



MIOSHA Workplace Improvement to Safety and Health Program (*MIWISH*)

Investing \$250,000 in Worker Safety and Health

Application and Instructions

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www.michigan.gov/mioshagrants

Instructions

Your application will be returned to you if any of the following are not included:

- All required answers and requested information listed in the application.
- A signed justification for the project resulting from a safety/health site-specific hazard survey.
- Vendor quotes for equipment to be purchased; quotes must list specific type of equipment, individual costs and quantities.

Introduction

The MIOSHA Workplace Improvement to Safety and Health (MIWISH) Program awards employers in the state of Michigan a dollar-for-dollar match – up to \$5,000 – to qualifying employers for projects designed to reduce the risk of injury and illness to their workers, based on safety and health site-specific hazard surveys. **This is a reimbursement program. Invoices dated prior to the approved contract date are not eligible for this program.** Grants are awarded to employers that best satisfy the MIWISH goals. If the number of qualified applicants exceeds the available funds, applications will be evaluated based on a first-come, first-served policy. Grant awards are limited to one per company.

If your grant is approved, you will be notified via e-mail, of the specific approval. Whether your grant application is approved or not in no way diminishes, delays, or absolves you of any obligation to abate hazards as required by law. No state funds will be distributed until all grant documents are signed by all parties; funds expended before that must not rely on grant approval.

Qualify

To qualify, an employer must meet the following conditions:

- Have 250 employees or less, company-wide.
- Come under the jurisdiction of MIOSHA.
- A qualified safety professional or a safety committee must have conducted a site-specific evaluation justifying the equipment purchase.
- The grant project must be consistent with the recommendations of the safety and/or health evaluation and must directly relate to improvements that will lead to a reduction in the risk of injury or disease to employees.
- The employer must have the knowledge and experience to complete the project and must be committed to its implementation.
- The employer must be able to match the grant money awarded and all estimated project costs must be covered.

Preference will be given to employers in high hazard industries identified in MIOSHA's 2019-2023 Strategic Plan.

Consideration will also be given for projects in other areas not targeted in the Strategic Plan. All projects will be evaluated based on the specific hazards addressed.

The Department of Licensing and Regulatory Affairs (LARA) reserves the right to request additional information, if necessary. Questions may be directed to MIOSHA CET Grants by: telephone at (517) 284-7811; fax to (517) 284-7775; or email at lorishl@michigan.gov.

**Completed application packets should be scanned and e-mailed to:
lorishl@michigan.gov**

Application

All requested information is required.

Company Information

SIGMA Vendor/Company: _____

Company Name: _____

Contact Person: _____

Title: _____

Worksite Address: _____

SIGMA Address ID _____

E-Mail Address: _____

Phone: _____ Fax: _____

NAICS: _____ Type of Business: _____

Go to www.census.gov/eos/www/naics for assistance in determining NAICS codes entries.

Number of Employees Company-Wide: _____

NOTICE TO GRANTEE

To be awarded a grant and receive payment from the State of Michigan, you must be registered as a vendor with the **new SIGMA Vendor Self Service (VSS) payment system**. If you are not currently registered, please do so prior to submitting your application at the link below.

www.michigan.gov/SIGMAVSS

Project Description

A. Detailed project description (“project” means what you want to purchase with your grant money) - Explain what equipment you are buying and why. Explain how it implements the safety and/or health recommendations made in the site-specific hazard evaluation. The description must include all project activities.

B. Technical verification - Explain the MIOSHA regulations, standards or best practices your project will meet.

C. Implementation schedule with all timelines - Explain when you are going to order, receive and install the equipment. You are allowed 120 days from the date of the last signature on the grant agreement to finish your project. Can you meet this deadline? If not, please explain why. *Note: You are required to provide adequate documentation before funds can be reimbursed (i.e., photograph, training resources, receipt of payment, etc.). Please note: **A cancelled check will not be accepted as proof of payment.**

Project participants – Give the name and address of the person(s) who will be primarily responsible for completing this project.

D. Location – Where will the equipment be used?

E. Project benefits – Describe the employees (including number) this project will benefit by reducing or preventing injuries and/or illnesses (job classifications, duties, etc.).

F. Items and costs – Describe the item(s) to be purchased, any correlating training to be conducted, and the cost of each item. You will also need to attach vendor quotes.

Costs

Total grant-eligible costs: _____

Amount requested from state grant:
(Dollar-for-dollar match, up to \$5,000) _____

Amount of employer-matching funds: _____

Amount received from other sources:
(list source and amount) _____

Further Company Information

- Who is your workers' compensation insurance company? _____
- Have you been an employer for at least two years with at least one employee? Yes No
- The company is a: private employer ___ public employer ___
- Who conducted the safety/health site-specific hazard evaluation (circle one answer)? Please attach a project justification along with the handwritten signature of the person who conducted the evaluation.
 1. In-house safety professional
 2. In-house employee safety/health committee (fill in report form and include minutes)
 3. Workers' Compensation insurance carrier recommendation
 4. Private safety/health consultant
 5. Trade Association
 6. MIOSHA Workplace Safety Consultation (Safety/Health Consultant)
 7. Other: _____
- ***Are you financially able to complete the employer-paid portion of the proposed project(s)?*** Yes No

The information contained in this application is accurate and true to the best of my knowledge. I am authorized by my employer to make this request. I agree to implement and maintain the equipment purchased under this grant in accordance with manufacturers recommendations.

Authorized Representative (please print)

Authorized Representative Signature

Title

Date