



**Bureau of Workers'
Compensation**

13430 Yarmouth Drive
Pickerington, OH 43147

Governor **John R. Kasich**
Administrator/CEO **Stephen Buehrer**

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June 19, 2015

Robert Chegan
North Royalton
Royalton Road
North Royalton, OH 44133

Policy number: 31807802
Application number: 470458202

Dear Mr. Robert Chegan:

Congratulations! We have approved North Royalton application requesting \$40,000.00 for the safety intervention item(s) listed below. Your matching amount is \$13,333.36.

- Three power ambulance cots with accessories, Three power load systems, Three mass casualty floor mounts, and Two stair chairs.

You may expect to receive your award within six weeks from the date of this letter. If you enrolled in electronic funds transfer, you may expect direct deposit into the account specified on your vendor information form within six weeks from the date of this letter.

When you **receive your grant funds**, you must complete the action steps as listed below.

- ◇ **Purchase and implement** the approved intervention equipment within 90 days after the date on the grant check or electronic fund transfer (EFT).
- ◇ Forward itemized invoice(s) pertaining to **all approved equipment purchased** showing either "Stamped" Paid in Full or "Typed-Written" Paid in Full within 90 days of receiving BWC grant check or electronic fund transfer (EFT).
- ◇ Contact the BWC Division of Safety & Hygiene consultant who signed your application for a follow-up visit.
- ◇ Submit eight quarterly reports over the course of two years. The first report is due 90 days after implementation of your intervention. Additionally, submit an annual case study and cost benefit analysis due at the end of the first year of quarterly reporting.

Please see the enclosed *Employer Action Steps* for details on the above items.

Employers participating in the BWC SIG program as of July 1, 2013, may be eligible to apply for up to \$40,000 per eligibility cycle as outlined in the grant application. Based on review of your payroll information for the last full year, your eligibility cycle is 3 years. For employers who previously received grant funds, the eligibility cycle will begin on the date of the earliest check date.

After distribution of the grant funds for this request, you have \$ 0 available in your current eligibility cycle.



Section VI: Budget

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

(Note: You may only use the safety intervention grant to purchase ergonomic, safety and/or industrial hygiene equipment. You may not use safety intervention grant for recouping the cost of any prior and/or ongoing interventions or for rented or leased equipment. In addition, you may not use safety intervention grant to pay for salaries, wages, internal labor, or any costs associated with preparing the application. You must make all grant purchases and implement the intervention equipment within 90 days after the date on the BWC grant check or the electronic fund transfer. Note all itemized expenses associated with the project. Indicate exact costs, do not round figures. All budgets MUST have vendor price quotes attached for each individual item.) All discounts and/or equipment trade-ins must be subtracted from the project total prior to determining the grant match.

Table with 4 columns: Item, Quantity, Cost, Total. Rows include Stryker Model G506 Power Pro Ambulance Cot, Dual Wheel Lock, SMRT Charger Mounting Bracket, DC Power Cord, Equipment Hook, Knee + Gatch, XPS Expandable Patient Surface, Steer Lock, Flat head end storage pouch, Padded Backrest Storage Pouches, Cot Compatibility Kit for LOAD, Power LOAD Model G390, Mass Casualty Floor Mount, Installation - Stryker Power Load /Cot System, Ferno Model 59-T EZ Glide Power Traxx, 59-T EZ Glide Head Rest Kit.

Employers must list all discounts and/or trade-in amounts and subtract them from the project total prior to determining the grant match. These must be included on the vendor price quote. Total budget \$144,921.08

Step 2: To determine the grant amount you are requesting, please complete the formula below.

Total amount of project (from table above) A \$144,921.08
Total amount supplied by BWC, (either \$40,000 or less, or remaining funds in eligibility cycle) (A x 3) / 4 = B \$40,000.00
Total amount supplied by the employer A-B \$104,921.08

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

If yes, please explain No

Are you planning to finance your portion of the grant project? Yes [] No [X] If yes, you must provide us with a copy of the loan agreement with your receipt documentation once you receive the grants funds and make your purchase.

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 misused, 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) Eric Dean
Signature of duly authorized representative Eric Dean Date 08/28/15
Title Finance Director
Employer name City of North Royalton BWC Policy 31807802