



SHIP
Grant Program

Safety and Health Investment Projects
Lni.wa.gov/SafetyGrants

SHIP GRANT APPLICATION INSTRUCTION MANUAL

Safety and Health

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Washington State Department of
Labor & Industries

IMPORTANT!

Do you **AND** your project qualify?

Before completing the application please review **SHIP Grant Eligibility** (Steps 1 & 2 pages 2-4) to assure your qualifications.

If you have any questions on these criteria and your qualifications, please contact the **SHIP Grant Program**. Contact information can be found on the cover page of the Application.

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Eligibility Guidelines for You/Your Organization

Eligible applicants:

1. An employer covered for workers' compensation through the Washington State Department of Labor and Industries AND addressing the occupational safety and health needs of their OWN workers.
2. A representative organization such as a:
 - a. trade association,
 - b. business association,
 - c. industry association,
 - d. employees association,
 - e. labor union, and/or
 - f. joint labor management group.

The above organization will be addressing the occupational safety and health needs of the employees for the workers/businesses that work in that represented area AND that are primarily covered for workers' compensation through the compensation through the Washington State Department of Labor and Industries.

3. An Educational institution who is working in partnership/collaboration with an organization who meets the criteria in #1 or #2
4. A third party organization (such as a consulting or training organization) who is partnering with an organization that meets the criteria in #1 or #2
5. A self-insured business that is working in partnership with an organization that meets the criteria in #1.

If your organization doesn't fit into one of the above five categories; please contact the SHIP program to discuss eligibility.

NOTE: All products produced, whether by the grantee or a subcontractor to the grantee, as a result of a SHIP grant are in the public domain and cannot be copyrighted, patented, claimed as trade secrets, or otherwise restricted in anyway.

When determining the **type of organization** consider the following:

TYPE OF ORGANIZATION	DESCRIPTION
Trade Association	Organizations that represent businesses/employers in a specific industry
Business Association	Organizations that represent businesses/employers more broadly and may include businesses/employers across multiple industries
Employer	For the purpose of SHIP grants, Employers are those entities that are seeking funding for projects that would benefit their own workplace and employees
Labor Union	Organizations that represent employees – these tend to be industry specific
Employee Organizations	Less formalized organizations that represent a group of employees *employee organizations, associations, cooperatives, and similar groups whose primary purpose is to serve the welfare of employees or to provide services to employees*
Group of Employees	One or more employees from the same employer
Joint Business/ Labor Group	A collaborative group that is both made up of business and labor groups and/or their representatives addressing needs in specific industries
*Other:	Any entity or group that is not seeking to address the needs in their own workplace, industry, trade, etc; or those not seeking to address the needs of their own employees, business or of those they represent.
- Third Party Organizations	Organizations who provide the activities outlined in the proposal as a part of the work they conduct on an ongoing basis (not directed at their own employees): - safety consultation firm - vocational counseling firm
- Educational Institution	University, college, etc.
- Self-insured Employers	Employers who are not covered under the state funded workers compensation system

***Other – If your organization fall under “other” then you will need a partner. Check with SHIP to see if you qualify.**

Generally all organizations that fall under the “**other**” category would need a partner to be eligible.

Others that may benefit from a partnership would be:

- Employee Organizations
- Groups of Employees (would likely need buy off from your employer)

Ideally, all products developed should be able to transfer or be usable by other entities doing similar types of work.

Eligibility Guidelines for Your Project/Product

Is your project designed to reduce occupational safety and health injuries, illnesses, or fatalities in your and similar workplaces?

Does your project

- Develop technical innovations or engineering controls, best practices, or education and training?
- Address specific priorities identified in the Request for Proposal (RFP)
- Foster prevention through cooperation between employers and employees or their representatives

Are there already substantially similar products available to what you are proposing?

- **Are they available in the public domain?**
 - **If there are already substantially similar products available, what is the benefit to engaging in this project?**

Project may not involve the following:

- Funds cannot be used to come into compliance with applicable safety and health or other legal requirements
- Funds cannot include activities that involve lobbying or political activities or the support or opposition or development of legislative or regulatory initiatives.
- Funds should not be utilized for the main purpose of purchasing equipment.

Things to Know Prior to Beginning Your Application

The Application consists of four parts. Read each section carefully. Make sure each line item is completed. Incomplete applications may not be considered for funding. If time allows, they may be returned for your completion.

Before beginning your application it's important to make a **plan**. The following are some things to remember:

- ✓ Read all instructions carefully prior to filling out your app.
- ✓ Get others perspective on your project.
- ✓ Assure the end product focuses on occupational safety and/or health.

Please **be realistic with your budget**. Budgets that are too high or too low may result in the requirement for additional work if your project is deemed to be meritorious of funding and may impact the decision to recommend funding your project.

Things to Know Prior to Beginning Your Application (Cont.)

- **Submitted applications:**

- ✓ Must **completed in full**.

- Incomplete applications may not be processed and applicants will be contacted with information detailing application deficiencies including instructions for re-submission, if available, once the application is complete.
- Incomplete applications received after the application deadline will not be considered.

- ✓ Be submitted as **one file**.

- When possible, attachments should be included as part of the application file.

- If your product included developing and/or delivering training, please provide all notes and written guidance so others can replicate for their own training.
- We prefer you send the application, resumes and all attachments as one file, if possible.

PART I – General Information

Page 1 on Application

Getting Started

Please fill out completely. If you don't know how to answer or have questions please call the SHIP Program.

Begin by completing the checklist page. Then move on to page 1.

1. **Date your application:** The first box is the Applicant Information.
2. **Organization:** In the instance where more than one organization is entering into the project as a “partnership” this section should refer to the organization who will receive the funds and provide the project manager.

Please fill out the entire section.

3. **Title:** This is the exact title you will use throughout the project and for the end product.
4. **Project Description:** Briefly, in a few sentences, describe your project – you can be more detailed further into the application.
5. **Project Type:** Select one of the three project types. If none fit, choose “Other” and briefly explain in the field provided.
6. **Requested Funds:** How much are you asking for, in dollars and cents?

Organization

Qualifications – (please see Eligibility information on Page 2-4)

Please choose yes or no for each question. Read the questions thoroughly.

If you have questions about eligibility please refer to pages 4 and 5 of this booklet. If you still have questions, please contact the SHIP program for clarification on your eligibility.

Legal Name – Use the Legal name of your organization (this section should refer to managing partner of the project and match the organization listed on page 1 of the application.

Profile – Tell us a little about your organization – keep it brief.

Mission/Vision – Describe briefly the mission/vision of your organization.

Achievements – This is optional. If you would like to mention your organizations achievements, briefly describe them here.

Organization Type – Which of the options most describes your organization. If Other, please explain.

Team Members

*List all team members who will be a part of your project, including Admin.

Include **Name**, **Title**, **Email** and **Phone number** of each member. If a position is required but individual has not yet been identified, leave name blank but fill in all other information. A resume will be needed once person is hired.

Note: It may be helpful to include Subject Matter Experts to assure your following Washington State Rules and Regulations.

Role in Project: What role do they play in this project?

Qualifications: For example, what qualifies Sally to be the Project Manager? Explain how their background and experience makes them a good fit.

The Project Manager should be the first person listed. This is the person with the overall responsibility for the project. They are the liaison between the team members and the SHIP Grant Manager. We only allow ONE Project Manager (contact), unless discussed with Grant Manager in advance.

Note: All relevant team members must include a resume. Any new members added/changed during the grant must submit their resume and get preapproval from your grant manager.

PART I – General Information (Cont.)

PAGE 4

Partners

Do you have a Partner(s)? If so, fill out this section completely. If not, move on to Subcontractor section.

If you have a Partner(s):

1. **Name**, Company and Contact for each Partner.
2. **Role and qualification:** What role do they play in this project? What is their part and how will they contribute to the final product?
3. Briefly explain your Partners Organization vision/mission?.

Subcontractors

Do you have a Subcontractor(s)? If so complete this section. If not go to Budget Section.

If you have a Subcontractor(s):

1. List Name, Company and Contact for each Subcontractor.
2. **Role:** What role do they play in this project? What is their part in your project and how will they contribute to the final product?
3. **Participation:** How will you assure their participation? Do you have a contract between you and them? If so, please be sure to send to SHIP.

PART I – General Information (Cont.)

PAGE 6

Location/ Industry to be Served

Choose the **geographic location**, from the drop down list, where your project will have the most impact during the life of the project.

Choose the primary, secondary, and additional **industry classifications**, from the drop down lists, that your project will have the most impact.

PART II – Budget

Page 7 on Application

Budget - General

Following a budget is one of the most critical duties during the life of your project.

Most of this section is self-explanatory. Some things to keep in mind:

- ❖ Be realistic with your requested amount.
- ❖ Do not round. We need dollars AND cents on all amounts.
- ❖ It may be helpful to complete the **Itemized Budget** section before you complete the **Summary** section. Itemized categories (A-F) should total each category (A-F) in the Summary section. Total Funds Requested should also match to the penny.
- ❖ It is now required that you submit ALL DOCUMENTATION of spent funds with your first milestone. Even if you've previously had a grant with us, we still need those documents. We may ask for documentation for each milestone or randomly throughout your project. Always keep all documentation (separated by milestone) and have it available upon request.

If you have any questions at all contact the SHIP Program. (*Contact info on cover page*)

Budget - Summary

The *Budget Summary* (table at the top of page 6 of Application) is a summary of amount requested (Line G.) broken down per category, A-F. It may be helpful to complete the Itemized Budget section first, then put totals on the Summary page.

NOTE: Please read the Note under the Summary Table regarding Indirect Cost. If you have any questions please contact the SHIP Program.

PART II – Budget (Cont.)

Budget - Itemized Budget

The itemized budget is a breakdown of how the SHIP funds will be broken down. Please answer each section for each line item.

Personnel

- For all position listed in the personnel budget, you must:
 - Provide a comprehensive job description including primary duties and qualifications
 - For positions who have an individual already identified, include their **resume** (not to exceed (3) pages)
 - For positions for which a candidate has not yet been identified, a **resume must be submitted to SHIP when the position is filled.**
- A Salary Justification must be included for all positions paid for with SHIP funds
 - Salaries must be commensurate with the duties being performed and not with the job title. For example, if your project wants to use already existing staff to conduct duties at a lower level, for example: Accounting personnel conducting clerical duties for the SHIP project – the salary must be appropriate to the duties being performed
 - Matching job duties with the Washington State Department of Personnel salary schedule is one way to achieve this, but not the only way.
- Fringe benefits rates must be specified for each individual, but the cost of fringe benefits can be included in the salary figures for each position. Simply note what percent of the salary cost is for fringe benefits. A statement as simple as “Salary figure includes X% for fringe benefits.”
 - SHIP grant funds can only pay for the percent of fringe benefits that the individual is working on the grant.
 - For example:
 - If a person makes \$10/hr and has a fringe benefit rate of 33% and will work 100 hours for the project. $\$10 \times 1.33$ (base + fringe) $\times 100\text{hours} = \$1,330$

- OR $\$10 \times 100\text{hrs} \times 1.33 = \$1,330$
- Or if a person makes a salary of \$5000/mo and has a fringe benefit rate of 33% and will work 50% of the time of the project for 8 months. The calculation would be $\$5000 \times 1.33$ (base pay + fringe) $\times 0.5$ (half-time) $\times 8$ months = \$26,600.

The justification portion of the personnel itemized budget includes the following questions to be utilized for each individual.

Explanation for the rate of pay provided for position.	How was rate of pay determined for the position? Provide explanation about how pay is commensurate with the duties that will be performed as part of the project.
What knowledge, skills, and abilities do they provide to the project?	Self-explanatory.

In the application check the box and have the authorized signatory for the managing organization sign where provided to certify that the individuals who have been identified as team members are aware of being named in the grant project proposal at the salary level indicated.

Subcontractors

- Include detailed information outlining the primary activities the subcontractor will conduct and qualifications they must meet in order to be hired to carry out these activities.
- Provide justification for the activities that will be done by subcontractors, along with the reasons it is necessary to use subcontractors. In other words, explain why you cannot perform these tasks and require someone else to do it.
- Include estimates from identified subcontractors to show reviewers how you arrived at the specific costs for the subcontracted work.
 - For subcontractors identified after funding, you must provide their information at the time you make a decision along with a copy of their estimate for work if not already supplied.

The justification portion of the subcontractor itemized budget includes the following questions to be utilized for each subcontractor

Subcontractor (Consultant for educational institutions only)	Subcontractor: Some projects may use one or more subcontractors for various activities within the project. Subcontractors are not considered to be a joint-applicant or partner because they do not <i>direct</i> any activities outside the specific purview of their contract with the grantee. A subcontractor is hired by the grantee to perform a specific function. A subcontractor is a company, organization, or other entity that has expertise in a particular area that the proposed project team lacks. If your project is approved for a SHIP grant, copies of all contracts entered into for work covered by the grant must be available upon request.
How will you assure their participation?	<p>What steps will you take to ensure subcontractors will complete the activities assigned to them as part of this project.</p> <ul style="list-style-type: none"> • If your grant request is approved we will require copies of all contracts covering work to be done by subcontractors on the funded project be available to the SHIP program upon request.
What significant skills do they contribute to the project?	What skills do the subcontractors bring to the project that might otherwise be lacking in the sponsor/partner organizations?

Travel

When developing your travel budget please consider the following:

- Who will be traveling
 - Where
 - For what purpose
 - Type of transportation: car, rental, air (see LINK for mileage allowance)
 - Per Diem (meals and lodging)
 - Please refer to xxxx
 - How many nights will you be staying?
 - What is the allowable cost per night?
 - What are the taxes on that amount?
 - How many meals
 - Will you need to pay for parking
 -
-
- Travel justification includes the reasons why it is necessary to the successful completion of the project.
 - Describe what alternatives to travel you considered and why travel is the best way to accomplish the specific activity requiring the travel.
 - Explain why specific modes of travel are selected over other alternatives.
 - Out-of-State travel will not generally be approved without compelling justification.
- Travel expenses cannot exceed the current per diem and mileage limits as published by the Office of Financial Management, State of Washington.
 - <https://www.ofm.wa.gov/sites/default/files/public/resources/travel/colormap.pdf>
- If you have further questions about this, contact the SHIP program.

Supplies/Equipment

- List costs only for supplies that will be consumed in carrying out project activities. Explain why they are necessary and how they will be used to benefit the project.
- SHIP does not generally support the purchase of durable equipment with SHIP grant funds. Such equipment, if necessary to the project, should be rented or leased and cost effective whenever possible.

Publications

- If your project will publish materials, such as training materials, best practice guides, or other products arising from the project be sure to include reasonable publishing costs.
 - Costs for reproducing and distributing electronic media produced by the project, such as CDs, DVDs, or other media to be used broadly should be included here.

Other

- Other costs are costs that cannot easily fit into the previous budget categories but are directly related to the work of the project. For example, conference fees if you plan

Indirect Costs

- Indirect costs must not exceed 10% of the direct costs of the project

Direct vs. Indirect Costs

<i>Direct Costs</i>	<i>Indirect Costs</i>
Those costs that can be identified specifically with a project or project activity and therefore are charged specifically to that project or activity	Costs incurred for common or joint objectives and therefore cannot be readily and specifically identified with a particular project or activity.

In-Kind Contributions

- What are you or your partners (collaborators) contributing to the project besides listed management or project activities?
- Contributions like office space, telephone access, computer or other equipment use, or other contributions should be listed at their relative value.
 - **Note:** while the relative value of in-kind contributions are listed here as costs, they are not added into the project costs. They are listed for information purposes.

PART III – Project Description and Work Plan

(PDWP) Page 12 in Application

A completed PDWP must be submitted as part of each application. The PDWP should provide reviewers with a thorough understanding of your project. The PDWP will also be used by SHIP program staff in developing project agreements, monitoring project activities, and evaluating your project.

As you develop your PDWP, make sure all your project components connect in a reasonable manner. One way to do this is to think in terms of “**if-then**” relationships. For example, *if* resources are available, *then* project activities can be implemented; or *if* project activities are implemented, *then* project outputs and outcomes can be expected.

When connections between components are not clear or do not exist, you’ll need to address these gaps. This may mean revisiting activities and outputs and making adjustments.

If you have additional points you would like to convey, please do so at the end of this section. Diagrams, tables, charts, flow charts and Gantt charts may also be used to more fully illustrate how different components of your project will link or come together over the life of your project. These should be an additional piece and will not take the place of the framework provided in the application.

Please be sure to address how you will conduct outreach to your target audience both during and after the project

Please review the following PDWP components and use the descriptions and explanations to help you complete your Project Description and Work Plan from the form provided below:

Frame

Application Item	Instructions
<p>Problem Statement</p> <p>“What particular problem or need will your project address?”</p> <p>What is the issue/need to be addressed?</p> <p>How do you know the issue/need exists?</p> <p>What is the industry/target audience need?</p>	<p>Problem statement should include information on the target population. What are the needs/problems of the target population and what are the causes? Provide who, what, when, where, and why?</p> <p>Why is this project needed and how do you know this?</p> <p>What documentation is available to support this – include baseline data that demonstrates the existence of the problem.</p> <p><i>NOTE: The problem or need being addressed should be clearly stated and identifiable within the first few sentences of this section.</i></p>

<p>Solution</p> <p>“What is the approach you will take to address the problem/need identified?”</p>	<p>Should outline what you will do to deal with or end the problem identified in the Problem Statement.</p>
<p>What products will be developed during this project?</p>	<p>Self-explanatory</p>
<p>Goals</p> <p>“What is the impact to occupational safety and health toward which this project is directed?”</p>	<p>The goal of your project should provide the vision of your project and be broad in scope.</p> <p>The goal should address who will be affected and what will change as a result of the project.</p> <p><i>Goals are longer term and broad.</i></p>
<p>Objectives</p> <p>“What will your organization do about the problem?”</p>	<p>Objectives should be:</p> <ul style="list-style-type: none"> • Statements that explain how the project will be accomplished • Implementation steps that support the attainment of project goal(s) • Specific, measureable, attainable, reasonable, and have a defined completion date. • The measurable tasks that will be undertaken in order to realize the goal. <p>Asking the questions below may assist you in developing your objectives?</p> <ul style="list-style-type: none"> • What broad activities need to happen to solve the problem? • What is the direction of change? Or What is the action needed? • If the objectives are implemented, can they be measured? • Who is the target audience? • What is the time frame needed to realistically begin to solve the problem by implementing each objective? <p><i>Objectives are short term and narrow.</i></p>

