type of Service |       |        |
|       |        |
|       |        |
| General Administration |
| Description |       |        |
|       |        |
|       |        |
|       |        |

|  |  |
| --- | --- |
| Travel for Grantee Staff | Category Total $0.00 |
| Line Item Detail |
| Must comply with current per diem/mileage rates found athttps://www.gsa.gov/travel/plan-book/per-diem-rates |
| Mileage | Amount Per Mile |       | Total Charged |
| No. of Miles |       |  $0.00 |
| Lodging  | Amount Per Night |       | Total Charged |
| No. of Nights |       |  $0.00 |
| Meals & Incidentals | M&I  |       | Total Charged |
| No. of Meals |       |  $0.00 |

|  |  |
| --- | --- |
| Training Materials | Category Total $0.00 |
| Line Item Detail |
| Type of Good/ Service | Cost Per Unit | Total Units | Total Charged |
| 1.       |       |       | $0.00 |
| 2.       |       |       | $0.00 |
| 3.       |       |       | $0.00 |
| 4.       |       |       | $0.00 |
| 5.       |       |       | $0.00 |

|  |  |
| --- | --- |
| Equipment(Limited to 20% of grant funds requested) | Category Total $0.00 |
| Line Item Detail |
| Type of Purchase | Cost Per Unit | Total Units | Total Charged |
| 1.       |       |       | $0.00 |
| 2.       |       |       | $0.00 |
| 3.       |       |       | $0.00 |
| 4.       |       |       | $0.00 |
| Type of Rental | Cost Per Unit | Total Units | Total Charged |
| 1.       |       |       | $0.00 |
| 2.       |       |       | $0.00 |
| 3.       |       |       | $0.00 |
| 4.       |       |       | $0.00 |

|  |  |
| --- | --- |
| ContractualInclude All Subcontractors and Costs(Limited to 40% of grant funds requested) | Category Total $0.00 |
| Line Item Detail |
| Contractor Company Name | Total Charged |
|       |       |
|       |       |
|       |       |
|       |       |

|  |  |
| --- | --- |
| Other | Category Total $0.00 |
| Line Item Detail |
| Description | Total Charged |
|       |       |
|       |       |

|  |  |
| --- | --- |
| Report Total - All Categories | $0.00 |

# Form E – Quarterly Record of Individual Training Classes

Instructions: Provide the following detail for each training program conducted.

1. Grantee       2. Quarter/Year

3. Program or activity title       4. Date

5. Training Site

6. Type of Training [ ]  Lecture [ ]  Workshop [ ]  Seminar [ ]  Other

 Person Hours

7. Instruction Hours       X Attendees       = 0 Of Training

8. Attendance

8-1 Participants: Workers       Management/Supervisors       Total 0

8-2 Industry: Type       SIC Code       [ ]  Union [ ]  Non-Union

8-3 Size of Workforce: [ ]  Small (50 or less) [ ]  Medium (51-249) [ ]  Large (250+)
(if specific worksite)

9. Instructors Comments (Attach extra sheets if necessary)

10. Instructor Name(s)

11. Primary Instructor Signature       12. Date

13. Grantee Signature       14. Date

# Form F – Quarterly Training Summary

Instructions: Provide summary of training sessions conducted for every quarter.

Grantee:

|  |  |  |
| --- | --- | --- |
|  | Quarter / Year |  |
|  | Q1/     | Q2/     | Q3/     | Q4/     | Total |
| 1. Training sessions |  |  |  |  |  |
| Lecture |       |       |       |       | 0 |
| Workshop |       |       |       |       | 0 |
| Other (as described on Form E) |       |       |       |       | 0 |
| Total worker training sessions | 0 | 0 | 0 | 0 | 0 |
| 2. Workers trained |  |  |  |  |  |
| Number of workers from small workforce (50 or less) |       |       |       |       | 0 |
| Number of workers from medium workforce (51 - 249) |       |       |       |       | 0 |
| Number of workers from large workforce (250+) |       |       |       |       | 0 |
| Total workers trained |  |  |  |  |  |
| 3. Total workers training hours |       |       |       |       | 0 |
| 4. Management/supervisors |       |       |       |       | 0 |
| 5. Total employers trained |       |       |       |       | 0 |

Comments

Grantee Signature       Date

# Form H – Travel Log

Grantee:       Quarter/Year

Month:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Destination/Purpose of Trip | Driver | Mileage | Meals/Misc. | Lodging |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **Monthly Totals** | **$0.00** | **$0.00** | **$0.00** |

Maximum Allowable Charges must comply with current per diem/mileage rates found at https://www.gsa.gov/travel/plan-book/per-diem-rates

# Form I – Financial Summary of Grant Expenditures

Instructions: Summarize budgeted and actual expenses for all quarters. If budgeted expenses are greater than actual expenses, please remit payment\* for the difference.

Grantee:       Quarter/Year:

|  |  |  |
| --- | --- | --- |
| **Category** | **Budgeted Expenses**  | **Actual Expenses**  |
| 1. Administration Salaries & Fringe Benefits  |        |        |
| 2. Training Development Personnel Salaries & Fringe Benefits  |        |        |
| 3. Office Supplies  |        |        |
| 4. Operations/Facilities  |        |        |
| 5. Travel  |        |        |
| 6. Training Materials  |        |        |
| 7. Equipment  |        |        |
| 8. Contractual  |        |        |
| 9. Other  |        |        |
| **Total**  | **$0.00**  | **$0.00**  |

\*Make check payable to Department of Consumer and Business Services, and mail to Oregon OSHA, DCBS, PO Box 14480, Salem, OR 97309-0405 and email matthew.c.kaiser@dcbs.oregon.gov when a check has been mailed.