

# MEM SAFETY GRANT APPLICATION

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Information provided in this application will only be used for the purposes of evaluating your safety needs. The information will not be used against you in any way, including determining your company's premium. Please provide accurate and truthful answers to all questions, as MEM's Safety Grant Review Committee needs to have a complete picture of your current conditions, safety concerns and need for the proposed equipment.

**Applicants must remain anonymous to the review committee, so please do NOT include any identifying information on this application. Doing so may result in denial of your application. If you have any questions, contact our Safety and Risk Services Resource and Support Center at [safetygrants@mem-ins.com](mailto:safetygrants@mem-ins.com).**

**1) Provide a brief description of your organization, as well as an overview of current work/projects. Do NOT use your organization name or any identifying information in your description.**

**2) Describe the type of work being performed and describe the safety concerns with your current situation. Give specific examples of the hazards your employees currently face.**

**3) Please include photos/videos of your current conditions or equipment and how your work is currently being done. While it is not mandatory to include photos or video, it is highly recommended. This helps our review committee understand your situation and why you may need the proposed intervention.**

**How many photos/videos would you like to upload to your application?**

Please ensure there is no identifying information visible in your photos/videos. This would include company names on equipment, clothing, etc. Use photos which do not show your company name or ensure the name has been blacked out.

**4) Provide an itemized list and cost for the proposed intervention. Indicate exact costs where possible. A maximum of five items can be listed. If you need more than one of the same item, you will need to add each as a separate line item.**

For example: If applying for five ladders, you would list one ladder as item 1, one ladder as item 2 and so on. Listing "ladder" in the item 1 column and putting the cost of all five in the corresponding cost column is incorrect and could result in denial of the application.

Be very specific here, as only the EXACT items listed here will be eligible for reimbursement if grant is awarded. Please do not include the costs associated with installation, training, labor or warranties as they are not approved expenses for our Safety Grant program.

**Item 1**

Item	Cost
<input type="text"/>	<input type="text"/>

**Item 2**

Item	Cost
<input type="text"/>	<input type="text"/>

**Item 3**

Item	Cost
<input type="text"/>	<input type="text"/>

**Item 4**

Item	Cost
<input type="text"/>	<input type="text"/>

**Item 5**

Item	Cost
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### Grant Request Amounts

Grant requests are matched at a one-to-one ratio. This means if your intervention/equipment costs \$18,000, MEM would reimburse you \$9,000 if awarded the grant. The minimum grant award amount is \$1,000. Therefore, the cost of the intervention must be \$2,000 or greater. If you have questions, contact our Safety and Risk Services Resource and Support Center at [safetygrants@mem-ins.com](mailto:safetygrants@mem-ins.com).

Total cost of intervention (must be a minimum of \$2,000)

Grant request to nearest whole dollar (this will automatically be calculated for you. If the amount in this box is greater than \$10,000, please type over the amount and change to the maximum allowed, which is \$10,000)

### 5) Provide additional details of equipment to be purchased. Include as many of the following as possible: Website links to specific item(s), make/model number(s), brochure(s), data/studies on the impact of implementing the equipment, testimonials, etc.

If you intend to purchase used equipment: You must provide the make/model you intend to purchase and list the specific features and safety capabilities of the intended purchase. Please provide links/photos to equipment currently available. While it is understood the exact equipment may not still be available when the time to purchase arrives, if awarded, only equipment that matches the description requested in the application will be eligible for reimbursement.

Any photos/videos included in this section should be of the proposed new equipment/intervention only.

### 6) If more than one type of item was requested, clarify how each of these items relate to one another and address the same single type of exposure.

**7) Do you have ownership, partnership or any other affiliation with the vendor of the equipment being purchased?**

- No
- Yes, please explain \_\_\_\_\_

**8) Describe how this equipment will decrease hazardous conditions and increase worker safety. Be specific.**

**9) Approximately how often will the proposed equipment be utilized by your employees?**

- Daily
- Weekly
- Monthly
- Yearly

**10) Please provide comments regarding the frequency of use:**

**11) What is the approximate life expectancy of the proposed equipment?**

	0-2 Years	2-5 Years	5+ Years
Item 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12) Please provide reference to validate answers to the above life expectancy questions.**

i.e. links to websites which state this information.

**13) Will implementing the new intervention create a significant new risk/hazard?**

- Yes
- No

**If the new intervention creates a significant new risk/hazard, describe these risks/hazards and how you will mitigate the new hazard.**

i.e. If you are requesting a grant for a boom lift to eliminate the use of ladders, this would introduce the hazard of falls from the new boom lift. We need to know you are aware of the new hazard and your plan to control the hazard.

**14) Describe how the employees will be trained to use the equipment. Include specifics as to who (do not use actual names of anyone employed by your company) will conduct the training as well as when, how and how often the training will occur.**

**15) Will the intervention cause productivity to increase, decrease, or stay the same?**

- Increase
- Decrease
- No change

Provide estimates for how much it will change (e.g., increase of productivity of one more work unit per hour).

**16) Will the intervention cause quality to increase, decrease, or stay the same?**

Quality refers to the level of efficiency the new product or service will help the company achieve. For example, a mounted water cannon will help a fire department extinguish fires more efficiently, while also minimizing the risk of handling the heavy fire hoses.

