

The Commonwealth of Massachusetts  
Executive Office of Labor & Workforce Development  
Department of Industrial Accidents

1 CONGRESS STREET, SUITE 100  
BOSTON, MA 02114-2017



Philip L. Hillman  
Director

WORKPLACE SAFETY  
TRAINING & EDUCATION GRANT PROGRAM  
REQUEST FOR GRANT APPLICATIONS  
FISCAL YEAR 2014

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IMPORTANT: Prior to completing or submitting a Safety Training Grant application, please be sure that you are using the most current version of the application available. Visit <http://www.mass.gov/lwd/workers-compensation/safety> to download the current application or email [safety@dia.state.ma.us](mailto:safety@dia.state.ma.us)

## **ROLLING APPLICATION PROCESS**

Safety Training Grant applications will be accepted beginning May 1, 2013. Companies and organizations are encouraged to apply as soon as possible to have the maximum practical opportunity for funding. The application process is open and **applications will be accepted until MARCH 29, 2014.**

If funding capacity has been met, subsequent applications will continue to be routinely accepted and evaluated. Those that qualify will be placed on a waiting list as funding becomes available.

Strong preference will be given to employers and organizations who demonstrate a compelling program design that addresses an injury history, potential injury or provides a proactive approach to injury prevention.

Timetable for funding is determined by the fiscal year, therefore, **all training must be completed on or before June 30, 2014.**

The Office of Safety reserves the right to only consider submissions that, in our sole judgment, are complete and responsive to the requirements and include all application components.

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**TABLE OF CONTENTS**

Overview.....4

Criteria.....5-6

Exclusions.....7

Application Instructions.....8-9

Contractual Requirements.....10

Application Check Off Summary.....11

Application .....12-13

Organization Description.....14

Needs Assessment .....14

Training Description.....14

Budget Narrative.....15

Budget Summary.....16

In Kind Budget Summary .....17

Memorandum of Understanding (MOU).....18

Copy Rights.....19

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## GRANT OVERVIEW

The prevention of occupational injury and illness is in everyone's best interest. This Grant entitled, "Workplace Safety Training and Education Grant Program" is issued under the provisions of the Massachusetts General Law, Chapter 23E, Section 3, and administered by the Department of Industrial Accidents Office of Safety. The goal of this program is to promote safe and healthy conditions in the workplace through training, education, and other preventative programs, for employees and employers covered by the Massachusetts Workers' Compensation Law, (M.G.L. Ch. 152).

The Department of Industrial Accidents (DIA), through the Office of Safety, is the only State agency in the Commonwealth of Massachusetts whose primary function is to provide financial assistance for the prevention of occupational injury, illness, and death in the workplace.

This grant is charged with funding programs for the education and training of employees and employers in the recognition, avoidance, and prevention of unsafe or unhealthy conditions in the workplace. To fulfill this mandate, the DIA Office of Safety will award funds to eligible applicants.

Applicants must be in full compliance with all obligations to the Department of Unemployment Assistance, Department of Industrial Accidents, and any other obligations to the Commonwealth of Massachusetts

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## GRANT CRITERIA

The Office of Safety will fund programs which target education/training programs for employees and/or employers operating within the Commonwealth of Massachusetts and whose entire staff, including consultants, are covered by the Massachusetts Workers' Compensation Law (M.G.L. Chapter 152). The Office of Safety will verify your current coverage. If you are exempt from Workers' Compensation (e.g. sole proprietorship, DBA, self insured) a letter explaining your exemption must be included in the application. *Applications from entities that are found to be non-compliant with the statute will be removed from consideration.*

- ❖ Periodic review(s) of workers' compensation policies may be made after grant approval to ensure workers' compensation policies are current. If a grantee allows their workers' compensation policy to lapse during the grant cycle, the grant will be suspended or revoked at the discretion of the Office of Safety.
- ❖ Safety training grants are capped at a maximum of \$25,000 and grants will be limited to (1) grant per entity per fiscal year.
- ❖ If your grant includes a train-the-trainer component, which provides continuing education or training beyond completion of the program, participants are required to receive a minimum of two (2) hours of training per participant and present one (1) hour supervised/evaluated training session.
- ❖ Training costs may be submitted on a per person, per class or per hour basis. Hourly rates will be capped at \$75 an hour for trainers and \$125 an hour for doctors. Applicants should review the costs of instruction and related training materials with vendors to ensure the proposed costs are reasonable and effective.
- ❖ Greater weight will be given to all inclusive programs, those that incorporate the cost of all training materials and certifications where practical.