Project Plan

Timeline (By Month) “ When will you carry out each activity and for how long?”	Provide the activities that will occur during each month of your project. You can add additional months if necessary. These fields will expand as you type. Please be comprehensive.
Responsible People “ Who will do the work?”	Identify who (name of managing partner, supporting partner, subcontractor, etc) is assigned to complete each activity. Ideally, this will be the person who is ultimately responsible for carrying out the activity.
Activities “ What are the specific activities that lead to completion of the objectives that will lead to achievement of stated project outputs and outcomes?”	List all activities by timeframe that are needed to implement your project. Common types of activities are developing products, providing services, and building infrastructure. A complete list of activities provides the basis for understanding what it takes to implement your project.
Total Cost (per quarter)	Provide the cost to conduct the activities for each quarter.
How is what you are proposing to do/develop (products/information/training/etc) similar to what is currently available in the public domain?	Are there products currently available in the public domain that address the needs identified in your problem statement and solution? Has SHIP funded any products or projects that are similar? Have you completed a project that is similar? If yes, how does what you seek to do different from what is already currently available?
How and why was the project approach developed?	Describe what leads you to believe your particular approach will actually solve the problem and achieve the results you want. Explain how you know the target audience will, in fact, benefit from your project.
What factors could potentially negatively impact your project’s success?	Please identify issues, considerations, or circumstances that may affect the project’s ability to progress as planned. These factors may hinder your project’s success.

Outcomes

What measurable outcomes will be achieved during the grant period (i.e. short-term outcomes)?	What are the first steps in seeing the changes you want to see towards meeting your goal(s)?
What are the measurable long-term outcomes of this project?	What is the expected result/changes as your product(s) is used on a consistent basis beyond your initial project period
How are you going to measure outcomes?	How do you plan to measure your outcomes?

WHAT IS AN OUTCOME?

What will **change** about the situation as a result of your project?"

Clarification on Outputs vs. Outcomes

Outcomes are the measurable results of activities associated with change in learning, condition, or action.

- **Outputs** are the direct and measurable **products** of a project's activities; they are often expressed in terms of volume or units delivered.
- **Outcomes** are the **results** or **impact** of the activities. They are directly related to, or feed, accomplishment of the broad goal you stated earlier. Outcomes often represent the results of multiple outputs; each outcome usually corresponds to one or more outputs.
 - Target audience outcomes can be changes in:
 - Learning (new knowledge, increased skill...)
 - Condition (economic, working conditions...)
 - Action (Changed decisions, modified practice or behavior...)
 - Outcomes, expressed as some form of change, are:
 - The *results* or *impacts* that occur because of program activities
 - *Within the scope* of the program's control and timeframe
 - Accepted as *valid* by stakeholders or beneficiaries of the project
 - Phrased in terms of *change*
 - *Measurable* indicators of project success

Short Term Outcomes

First step toward change

Such as:

- New knowledge
- Increased skills
- Changed attitudes

Intermediate Outcomes

Can't happen without the short-term outcomes

Are often:

- Modified behaviors
- Changed practices
- Changed decisions

Long Term Outcomes

Short/intermediate outcomes

For example:

- Number of workers suffering from specific types of injuries, illnesses, or fatalities
- Claims costs
- Exposure to workplace hazards

Additional Information

Page 14 on Application

ADDITIONAL INFORMATION

Investment:

Will your project, or any part of it, be possible without investment from this source?

Without funding, what parts of this project would you be able to accomplish on your own?

Outreach Plan:

Who is your target audience?

Describe what population the project is intended to reach and impact?

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?

Describe how you plan to reach your target audience? What activities or plans do you have to ensure that your target audience will know about your activities and use the products produced?

How will you assure the product's usability in the future?

Describe what you will do to assure the proposed product's long term utility and usefulness in the future beyond the funding period.

Statewide Benefits:

How might your project benefit other Washington businesses and workers?

Self-explanatory

Part IV: Certifications and Assurances

Page 15 on the Application

The application must be signed by all individuals who are party to this application including joint applicants and subcontractors.

The person signing on behalf of the organization on the application also needs to be authorized to sign the agreement.