MIOSHA Workplace Improvement to Safety and Health Program (*MIWISH*) *Investing $500,000 in Worker Safety and Health*

Application and Instructions

530 W. Allegan Street

P. O. Box 30643

Lansing, MI 48909

Phone: (269) 275-7155

Fax: (517) 284-7775

[www.michigan.gov/mioshagrants](http://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.

Previous MIWISH grantees are welcome to apply for a grant after January 1, 2024. This is to encourage new grantees to take advantage of this program.

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 with grant applications related to MIOSHA’s 2024-2028 Strategic Plan, including the high hazard industries identified. In addition, preference will also be given to employers with grant applications related to any current MIOSHA emphasis programs.

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 Labor of Economic Opportunity (LEO) reserves the right to request additional information, if necessary. Questions may be directed to MIOSHA CET Grants by: telephone at (269) 275-7155; fax to (517) 284-7775; or email at LEO-CETGrants@michigan.gov.

**Completed application packets should be scanned and e-mailed to:**

**LEO-CETGrants@michigan.gov**

**Application***All requested information is required.*

**Company Information**

SIGMA Vendor/Customer Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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](http://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 **SIGMA Vendor Self Service (VSS) payment system**. If you are not currently registered, please do so prior to submitting your applicationat the link below.

[**www.michigan.gov/SIGMAVSS**](http://www.michigan.gov/SIGMAVSS)

**Project Description**

1. **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 attached site-specific hazard evaluation. The description must include all project activities.

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

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1. **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.**

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

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1. **Location** – Where will the equipment be used?

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

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1. **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.

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**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)?
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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* A project justification must be attached to your application along with the handwritten signature of the person who conducted the evaluation.**

* 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