



# 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

Matthew H. Mead  
Governor

Fiscal Year 2017

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:

- 1<sup>st</sup> Quarter applications will be reviewed the first week of April;
- 2<sup>nd</sup> Quarter applications will be reviewed the first week of July;
- 3<sup>rd</sup> Quarter applications will be reviewed the first week of October
- 4<sup>th</sup> 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](mailto:businessrisk@wyo.gov)

Revised  
4/2017

We invite you to take our customer service survey by visiting <http://bit.ly/wyworkcomp> or by scanning this code with your smart phone or other mobile device



We Bridge Human  
and Economic  
Development for  
Wyoming's Future.

Risk Management  
Phone 1-307-777-8990

## 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:** [Click here to enter text.](#)

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**DBA or Doing Business As:** [Click here to enter text.](#)

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**Street Address:** [Click here to enter text.](#)

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**City:** [Click here to enter text.](#) **State:** [Click here to enter text.](#) **Zip Code:** [Click here to enter text.](#)

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**Mailing Address (if different than above):** [Click here to enter text.](#)

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**City:** [Click here to enter text.](#) **State:** [Click here to enter text.](#) **Zip Code:** [Click here to enter text.](#)

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<b>Primary Contact Information:</b>	<b>Signatory</b> (individual with legal authority to sign the contract)
Title: <a href="#">Click here to enter text.</a>	Title: <a href="#">Click here to enter text.</a>
First Name: <a href="#">Click here to enter text.</a>	First Name: <a href="#">Click here to enter text.</a>
Last Name: <a href="#">Click here to enter text.</a>	Last Name: <a href="#">Click here to enter text.</a>
Job Title: <a href="#">Click here to enter text.</a>	Job Title: <a href="#">Click here to enter text.</a>
Phone Number: <a href="#">Click here to enter text.</a>	Phone Number: <a href="#">Click here to enter text.</a>
Email: <a href="#">Click here to enter text.</a>	Email: <a href="#">Click here to enter text.</a>

**Current Number of Employees:** [Click here to enter text.](#)

**Business Type:** [Click here to enter text.](#)

<b>For Office Use Only</b>	
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)

<b>Beginning Date</b> (Including travel for instructor. Employee travel is not covered)	Click here to enter a date.	<b>Ending Date</b> (Including travel for instructor. Employee travel is not covered)	Click here to enter a date.
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**Training Title:** Click here to enter text.

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**Training Description:**

Click here to enter text.

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

Click here to enter text.

**What training is currently in place to ensure employee safety?**

Click here to enter text.

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

Click here to enter text.

**Will this training:**

Enhance safety culture?

Reduce injuries?

**Number of employees training will affect in performance or job duties:** Click here to enter text.

**TRAINING BUDGET**

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



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

**Equipment Name:** [Click here to enter text.](#)

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**Equipment Model:** [Click here to enter text.](#)

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**Equipment Description:**

[Click here to enter text.](#)

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**Equipment Manufacturer:** [Click here to enter text.](#)

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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**How does the requested equipment exceed OSHA or MSHA requirements?**

[Click here to enter text.](#)

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**Is this an equipment replacement?** Yes  No

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**Number of employees equipment will affect in performance or job duties:** [Click here to enter text.](#)

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**EQUIPMENT BUDGET**

<b>Equipment Count</b> (Number of pieces of equipment to be purchased)	<a href="#">_Click here to enter text.</a>
<b>Equipment Cost</b> (Per piece, Provide price quote)	<a href="#">Click here to enter text.</a>
<b>Total Equipment Cost</b> (Equipment count x Equipment cost)	<a href="#">Click here to enter text.</a>
<b>Business Match</b> (10% of total equipment cost)	<a href="#">Click here to enter text.</a>
<b>Total Amount for Equipment</b> (Not to exceed \$10,000)	<a href="#">Click here to enter text.</a>



## **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

307-777-6763  
BusinessRisk@wyo.gov

