Matthew H. Mead
Governor

State of Wyoming
Department of Workforce Services

DIVISION OF WORKERS' COMPENSATION
RISK MANAGEMENT
1510 East Pershing Boulevard, West Wing
Cheyenne, Wyoming 82002
www.wyomingworkforce.org

John Cox
Director
John Ysebaert
Deputy Director

Workplace Safety Contracts – Safety Improvement Fund
Fiscal Year 2019

This program allows employers to apply for up to $10,000 per fiscal year (July 1 – June 30). The funds must go towards equipment or training to improve safety within the company.

Eligibility Requirements

- The employer must be in good standing with Workers' Compensation and the Secretary of State's office
- All disallowed equipment can be found in the WC Rules & Regulations, Chapter 11, Section 4(f)

Items Needed to Complete the Application

- All pages must be filled out
- Product information for the equipment must be provided OR detailed course information for the training
- Price quotes must be included with the application

Application Instructions

- Complete the application and submit to the Risk Management team via mail or email
    - Once Risk Management has received your application, employers should submit Vendor Management forms to ensure a smooth payment process upon approval
- Applications are reviewed on a quarterly basis; deadlines can be found on the Risk Management website

Contract Process

- Upon approval, the Risk Management team will work with the Attorney General's office to draft the Safety Improvement Fund contract
- Risk Management will keep employers informed of the contract progress, but employers should be prepared to wait 3-5 weeks post-application approval to receive the contract for signature
- Once the contract is fully executed (signed by the Attorney General, signed by the employer and signed by the Department of Workforce services), payment will be issued as soon as possible

Reporting Requirements

- Invoices will be due ninety (90) days post contract execution
- Reporting on injury statistics will be due at three hundred and sixty-five (365) days post contract execution

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Workplace Safety Contracts – Safety Improvement Fund
Application for Equipment

Legal Business Name:		
9-Digit Workers' Compensation Number:		
Street Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:

Primary Contact Information	Legal Signatory Contact Information
First Name:	First Name:
Last Name:	Last Name:
Job Title:	Job Title:
Phone Number:	Phone Number:
Email:	Email:

Industry:
Current number of employees:
Number of employees affected by equipment:

Application Checklist

The following items must be included with your application. Please check off each item to ensure your application is complete.

- ☐ Price quotes or price information for each unique piece of equipment
- ☐ Equipment or product information from the manufacturer for each unique piece of equipment

Equipment Information – Please complete this form for each unique piece of equipment

Equipment Name:
Equipment Make & Model:
Equipment Description:
Is this an equipment replacement? Yes No If yes, please explain:
Does this equipment exceed OSHA or MSHA requirements? Yes No
What current equipment or process is in place? Please explain.
In what way will the new equipment positively affect safety within your company? Please explain.

Equipment Budget

Individual Equipment Cost	
Total Equipment Count	
Total Cost for Equipment (equipment count x equipment cost)	
10% Employer Match	
Potential Contract Amount Not to exceed $10,000	

Application Signature

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I am aware that any false information or intended omissions may subject me or my company to civil or criminal penalties for filing false public records and my result in forfeiture or repayment of any award approved through this program.

Authorized Signature (legal signatory): _____

Printed Name: _____

Job Title: _____

Date: _____

Please mail, email or deliver the application to:

Department of Workforce Services
Workers' Compensation – Risk Management
1510 E. Pershing Blvd.
West Wing
Cheyenne, WY 82002

BusinessRisk@wyo.gov

For Office Use Only	
Date Received:	Total Equipment Cost:
Application Number:	Business Match:
Year/Quarter Reviewed:	Potential Contract Amount:
Approved/Denied:	Total Approved Amount: