



# **Department of Labor & Industries**

# **Safety & Health Investment Projects (SHIP) Grant Application** – **Safety & Health**

**IMPORTANT!**

**Before you begin, please read the
SHIP APPLICATION INSTRUCTIONS MANUAL prior to completing this application. Refer to it when necessary while completing**

**The SHIP Application consists of four parts:**

**Part I – General Information**

**Part II – Budget – Summary and Itemize**

**Part III – Project Description and Work Plan**

**Part IV – Certification and Assurances**

A sample mock application is included in the back of the Instruction Manual to assist you in correctly completing your application.

If you have questions, please contact us:

**Safety & Health Investment Projects**

**Department of Labor & Industries**

**PO Box 44612**

**Olympia WA 98504-4612**

**(360) 902-5588**

**E-mail:** **invest@Lni.wa.gov**

|  |
| --- |
| **Before you submit your application to the SHIP Program, complete the following checklist:** |
| Did you check both Eligibility Guidelines to make sure you and your product qualify? |
| Did you check your math? Totals of all itemized budgeted items must match the amount requested – **to the penny** (no rounding). |
| Did you get all the required signatures? All partners must sign the application.  |
| Have you included resumes? (Attachment A) All relevant team members must submit their resume. |
| Did you include funds for subject matter expertise (SME) in your budget: appropriate Occupational Safety and Health expertise and an ADA Digital Accessibility Specialist? You will need to assure appropriate SME is included.  |
| If relevant, do you have letters of support? (Attachment B) |
| Your application must be clear and easy to understand. Font: Arial. Font size: 11-12.  |
| Please fit the most critical information within the allowable 30 page limit. Resumes and additional background information can be added as attachments. Attachment A: ResumesAttachment B: Letters of SupportAttachment C: Project Description and Work plan supporting documentationAttachment D: Any additional budgetary clarification |
| Please assure the application is complete.  |
| **Note:** Contact the [SHIP Program](#Contactinfo) for any questions you may have. |

**Application Checklist**

**SHIP Safety & Health Application**

## **Part I – General Information**

|  |
| --- |
| 1. **Date of Application:** Click or tap to enter a date.
 |
| 1. Contact Person’s Name:

Click or tap here to enter contact person. |
| Organization:Click or tap here to enter Applicant Organization. |
| Address, City, State, ZipClick or tap here to enter address. |
| Phone:Click or tap here to phone number.FaxClick or tap here to enter text. | EmailClick or tap here to enter text.Website (if any)Click or tap here to enter text. |
| WA State UBI Click or tap here to enter text. | Federal Tax ID Click or tap here to enter text. | IRS No-profit (if applicable)Click or tap here to enter text. |
| 1. **Title of your Proposed Project**

Click or tap here to enter text. |
| 1. **Brief description of your Proposed Project:**

Click or tap here to enter text. |
| 1. **Project Type:** Choose an item.
 |
| **5. Total SHIP Funding Requested (Do not round): $** Click or tap here to enter text. |

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| --- |
| **Are you addressing the occupational safety and health needs of your own employees who are covered by workers’ compensation through the Department of Labor and Industries?** |
| Choose an item. |
| **If YES,** choose Employer under “**Organization Type**” below.  |
| **If NO,** are you addressing the occupational safety and health needs for employers/employees you represent who are covered under L&I’s Workers Compensation? (Business Assoc/Union/etc.)  |
| Choose an item. |
| **If YES**, choose appropriate open under “**Organization Type**” below. |
| **If NO,** to both the above questions, you may need a partner to be eligible (see **Partner** section of the Application Instruction Manual) or contact the [SHIP Program](#Contactinfo). |
| **: (See Eligibility Guidelines in the Instruction manual)** |
| **Legal name of your Organization:** Click or tap here to enter text. |
| **Organization Profile:**Click or tap here to enter text. |
| **Organization Mission/Vision:**Click or tap here to enter text. |
| **Organization’s Achievements: (brief description)**Click or tap here to enter text. |

 **Organization**

Please ensure that the applicant qualification refers to the organization who would **receive the funds and provide the project manager (Managing Partner)**

|  |
| --- |
| **Organization Type** |
| Choose an item. |

**Team Members**

 **Team Members**

List ALL team member who will be contributing to this project, including, \*Project Manager, Trainers, Admin, \*\*Subject Matter Expertise (SME), etc. Partner positions should be included but NOT Subcontractors.

All relevant team members will need to submit their resumes to SHIP.

|  |  |  |
| --- | --- | --- |
| **Name** | **Email** | **Phone** |
| 1. Click or tap here to enter text.
 | Click or tap here to enter text. | Click or tap here to enter text. |
| Role in Project: (Project Mgr/Trainer/Admin/etc.) | **Project Manager** Click or tap here to enter text. |
| Qualification: | Click or tap here to enter text. |
| 1. Click or tap here to enter text.
 | Click or tap here to enter text. |  Click or tap here to enter text. |
| Role in Project: | **ADA Digital Accessibility Specialist** |
| Qualification: | Click or tap here to enter text. |
| 1. Click or tap here to enter text.
 | Click or tap here to enter text. | Click or tap here to enter text. |
| Role in Project: | Click or tap here to enter text. |
| Qualification: | Click or tap here to enter text. |
| 1. Click or tap here to enter text.
 | Click or tap here to enter text. | Click or tap here to enter text. |
| Role in Project: | Click or tap here to enter text. |
| Qualification: | Click or tap here to enter text. |

Add more lines if needed

Please refer to your Instruction Manual-page 11 for more information on Team members.

Resumes should be included as Appendix A to the application.

\*Project Manager - This is the person who will be the main contact for your SHIP Grant Manager.

\*\*Subject Matter Expertise (SME) – SHIP Grant projects should have someone who is an SME on their team to review and assure the final product is compliant with any current Washington State rules and regulations.

**Partners**

See Page 12 of your instruction Manual.

If you have a partner(s), please fill out completely. If you do not have a partner, please go to next page.

|  |
| --- |
| **Company/Organization** |
| 1. Click or tap here to enter text.
 |
| Primary Contact  | Click or tap here to enter text. |
| Role in Project: | Click or tap here to enter text. |
| Company/Organization Profile: (vision/mission) | Click or tap here to enter text. |
| 1. Click or tap here to enter text.
 |
| Primary Contact | Click or tap here to enter text. |
| Role in Project: | Click or tap here to enter text. |
| Company/Organization Profile: (vision/mission) | Click or tap here to enter text. |

**Subcontractor(s)**

See Page 12 of your Instruction Manual

|  |  |
| --- | --- |
| 1. **Name:**
 | Click or tap here to enter text. |
| Role in project: | Click or tap here to enter text. |
| Qualifications: | Click or tap here to enter text. |
| How will you assure their participation? (Contract?) | Click or tap here to enter text. |
| 1. **Name:**
 | Click or tap here to enter text. |
| Role in project: | Click or tap here to enter text. |
| Qualifications: | Click or tap here to enter text. |
| How will you assure their participation? (Contract?) | Click or tap here to enter text. |

Add more lines if necessary

Note: The Project Manager is the liaison between the Subcontractor and the SHIP Grant Manager. Grant Managers will not have any contact with the Subcontractors.

SHIP Grant Manager may request a copy of the final signed contract between you and subcontractor.

|  |
| --- |
| **Location** (choose primary location) |
| Choose an item. |
| **Industry Classification** (choose the top three industries this project will impact) |
| Primary Industry: Choose an item.Secondary Industry: Choose an item.Other industry: Choose an item. |

**Location/Industry to be served**

**Part II – Budget – Summary and Itemized**

**Page 14**

**Budget Summary:**

|  |  |
| --- | --- |
| **Budget Category** | **Amount Requested Do Not Round** |
| A. | Personnel | $ Click or tap here to enter text. |
| B. | Subcontractors | $ Click or tap here to enter text. |
| C. | Travel | $ Click or tap here to enter text. |
| D. | Supplies | $ Click or tap here to enter text. |
| E. | Publications | $Click or tap here to enter text. |
| F. | Other | $ Click or tap here to enter text. |
|  | **Subtotal** | **$** Click or tap here to enter text. |
|  | **\*Indirect** | **$** Click or tap here to enter text. |
| **G.** | **Total Funds Requested** | **$** Click or tap here to enter text. |

***Note:*** *In general, we do not approve indirect/administrative costs* that exceed 10% of the total project costs. However, we may review costs in excess of 10% on a case-by-case basis. Indirect/administrative costs determined to be excessive may result in rejection of this application. If you do not use the Indirect just put $0.

**Itemized Budget:** Breakdown of how SHIP funds will be used.

|  |  |  |
| --- | --- | --- |
| **A. PersonnelName and Title** | **Details** **Percent of time, rate of pay/hr or salary , Percent of Fringe benefit** | **Proposed Expense Amount****Do Not Round** |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | $Click or tap here to enter text. |
| Explanation for rate of pay: Click or tap here to enter text. |
| What knowledge, skill & ability do they bring?Click or tap here to enter text. |
| 2. Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Explanation for rate of pay: Click or tap here to enter text. |
| What knowledge, skill & ability do they bring?Click or tap here to enter text. |
| 3. Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Explanation for rate of pay: Click or tap here to enter text. |
| What knowledge, skill & ability do they bring?Click or tap here to enter text. |
| * What is included in the fringe benefit rate: Click or tap here to enter text.
 |
| 1. **Subtotal**
 | **$**Click or tap here to enter text. |

Resumes should be included as Attachment A

.

|  |  |  |
| --- | --- | --- |
| **B. Subcontractors (if applicable)** **Provide a separate listing for each.** | **Activity they will be participating in** | **Proposed Expense Amount****Do Not Round** |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | $Click or tap here to enter text. |
| How will you assure their participation?Click or tap here to enter text. |
| What significant skills do they contribute to the project?Click or tap here to enter text. |
| 2. Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
| How will you assure their participation?Click or tap here to enter text. |
| What significant skills do they contribute to the project?Click or tap here to enter text. |
| 3. Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
| How will you assure their participation?Click or tap here to enter text. |
| What significant skills do they contribute to the project?Click or tap here to enter text. |
| 1. **Subtotal**
 | **$**Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **C. Travel itemized– WA State per diem rates ONLY****Who is Traveling?** | **Detailswhere and why** | **Proposed Expense Amount****Do Not Round** |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | $Click or tap here to enter text. |
| Justification: Click or tap here to enter text. |
| 2. Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Justification: Click or tap here to enter text. |
| 3. Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Justification: Click or tap here to enter text. |
| 1. Subtotal
 | **$**Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **D. Supplies****itemize by category** | **Detailsfor what purpose** | **Proposed Expense Amount****Do Not Round** |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | $Click or tap here to enter text. |
| Justification: Click or tap here to enter text. |
| 2. Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Justification: Click or tap here to enter text. |
| 3. Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Justification: Click or tap here to enter text. |
| 1. **Subtotal**
 | **$**Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **E. Publications****production and distribution** | **Detailsfor what purpose** | **Proposed Expense Amount****Do Not Round** |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | $Click or tap here to enter text. |
| Justification: Click or tap here to enter text. |
| 2. Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Justification: Click or tap here to enter text. |
| 3. Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Justification: Click or tap here to enter text. |
| 1. Subtotal
 | **$**Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **F. Other (do not include indirect)** | **Details(for what purpose)** | **Proposed Expense Amount****Do Not Round** |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | $Click or tap here to enter text. |
| Justification: Click or tap here to enter text. |
| 2. Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Justification: Click or tap here to enter text. |
| 3. Click or tap here to enter text. | Click or tap here to enter text. | $ Click or tap here to enter text. |
| Justification: Click or tap here to enter text. |
| 1. **Subtotal**
 | **$**Click or tap here to enter text. |

|  |  |
| --- | --- |
| **TOTAL** | **$**Click or tap here to enter text. |
|  **Total Indirect Cost, if applicable (not to exceed 10%)** | **$**Click or tap here to enter text. |
| **G. TOTAL FUNDS REQUESTED** | **$**Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **IN-KIND CONTRIBUTIONS**  | **DETAILS** | **AMOUNT** |
| 1. Click or tap here to enter text.
 | Click or tap here to enter text. | $Click or tap here to enter text. |
| 1. Click or tap here to enter text.
 | Click or tap here to enter text. | $$Click or tap here to enter text. |
| 1. Click or tap here to enter text.
 | Click or tap here to enter text. | $$Click or tap here to enter text. |



**Part III – Project Description and Work Plan**

|  |
| --- |
| **Problem Statement** (tell the problem but be brief):Click or tap here to enter text. |
| **Solution** (how you plan on addressing the problem):Click or tap here to enter text. |
| **Deliverables** (outputs and products)Click or tap here to enter text. |
| **Goals:** (What do you want to accomplish for occupational safety and health?)Click or tap here to enter text. |
| **Objectives:** (Steps you’re going to take to achieve your goals)Click or tap here to enter text. |

**Project Plan**

What is the plan for implementation? What resources will be used?

|  |  |  |  |
| --- | --- | --- | --- |
| **Month**  | **Responsible Person(s)** | **Activities** | **Total Cost** **per milestone – Do not round** |
| Milestone 1 |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. | Milestone 1 total = $ Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. |
| Milestone 2 |
| 4 | Click or tap here to enter text. | Click or tap here to enter text. | Milestone 2 total = $ Click or tap here to enter text. |
| 5 | Click or tap here to enter text. | Click or tap here to enter text. |
| 6 | Click or tap here to enter text. | Click or tap here to enter text. |
| Milestone 3 |
| 7 | Click or tap here to enter text. | Click or tap here to enter text. | Milestone 3 total = $ Click or tap here to enter text. |
| 8 | Click or tap here to enter text. | Click or tap here to enter text. |
| 9 | Click or tap here to enter text. | Click or tap here to enter text. |
| Milestone 4 |
| 10 | Click or tap here to enter text. | Click or tap here to enter text. | Milestone 4 total = $ Click or tap here to enter text. |
| 11 | Click or tap here to enter text. | Click or tap here to enter text. |
| 12 | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  | **Total Cost** (should match requested amount in dollars and cents) | **$** Click or tap here to enter text. |

Add more lines if necessary

**Rationale -**

How is what you are proposing to do/develop (products/videos/training/etc.) similar to what is currently available in the public domain?