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- ❖ The Office of Safety will examine submissions for cost effectiveness and will be the final determiner in assessing appropriate costs and standards for training and training materials.
- ❖ All costs associated with this grant must be concluded before June 30, 2014. All invoices for services or materials must be received by the Department of Industrial Accidents on or before July 31, 2014
- ❖ Administrative costs will be limited to up to seven (7) percent of the total amount expended and will not be paid until the final report is received, *no later than July 15, 2014*.
- ❖ Vendors, safety training companies and other providers are prohibited from charging a fee or receiving additional compensation for safety training services or materials specifically provided by this grant.
- ❖ The Office of Safety reserves the right to meet with the grant recipient for the purposes of ensuring program compliance.
- ❖ The Office of Safety reserves the right to consider other criteria within the scope of the eligibility requirements in making competitive awards among comparably qualified applicants.

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## GRANT EXCLUSIONS

- ❖ Applications from State Agencies or applications providing training to State Agencies will not be accepted.
- ❖ Programs that re-train employees previously trained by DIA Office of Safety grants on the same topic
- ❖ Travel expenses (hotel, airfare, meals, car rental, tolls, mileage etc.),
- ❖ Employee wages, stipends or fringe benefits.
- ❖ Costs incurred prior to contract approval
- ❖ Training/education of a target audience which does not directly address the avoidance and prevention of unsafe and unhealthy working conditions and practices
- ❖ Seminars that are not considered safety training
- ❖ Programs primarily intended to promote membership in the recipient organization
- ❖ Recruitment costs (outreach to potential companies or trainee attendees)
- ❖ Office space, conference room rentals, utilities, communications, equipment (TVs, DVD players, computers, projectors, etc.) or overhead expenses
- ❖ Online training programs that require online testing, completion or certifications
- ❖ No film production expenses
- ❖ Copying and postage costs
- ❖ Set up & break down

**All of the above expenses may be listed as in-kind contributions and must only be listed on the in-kind budget summary page**

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## APPLICATION INSTRUCTIONS

### PLEASE REVIEW THIS PAGE CAREFULLY AS MANY REQUIREMENTS HAVE CHANGED

The completed grant application 1-9 must be submitted electronically in the attached application format only and submitted to the Office of Safety to the following email address [electronic.safetygrant@dia.state.ma.us](mailto:electronic.safetygrant@dia.state.ma.us)

1. **COMPLETE GRANT APPLICATION** – Please complete in its entirety.
2. **ORGANIZATION DESCRIPTION** - A brief summary and description of your organization, not to exceed one (1) paragraph. Be sure to state how long your organization has been established, the nature of your business, and the number of employees.
3. **NEEDS ASSESSMENT** - Provide a description of the occupational safety and health problem of the target audience. Statistics should be as current as possible. Application should be company specific and should not provide a national scope. Identify and describe the targeted occupation(s) and industries designated for this education/training program. Identify whether the training is new training or retraining for employees.
4. **TRAINING** - Outline the proposed training, and provide a description of written materials, handouts, audiovisuals, training and educational activities, with the type and technique(s) that will be utilized (e.g. train-the-trainer, lecture, hands-on training, participatory exercises, actual demonstrations, slides, videos, etc.) to be used. **DO NOT ATTACH SAMPLES OF MATERIALS AND/OR HANDOUTS.**
5. **COMPLETE BUDGET NARRATIVE.** Detailed written description of how each line item in the Budget Summary will be utilized. The narrative must be clear, concise and specific in identifying the program's purpose, objectives and must coincide with the budget summary.

Comprehensive detail is expected for this section of the Budget Narrative. Identify the number of participants to be trained, the number of training sessions, actual hours of training per participant, anticipated number of participants per session, the number of instructors to be present for each session, training locations, training topic, and length of time per session.

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6. **COMPLETE BUDGET SUMMARY**. This must include the names of all trainers and translators providing service. **Detailed information must be listed on the budget summary format provided in this application only. All other budget summary formats WILL NOT be accepted.**

*\*\* Please note that the Budget Narrative and the Budget Summary are two (2) separate sections. Both must contain detailed information and must coincide. Do not group items together in either budget section (describe different books, videos, DVDs, etc).*

7. **IN KIND BUDGET SUMMARY**, listing contributions not covered by grant funding; ex. training facility, refreshments, employee salaries.
8. **TRAINER QUALIFICATIONS**, when submitting your applications, provide a resume or biographical profile, applicable certifications and licenses for **each** trainer identified for the training team. Credentials should be current and pertain to the training to be provided.
9. **MEMORANDUM OF UNDERSTANDING (MOU)**. The grant applicant (lead partner) and training partner must provide an **MOU** defining the role and responsibilities of each partner organization. This document clearly states the applicant is responsible for administering all aspects of the grant. The training partner provides the required training. The letter must be signed and attested to by an authorizing agent of both organizations. This provision with few exceptions will apply to most applicants.

