

## 2018 Loss Prevention Grants Program Round 1

Michigan Counties Workers' Compensation Fund (MCWCF) is accepting applications for the first of two Loss Prevention Grants Program rounds in 2018. Organizations that are members of the MCWCF can receive a grant award to fund innovative loss prevention plans. Approximately **\$15,000** in grant funds will be available for this round. The maximum allowed request is **\$5,000**. Only current MCWCF members may apply. Multiple projects within the same county can be combined.

A committee made up of three MCWCF trustees will review the grant applications.

- Preference will be based upon the specific need or potential impact to the organization, which is not currently being funded through the organization's budget.
- Members are allowed only one grant per grant year. You cannot receive grants in consecutive application rounds. If you received a grant during Round 2 of 2017, you are NOT eligible to apply this round.
- Successful applicants must have a workplace safety committee.
- The grants are reimbursable (funds are disbursed after the equipment is purchased). You must file for reimbursement within 90 days of the date of the letter notifying you of your grant award.

Applications must focus on projects that **protect employee safety in the workplace**. This is a loss prevention program designed specifically to reduce workplace injuries and, thereby, the claims on the MCWCF and its members. If you have any questions about what qualifies as loss prevention and what does not, please contact AJ Hale at CompOne ([ajhale@compone.net](mailto:ajhale@compone.net) or 269-339-1544) **BEFORE** you submit your application.

For general information about applications, contact Derek Melot at [melot@micounties.org](mailto:melot@micounties.org) or 800-258-1152. Grant awards will be announced this spring.

### Email, fax or mail your completed Loss Prevention Grant application to:

MAIL: Michigan Counties Workers' Compensation Fund

Attn: Derek Melot

110 W. Michigan Ave., Ste. 200, Lansing, MI 48933

FAX: 517-482-4599

EMAIL: Send your application (as a .doc, .docx or .pdf) to [melot@micounties.org](mailto:melot@micounties.org)

### DEADLINE:

*Your grant application must be received at our office by **5 p.m. on Feb. 21, 2018.***

### MARKETING/MEDIA

- All recipients will receive a PR template for use with their local media. We ask that you share any coverage or photos taken.
- Recipients of \$3,000 or more will be asked to participate in a "Check Presentation" in their county, with an oversized check provided by MCWCF and with your local legislators. MCWCF will help coordinate scheduling for such events.

## 2018 MEMBER LISTING

- Alger County
- Alpena County
- Antrim County
- Arenac County
- Barry County
- Battle Creek Housing Commission
- Bayanet
- Benzie County
- Benzie Transportation Authority
- Blue Water
- Branch County
- Branch County District Library
- Branch County MCF (Maple Lawn)
- C.C.E. Central Dispatch Authority
- Central U.P. Planning & Development
- C.C.E. Office of Emergency Mgt.
- Cheboygan County
- Chippewa County
- Clinton County
- Crawford County
- Delta Area Transportation Authority
- Delta County
- Delta/Menominee District Health Department
- Dickinson County
- District Health Department #10
- Edwardsburg, Village of
- Emmet County
- Gladwin County
- Gogebic County
- Gogebic Co. Community Mental Health Authority
- Gogebic County Medical Care Facility
- Gogebic County Transit
- Gratiot County
- Huron-Clinton Metroparks
- Interurban Transit Authority
- Ionia County
- Isabella Co. Transportation Commission
- Isabella County
- Isabella County Medical Care Facility
- Kalkaska County
- Kalkaska County Public Transit Authority
- Keweenaw County
- Keweenaw Mountain Lodge
- Lake County
- LifeWays
- Livingston County
- Livingston County Mental Health
- Luce County
- Luce County Ambulance Service
- Mackinac County
- Manistee County
- Manistee County Medical Care Facility
- Marcellus, Village of
- Martha T. Berry Medical Care Facility
- Mason/Oceana Co. Enhanced 9-1-1
- Mecosta County
- Menominee County
- Monroe Housing Commission
- Newaygo County
- Newaygo County Medical Care Facility
- Oceana County
- Ontonagon County
- Osceola County
- Oscoda County
- Otsego County
- Otsego County Commission on Aging
- Otsego Co. Judicial System - 87th District Court
- Otsego County Library
- Presque Isle County
- Roscommon County
- Roscommon County Transportation Authority
- Sanilac County
- Sanilac County Medical Care Facility
- Sanilac County Mental Health Authority
- Sanilac County Transportation Inc.
- Schoolcraft County
- St. Clair Co. Community Mental Health Authority
- Straits Area Narcotics Enforcement (SANE)
- Tuscola County
- Wayland Area EMS
- Wexford County

## Who is eligible for a Loss Prevention Grant?

Organizations and agencies that currently participate in the Michigan Counties Workers' Compensation Fund and are enrolled may apply for a Loss Prevention Grant. All organizations and agencies that are serviced by the MCWCF are listed on the previous page. If your organization or agency is not listed, please contact us to determine eligibility. Each separate organization or agency within a county may apply for a grant.

For more information, please contact Derek Melot at [melot@micounties.org](mailto:melot@micounties.org) or (800) 258-1152.