- Increase
- Decrease
- No change

Provide estimates for how much it will change (e.g., reduce defect count by 10 per 1,000 units).

**17) Indicate the primary cause of injury you are trying to prevent with the proposed equipment.**

You may only select one. If the review committee determines your selection is incorrect, they will select the most appropriate choice prior to finalizing your application score.

- Strain or injury by
- Fall, slip, or trip injury
- Struck or injured by
- Cut, puncture, scrape, injured by
- Motor vehicle
- Striking against or stepping on
- Caught in, under, or between
- Burn or scald - heat or cold exposures - contact with
- Rubbed or abraded by

## Baseline Reporting

For the purpose of the following questions, please provide data between the dates of **July 8, 2017 and July 7, 2019 ONLY**.

Including information outside of this two year window could result in denial of your application.

### 18) Number of claims (directly related to the injury you are trying to prevent) experienced during the reporting period

Identify the number of claims your organization had during the two year window provided above. Only include claims directly related to the injury you are trying to prevent and would have been prevented if the proposed equipment had already been in place/use. For example: If you are applying for fall protection equipment to replace ladder use, you would only list claims related to falls from ladders. You would not include other claims such as motor vehicle crashes or lacerations from equipment use or fall claims which did not pertain to the use of ladders. You may enter a maximum of 30 claims.

### Claims Data

Please use the claim number provided by MEM or your prior carrier. If you do not have a listing of claims, you can get them from your agent for your prior carrier. For MEM claims, please use our website, [www.mem-ins.com](http://www.mem-ins.com), to view a full claims list. For questions on how to access your MEM claim history, please contact our Customer Service Department at 1.800.442.0593. Please be specific as to the injury cause which resulted from the incident. Note: Claims data provided will be validated by MEM. Any claims listed that do not pertain to the proposed equipment will be removed from this portion of the application.

Claim Number	Carrier Name	Date of Injury	RO/MO/LT (Report Only, Medical Only, Lost Time)	Injury Cause	Total Incurred
1	<input type="text"/>	<input type="text"/>	<input type="radio"/> Report Only <input type="radio"/> Medical Only <input type="radio"/> Loss Time Claim	<input type="text"/>	<input type="text"/>

**19) In the area of your organization where the new equipment would be used, describe any near misses that occurred during the reporting period.**

This includes any incidents which occurred or nearly occurred but were not reported or did not result in injury.

**20) If you listed claims above, provide costs for the monetary impact of injuries/illnesses beyond the cost of work comp claims, such as hiring of replacement staff, overtime costs, purchase of equipment, etc.**

This includes things such as hiring of replacement staff, overtime costs, purchase of equipment, etc.

**21) Number of full-time employees directly affected by the proposed intervention.**

**Please read instruction carefully. It is essential this be answered accurately.**

A full-time employee can be counted for every 40 hours worked in a typical week in the area of your organization where the new equipment would be used (e.g., Company X has a total of 6 employees who work half of their work week ~20 hours each in the area of concern. This would equal three full time employees).

Example for determining those directly affected: If you are applying for a boom lift to replace ladders, you would enter the number of full-time employees (using instructions above) who regularly use the ladders you are proposing to replace.

Directly affected by proposed intervention:

**22) Provide an estimate of employee turnover rates in the area of your organization where the new equipment would be used.**

- <5%
- 6-10%
- 11-15%
- 16-20%



- 21-25%
- >26%

## MEASUREMENT AND REPORTING

Learning more about your safety initiatives will help MEM and could increase funding for future safety grants. Claims data for grant recipients will be monitored internally for the two years following the equipment implementation. If at any point you experience a claim in the area in which you implemented the equipment, you will be contacted by our Resource and Support Center with a few brief questions regarding the claim details. Additionally, MEM requires grant recipients to participate in a one year and two year case study. Your Safety and Risk Consultant will be in contact at those times to schedule a visit. The purpose of these visits is to conduct a thorough review of the impact of the safety grant equipment you implemented. We request that you continue to track the employee count, near misses, productivity or quality changes, and employee feedback or morale changes in the area where the grant equipment was implemented for these case studies. If any of the reporting requirements are not complied with, the grant winner will be considered non-compliant and will no longer be eligible to apply for future MEM safety grants.

### 23) Do you understand and agree to these reporting requirements?

You must select YES to proceed with submitting application.

- Yes
- No

### 24) If you would like to include any additional information for our Safety Grant Review committee to consider, please include it here:

### Thank you for your application! Ready to submit? Select "Save and Submit" to submit your application

You will receive an email confirming your application has been accepted for review. If you do not receive an email, contact us immediately at [safetygrants@mem-ins.com](mailto:safetygrants@mem-ins.com) to ensure your application was submitted correctly. If the requested amount is greater than your annual premium, a Safety and Risk consultation will be scheduled to evaluate your operation prior to the review of the application. This evaluation provides the MEM Safety Grant Review Committee with an impartial view of overall safety practices and an evaluation of any proposed interventions. This consultation will in no way affect the anonymity of the application process. If we are unable to conduct the consultation prior to the closing of the application window, your application will not be advanced to

the review committee. If you have any questions, please contact our Safety and Risk Services Resource and Support Center at [safetygrants@mem-ins.com](mailto:safetygrants@mem-ins.com).

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