



Application for Safety Training Grant

Instructions

All sections of the application must be completed. Please type or print clearly. Sections I - IV are required for a complete application.

MOVSC will review your application to approve or deny the grant. Therefore, the information you provide on this application must describe the significance of the problem and the effectiveness of the training requested. Incomplete application forms will be returned. Mail the complete application to the address below, include any additional documentation. Section IV requires signatures, employer's legal name, and principal business location.

Address: Marietta Area Chamber of Commerce
MOVSC Safety Training Grant
100 Front Street, Ste. 200
Marietta, Ohio 45750

Contact us

If you have questions about the application process, please contact Carrie Ankrom via:

Phone: 740-373-5176

E-mail: ankrom@mareittachamber.com

Section I: Employer Information

Name of employer: _____

Doing business as (DBA) name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

County: _____

Employer BWC policy number: _____ Federal Tax ID Number: _____

Employer contact name: _____

Title: _____

Telephone number: _____ Ext. _____

E-mail address: _____



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Section VI: Budget

Step 1: Please provide the proposed budget for the training.

(Note: You may only use the safety training grant to purchase safety training sessions. **You may not use the safety training grant for recouping the cost of any prior and/or ongoing trainings or for rented or leased equipment. In addition, you may not use the safety training grant to pay for salaries, wages, internal labor, or any costs associated with preparing the application. You must make all grant purchases within 90 days after the award date.** Note all itemized expenses associated with the project. Indicate exact costs, do not round figures.

Item	Quantity	Cost	Total

By my signature, I agree to fully comply with the terms and conditions of the program and to use all monies solely for the purposes intended. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and/or, misleading or fraudulent statements made and/or if funds are not used, or are mis-used, misapplied, or misappropriated in any way and/or are used for purchases and/or services not associated with the approved budget and/or itemized proposal submitted.

Name of duly authorized representative (please print) _____

Signature of duly authorized representative _____

Title _____ Employer name _____

BWC Policy Number _____ Date _____