## Examples of items eligible for a Loss Prevention Grant

1. Ergonomic Enhancements
  - a. Office chairs
  - b. Sit/stand workstations
2. PPE
  - a. Cut-resistant gloves
  - b. Body protection equipment
  - c. Highly reflective outerwear
  - d. Head protection (hard hats, etc.)
  - e. Leg protection (safety leg chaps, etc.)
  - f. Eye and face protection (safety glasses, etc.)
  - g. Footwear (slip resistant, etc.)
3. Manual Material Handling Equipment
  - a. Power trash carts
  - b. Adjustable carts and tables
  - c. Slip sheets
  - d. Stryker Stair Chairs
4. Medical Screening Equipment (*Note: The objective is to support a lifestyle that balances all critical elements — strength, endurance, flexibility and cardiovascular fitness.*)
  - a. Blood pressure monitoring system
  - b. Physical fitness incentives, monetary and paid time off, etc.
  - c. Other wellness-related equipment
5. Heated Sidewalk Mats
6. Employee Safety Awareness Training
  - a. Online resources
7. Department-specific Products
  - a. Catch poles, snares, tongs, traps
  - b. Tasers
  - c. Supplemental products designed to enhance personal and workplace safety: ladder support devices; rooftop hatch ladder extension; personal locator beacons; personal emergency hands-free evacuation lights; patient lifting devices; gravity-inclined dry goods storage; retractable hose and cord reels.

## Requirements for your Loss Prevention Grant application

All applications **must be co-signed** by the ranking administrator of the fund entity (county, CMH, transport authority) AND the chair of its safety committee.

Please note: Only one (1) application will be accepted from *a fund member* in each round.

Members with multiple departments/agencies wishing to receive the grant are advised to follow this procedure:

- Step 1: Solicit proposals from interested departments.
- Step 2: Vet internal proposals.
- Step 3: Identify a single proposal for referral to MCWCF. (This decision could be made by the county administrator or by the member's safety committee.)
- Step 4: Submit the application to MCWCF in accordance with this packet's instructions.

For more information, please contact Derek Melot at [melot@micounties.org](mailto:melot@micounties.org) or (800) 258-1152.

## 2018 Loss Prevention Grant Application

Applicant Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Agency Name: \_\_\_\_\_

Organization/Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Specific amount requested \$ \_\_\_\_\_ Today's Date: (mm/dd/yy) \_\_\_\_\_

Number of employees affected by proposed project: \_\_\_\_\_

**BRIEF description of project:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By completing and submitting this form, I give consent for the Michigan Counties Workers' Compensation Fund to take photographs and give permission for the photos to be published as part of any media notice of the grant program, if I am selected as a grant recipient.*

Signature of administrator: \_\_\_\_\_ Signature of Safety Chair: \_\_\_\_\_

**Please include typed responses to the following questions, on a separate sheet, along with this form.**  
Responses should not exceed three (3) pages.

**You MUST INCLUDE photos and supporting data with the application.** *Please avoid references to your organization's name, landmark, town name or any other identifying descriptors in your answers.*

- Briefly describe the proposed project/plan and what purpose would it accomplish.
- What is the estimated cost of the project? Please include an itemized list, if appropriate.
- Why are outside funds needed?
- Who would benefit from this project?
- How would you determine the success of the project?
- **REMEMBER: Provide photographs to support your request.**
- **Provide list of active Safety Committee Team members.**

***DEADLINE: Your grant application must be received at our office by 5 p.m. Feb. 21, 2018.***



## Loss Prevention Grant Scoring Sheet (EXAMPLE ONLY)

Application # \_\_\_\_\_ (filled in by MCWCF)

Please rank the application on a scale of 0 - 5 for each line item below:

0 = Does not meet criteria

3 = Adequately meets criteria

5 = Exceeds expectations

### Criteria

### Score

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Addresses a workers' compensation specific workplace risk           <ul style="list-style-type: none"> <li>• Directly related to a previous WC claim = 5pts</li> <li>• Proactively documents a potential workplace risk = 3pts</li> </ul> </li> <li>2. Affects a significant number of employees in the workplace           <ul style="list-style-type: none"> <li>• 1-3 employees = 3pts</li> <li>• 4-7 employees = 4pts</li> <li>• 8 or more employees = 5pts</li> </ul> </li> <li>3. Member has an active safety committee           <ul style="list-style-type: none"> <li>• Attached most recent safety committee meeting minutes showing committee has reviewed request and supports</li> <li>• Documented meeting within past 60 days = 5pts</li> <li>• Meeting within past 90 days = 3pts</li> </ul> </li> <li>4. Clarity of the application           <ul style="list-style-type: none"> <li>• Attached itemized quote, cost-effective item(s), preference toward specific request able to substantially be fulfilled by this grant award</li> <li>• Listed date(s) of previous MCWCF grant awards or denials (if applicable)</li> <li>• Preference given to applications that clearly and concisely document specific needs</li> </ul> </li> <li>5. Includes photographs to support the proposed project</li> </ol> | <hr/><br><hr/><br><hr/><br><hr/><br><hr/><br><hr/><br><hr/> |
| <b>TOTAL SCORE (maximum of 25 points possible)</b>  | <hr/><br><hr/>  |

Additional Comments for Consideration:

---

---

---

---

Judge's Initials & Date: \_\_\_\_\_