Click or tap here to enter text.

How and why did you develop this approach for your project?

Click or tap here to enter text.

**Obstacles -**

What factors could potentially negatively impact your project’s success?

Click or tap here to enter text.

**Outcomes**

* What measurable outcomes will be achieved during the grant period (i.e. short-term outcomes)?

Click or tap here to enter text.

* What are the measurable long-term outcomes of this project?

Click or tap here to enter text.

* How are you going to measure outcomes?

Click or tap here to enter text.

**Additional Information**

|  |
| --- |
| **Investment:**Will your project, or any part of it, be possible without investment from this source?Explain: Click or tap here to enter text. |
| **Outreach Plan:*** Who is your target audience?

Click or tap here to enter text.* What is your plan to reach your target audience? How will they become aware of your project? What activities will you do in order to share information about your project and product?

Click or tap here to enter text.* How will you assure the products usability in the future?

Click or tap here to enter text. |
| **State-wide Benefits:**How might your project benefit other Washington businesses and workers? Click or tap here to enter text. |

## Decorative **Part IV - Certifications and Assurances**

We, the applicant, make the following certifications and assurances as a required element of the application to which this is a part, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of related activity/ies.

We authorize all references, employers (past and present), business and professional associates (past and present), and all governmental agencies and institutions (local, state, or federal) to release to L&I any information, files, or records required for the evaluation of this application.

We certify that all joint applicants and sub-contractors have signed this application.

We understand that L&I will not reimburse us for any costs incurred in the preparation of this application. All applications become the property of L&I, and we claim no proprietary right to the ideas, writings, items or samples unless so stated in the application.

We understand and acknowledge that all products developed as a result of an approved SHIP award belong in the public domain and their dissemination and use shall not be restricted in any way. Such products may not be copyrighted, patented, claimed as trade secrets, or otherwise restricted in any other way. The department retains the right to publish or otherwise disseminate these products as the department in its sole discretion deems appropriate. Such products will be available free of charge through L&I.

In preparing this application, we have not been assisted by any current or former employee of the state of Washington whose duties relate or did relate to this application or prospective SHIP award, and who was assisting in other than his or her official, public capacity. Neither does such person nor any member of his/her immediate family have any financial interest in the outcome of this application.

We agree that submission of the attached application constitutes acceptance of all of the application contents, including but not limited to, procedures, evaluation criteria, requirements, administrative instructions, and other terms and conditions. **If there are any exceptions to these assurances that we would like L&I to consider, we have described those exceptions in detail on a separate page titled Exceptions to Assurances.** L&I is not required to make the requested changes. If selected as an apparent successful applicant, and if after negotiation we cannot agree to award terms with L&I, we agree that L&I can reject this offer.

**Signature of Applicant**

I certify that I am the (title) Click or tap here to enter text.of the (organization name) Click or tap here to enter text.and am authorized to sign and submit this application, along with the agreement that will follow, if funded, on behalf of my organization. The information submitted with this application is accurate and true to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |

**Signature of Joint Applicant/Collaborator**

I certify that I am the (title) Click or tap here to enter text. of the (organization name) Click or tap here to enter text. and am authorized to sign this application on behalf of my organization. The information submitted with this application is accurate and true tot eh best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |

**Signature of Joint Applicant/Collaborator**

I certify that I am the (title) Click or tap here to enter text. of the (organization name) Click or tap here to enter text. and am authorized to sign this application on behalf of my organization. The information submitted with this application is accurate and true tot eh best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print Name: |  |

**Note:** Copy and use additional pages if further signatures are required

**Miscellaneous**

* Include any **Supporting materials** as an attachment to this application such as additional text, photos, video, and audio media that will help explain your proposal (we will not be able to return these to you). Our priority is the application itself. We will review attachments if time allows.
	+ You may also include **Appendices** for reference. Again, our priority is the application. We will review the Appendices if time allows.
* Please include **specific data** that supports the problem your project will solve along with the **source(s)** of the data.
* Please send a digitally signed, by all partners, completed application to INVEST@lni.wa.gov

***NOTE:*** *The application may not exceed 30 pages, appendices and/or attachments will not count towards page count but may not be reviewed as part of the evaluation process* .

**When to apply for a SHIP Award:**

You may apply at any time during the open application period so long as it is prior to the posted deadline. Late applications are not considered.

Submit your fully completed application deadline. We much receive your fully completed application by the deadline. We do not fund incomplete applications.

Please see the **SHIP Application Instructional Booklet** for more complete information on how to fill out this application.

If you need additional assistance, please call the SHIP program at 360-902-5588.