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## CONTRACTUAL REQUIREMENTS

1. **CONTRACTUAL DOCUMENTS**- Must be fully completed and are required for submission. Original contractual documents and detailed highlighted instructions are available for download from our safety email address [safety@dia.state.ma.us](mailto:safety@dia.state.ma.us) and are included on the forms and terms page of the Comm-PASS document.
  - i. Commonwealth of Massachusetts Standard Contract Form:
  - ii. Commonwealth Terms and Conditions Form:
  - iii. Request for Taxpayer Information Number and Certification
  - iv. Contractor Authorized Signatory Listing:
  - v. Contractor Authorized Signature Verification Form:
  - vi. Commonwealth of Massachusetts Authorization for Electronic Funds Transfer Payments
  
2. **CERTIFICATE OF GOOD STANDING** – A *Certificate of Good Standing* from the Massachusetts Department of Revenue that is less than six months old must be provided. You can obtain the certificate at the DOR website <http://www.mass.gov/dor> and type “Certificate of Good Standing” in the search box.

*Completing the contractual paperwork is intended to expedite the process; it does not signify your application has been approved.*

### THE FOLLOWING CONTRACTUAL DOCUMENTS MUST BE SUBMITTED VIA US POST OR SIMILAR SERVICE TO:

Diane Lentini  
Executive Office of Labor and Workforce Development  
Contracts and Procurement Unit/Finance Department  
19 Staniford Street 5th floor  
Boston, MA 02114  
617-626-5913  
[dlentini@detma.org](mailto:dlentini@detma.org)

If you have questions or need assistance with the contractual portion of the application please contact Diane Lentini at 617-626-5913 or via email [dlentini@detma.org](mailto:dlentini@detma.org)

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## GRANT APPLICATION CHECK OFF SUMMARY

Prepare and submit the application according to the following outline: Grant applications and supporting documents must be submitted electronically as ONE attachment. Multiple attachments and zip files WILL NOT be accepted.

- Grant Application- **All questions must be answered**
- Organization Description, Needs Assessment
- Budget Narrative
- Budget Summary
- In Kind Budget Summary
- Qualifications of training providers
  1. Key Personnel resumes or Biographical Profile
  2. Current certifications and or licenses
- Memorandum of Understanding (MOU)

If you have questions or need assistance with the application please contact The Office Safety;

Maria Pesantes  
Program Coordinator  
617-727-4900 ext. 376

[maria.pesantes@state.ma.us](mailto:maria.pesantes@state.ma.us)

Deven Awalt  
Compliance Officer  
617-727-4900 ext. 268

[deven.awalt@state.ma.us](mailto:deven.awalt@state.ma.us)

Applications must be received electronically via email to the Office of Safety to the following email address:  
[electronic.safetygrant@dia.state.ma.us](mailto:electronic.safetygrant@dia.state.ma.us)

Grant applications **MAY NOT** be considered for evaluation if incomplete

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COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF INDUSTRIAL ACCIDENTS  
OFFICE OF SAFETY  
WORKPLACE SAFETY  
TRAINING & EDUCATION GRANT PROGRAM

ALL QUESTIONS MUST BE COMPLETED and submitted electronically to:  
[electronic.safetygrant@dia.state.ma.us](mailto:electronic.safetygrant@dia.state.ma.us) as part of your online application.

1. Applicant/organization name, program administrator or contact person, address & phone number, email address

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2. Federal Tax ID #

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3. Title of Grant

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4. Project Objectives(s) and Goals

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5. Has your organization ever received DIA grant money in the past 3 years? If yes please explain.

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

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7. Is there a train the trainer component or training that will be provided in languages other than English?

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8. Category, please check all that apply:

\_\_\_\_\_ Municipality

\_\_\_\_\_ Labor Organization/Federation

\_\_\_\_\_ Private Employer

\_\_\_\_\_ Non-profit Organization

\_\_\_\_\_ Trade Association

\_\_\_\_\_ Small Business

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9. Is your company or training provider SOMWBA certified? If yes please specify.

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MBE

WBE

M/WBE

10. Employee Demographics

Total Employees

Total To Be Trained

Total Women

Total Minorities

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

OSHA

Ergonomics

CPR/AED

Injury Prevention

Fire/Electrical

Stress

Asbestos

CTD's

Other

Lead Hazards

Toxins

Right to Know/Hazard Communication

12. Which counties will training take place (*please check all that apply*)

Barnstable

Essex

Middlesex

Suffolk

Berkshire

Franklin

Nantucket

Worcester

Bristol

Hampden

Norfolk

Statewide

Dukes

Hampshire

Plymouth

13. Total Amount Requested

14. Signature (electronic signature is acceptable)

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## **ORGANIZATION DESCRIPTION**

Give a brief summary and description of your organization, not to exceed one (1) paragraph. Be sure to state how long your organization has been established, the nature of your business, and the number of employees.

