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
307-777-8990
http://www.wyomingworkforce.org

John Cox
Director
John Ysebaert
Deputy Director

Fiscal Year 2018

Dear Applicant,

Thank you for your interest in the Workplace Safety Contract Program. Applications will be reviewed on a quarterly basis. The review schedule is as follows:

- 1st Quarter applications will be reviewed the first week of April;
- 2nd Quarter applications will be reviewed the first week of July;
- 3rd Quarter applications will be reviewed the first week of October;
- 4th Quarter applications will be reviewed the first week of January.

Employers are eligible for up to $10,000 per fiscal year; July 1 – June 30. If an application is approved, the contract must be signed prior to July 1 for the current funding cycle. Incomplete applications may be returned or denied. Please provide all requested documentation listed at the end of the application.

Employers must be current on payments to Workers' Compensation and/or Unemployment Insurance for the application to be considered.

Upon approval, the employer will be required to provide reporting as designated in the contract. If the employer chooses to not report, the funding shall be returned to Workers' Compensation.

The Workplace Safety Contracts program will cover equipment or training related to safety only. No health equipment will be considered; other than hearing conservation, respiratory programs, and eye protection which exceeds OSHA requirements.

Sincerely,

Risk Management
businessrisk@wyo.gov

WORKPLACE SAFETY CONTRACT APPLICATION – Training & Equipment

Effective immediately, the program will not providing funding for the following: building and/or property improvements, equipment intended to meet OSHA or MSHA compliance, office interventions, personal protective equipment (unless the employer can demonstrate the PPE exceeds the minimum requirements for OSHA), passive devices (i.e. cameras or security equipment), routine equipment replacements, equipment purchased prior to the contract, equipment that provides the employer with a competitive advantage, ergonomic equipment, earthmoving equipment, skid steer, scissor lifts, forklifts, powered hand tools, standard guard railing systems, AED's.

All denied equipment can be viewed in the WC Rules and Regulations, Chapter 11, Section 4(f).

Legal Business Name: _____

DBA or Doing Business As: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address (if different than above): _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Contact Information:	**Signatory (individual with legal authority to sign the contract)**
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Job Title: _____	Job Title: _____
Phone Number: _____	Phone Number: _____
Email: _____	Email: _____

Current Number of Employees: _____
Business Type: _____
Workers' Compensation Number: _____

For Office Use Only

Post Mark Date:	Total Equipment/Training Cost:
Date Received:	Total Estimated Expenses:
Application Number:	Business Match:
Date Approved/Denied:	Potential Contract Amount:
Auto Approval Y / N	DWS Employee:

TRAINING INFORMATION (Please complete for each unique training)

Beginning Date (Including travel for instructor. Employee travel is not covered)		**Ending Date** (Including travel for instructor. Employee travel is not covered)	

Training Title:

Training Description:

In what way would this training will affect safety within your company? Please explain.

What training is currently in place to ensure employee safety?

How does the requested training go beyond what is normally provided?

Will this training: Enhance safety culture? Reduce injuries?

Number of employees training will affect in performance or job duties: _____

TRAINING BUDGET

Allowable Expenses	**Description of Expenses** (i.e. 20 trainers at $250 each)	**Estimated Amount** (attach price quote)
Registration, Tuition, Class Fees		
Class materials & supplies		
Other Instructor Fees (hired instructors only)		
Air Fare (hired instructors only)		
Hotel (hired instructors only)		
Mileage (hired instructors only)		
	Total Estimated	
	Employer 10% Match	
	Total Amount for Training (not to exceed $10,000)	

EQUIPMENT INFORMATION (Please complete for each unique piece of equipment)

Equipment Name:

Equipment Model:

Equipment Description:

Equipment Manufacturer:

In what way would this equipment affect safety within your company? Please Explain.

What equipment or process is currently in place to ensure employee safety?

How does the requested equipment exceed OSHA or MSHA requirements?

Is this an equipment replacement? Yes No

Number of employees equipment will affect in performance or job duties: _____

EQUIPMENT BUDGET

Equipment Count (Number of pieces of equipment to be purchased)	
Equipment Cost (Per piece, Provide price quote)	
Total Equipment Cost (Equipment count x Equipment cost)	
Business Match (10% of total equipment cost)	
Total Amount for Equipment (Not to exceed $10,000)	

APPLICATION CHECKLIST

The following attachments are required unless otherwise noted:

- ☐ Price quotes for training
- ☐ Proposed curriculum and registration material for training. Must show individual costs.
- ☐ Price quotes for equipment
- ☐ Equipment description(s) from manufacturer(s)

SIGNATURE

I hereby certify that the information on 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 business to civil or criminal penalties for filing false public records and may result in forfeiture or repayment of any award approved through this program.

Authorized Signature (Signatory): _____
Printed Name: _____
Title: _____
Date: _____

Please mail or deliver application to:

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

307-777-5961
BusinessRisk@wyo.gov