## **NEEDS ASSESSMENT**

Give a brief description of the occupational safety and health problem of the target audience. Identify and describe the injury history of the targeted occupation(s) or potential safety issues you intend to address in this application.

## **TRAINING / CONTINUING EDUCATION**

Give a brief outline of the proposed training, provide a description of materials being used, training and educational activities with the type and technique(s) that will be utilized (e.g. train-the-trainer, lecture, hands-on training, participatory exercises, actual demonstrations, slides, videos, etc.) to be used.

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## **BUDGET NARRATIVE**

Provide a complete and itemized budget plan (budget narrative). This is a detailed written description of how each line item in the Budget Summary will be utilized. Identify the number of participants to be trained, the number of training sessions, actual hours of training per participant, number of participants per session, the names of all staff, consultants and trainers providing services and number of instructors to be present for each session, training locations, training topic, and length of time per session (min. of 2 hours) . In order to evaluate the cost effectiveness of the program approximate projected class sizes are required. The Office of Safety may require you to explain the reason for classes held with less than projected numbers.

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## **BUDGET SUMMARY**

CONTRACT EXPENDITURES	COST PER PERSON, PER CLASS OR HOURLY RATE	NUMBER OF PERSONS, CLASSES OR HOURLY RATE	TOTAL
NAMES OF TRAINERS			
MATERIAL DESCRIPTION (IE. BOOKS, DVDS ETC)	Cost per Unit	Number of Units	
7% ADMINISTRATIVE COSTS			
<u>MAXIMUM OBLIGATION</u>			

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Contract Expenditures	Hourly/ Unit Rate	Number of Hours	TOTAL

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## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) outlines the agreement between the partners listed below and lists the responsibilities of each.

I am designated as the lead partner and responsible for overseeing all aspects of the implementation of the program. Duties include but are not limited to: determining employee availability for scheduling purposes, providing all related documentation including invoicing and procurement of needed training materials.

I, \_\_\_\_\_ am an authorized representative / grant administrator of

\_\_\_\_\_  
(Applicant Organization/ Lead Partner)

I am designated as a grant partner and responsible for all training aspects as outlined in the grant and will provide related documentation as needed including original training class sign in sheets.

I \_\_\_\_\_ am an authorized representative of \_\_\_\_\_  
(Training Organization)

In signing this agreement all parties will facilitate a close working relationship, and will work collaboratively, establish clearly defined goals, and deliver training to meet the needs of the identified target audience as outlined in the grant application.

Each partner's representative signs and dates the MOU. Signatories must have contractual authority for their organization.

Applicant Organization / Lead Partner Organization Name

Signatory Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training Organization Name

Signatory Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **COPY RIGHT**

Funded programs may be subject to an audit by the State Auditor's Office or authorized officials of the Commonwealth of Massachusetts. All books, records, and other compilations of data pertaining to the performance of the provisions and requirements of the contract to the extent and in such detail as shall properly substantiate claims for payment under the contract, must be maintained for a minimum of 7 years.

All published material, including without limitation, report, manuals, pamphlet, articles, etc., prepared by grant recipients with Office of Safety funds shall be created as a work for hire for the purposes of 17 U.S.C., Sections 101 et seq., and the DIA Office of Safety shall be the sole author and owner of the copyright. The selected applicant may distribute the materials subject to a nontransferable, nonexclusive, revocable license. Any reproduction for distribution of these materials must prominently display on the front cover or in the beginning credits: "This (fact sheet, manual, video, etc.) was funded by the Massachusetts Department of Industrial Accidents, Office of Safety. Copyright ©2013/2014 by the Commonwealth of Massachusetts, Department of Industrial Accidents. The opinions and views expressed herein do not necessarily reflect those of the Massachusetts Department of Industrial Accidents. No reproduction or other use is authorized for this material without the express written approval of the Office of Safety.

At the time of training you are required to acknowledge the Department of Industrial Accidents, Office of Safety as the funding source for the training being provided.

The Office of Safety may institute additional reporting requirements. All lead applicants will be notified of any changes to the reporting requirements.

The Office of Safety reserves the right to suspend or revoke the contract for funding at any time and for any reason.

It is the policy of the government that small, minority and women-owned business enterprises shall have the maximum practicable opportunity to participate in the performance of government contracts.

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