



CALLING ALL COMPANIES!!!!!!

The Finger Lakes Community College (FLCC) Continuing Education Department is beginning to contact area companies interested in participating in a 2017/2018 New York State DOL Hazard Abatement Board Safety Grant administered through FLCC. The Hazard Abatement Board awards grants for programs that provide occupational safety and health training for public and private employers, labor organizations, educational institutions, non-profit organizations and trade associations. Eligible programs must train and educate workers, supervisors and/or employers and must promote workplace accident and injury prevention. The effective dates of the grant are from 8/1/2017 – 7/31/2018. Safety training, safety assessments, and/or safety program development are eligible to be included.

The DOL HAB grant will cover all instructional costs. **Participants are responsible for employee release time & development costs (if applicable).** This grant funding makes receiving quality safety training truly affordable.

FLCC will be the lead agency (designated as the “grantee”) with FLCC listed as the sole training provider. FLCC will deliver the training on site and will administer any grant-related duties, including all required paperwork. **Please contact FLCC at (585) 785-1906 for further information. The deadline for your participation in this grant is January 4th, 2017.**



Managerial Summary 2017-2018

The Board has identified areas where it believes clarification or emphasis is needed in applications for Occupational Safety and Health Training and Education (OSH T&E) Grants.

1. Small Class Sizes

The Board and staff need to evaluate the cost effectiveness of all programs, and need to know the reason for small class size. The Board and staff encourage class size of at least 12, but recognize there may be legitimate reasons for smaller classes. For classes planned for fewer than 12 attendees per session, per the Training and Grant Management Summary (TGMS), please identify the reason for the smaller class size (especially for multiple small classes on the same topic).

This does not require a detailed explanation. Common reasons for such may include:

- Small Company
- Training topic(s) require small class size
- Cannot have all employees attend at once
- Limited employees need topic of training
- Covering multiple shifts

These may be the most common reasons; however, if you have another reason, please provide a similar brief explanation.

2. Topics Duplicated from Prior Grant

The Board has seen topics duplicated in applications from some entities which are currently grant-funded and/or have had a grant in previous years. Often there is no justification as to why these entities seek a grant for repeated topics. Applicants need to be aware that if training proposals appear to repeat topics for the same target group without justification, those applications will most likely not receive favorable consideration from the Board.

Applicants need to clearly explain if, in fact, the training proposal is for expected new hires or a different target group within the organization. If the proposal course is the same overall topic but is set to build on prior training without duplicating, this also needs to be made clear in the application.



2017/2018 DOL Safety Grant Training

This training is based upon current regulations and as the regulations are updated, so are the courses. We work closely with each company to customize any training course to include company specific information, procedures, written policies, etc. OSHA/Safety classes are delivered on-site at your training facility. The following courses are eligible to be funded by this grant:

Accident Investigation	4 hrs	Lockout/Tagout –	
Aerial Boomlift Safety	4 hrs	Authorized	4 hrs
Asbestos Awareness	2 hrs	Affected	2 hrs
Backhoe Safety	4 hrs	Machine Guarding	2 hrs
Bloodborne Pathogens	2 hrs	Manlift Safety	4 hrs
Confined Space -		Material Handling	4 hrs
Entrant/Attendant	8 hrs	Mobile Crane	8 hrs
Rescue	8 hrs	NFPA70E Electrical Safety	4 hrs
Refresher	4 hrs	OSHA Construction Safety - 10 & 30 hrs	
Crane Safety	8 hrs	OSHA General Industry Outreach – 10 & 30 hrs	
Electrical Safety	varies	Overhead Hoist Safety	2 hrs
Emergency Evacuation	2 hrs	Personal Protective Equipment -	
Emergency Response -		Initial	2 hrs
Technician	24 hrs	Refresher	1 hr
Refresher	8 hrs	RCRA/DOT –	
Ergonomics	2 hrs	Initial	8 hrs
Fall Protection –		Refresher	4 hrs
Initial	8 hrs	Respiratory Protection –	
Refresher	4 hrs	Initial	8 hrs
Fire Extinguisher Safety	2 hrs	Refresher	4 hrs
Fire Watch Safety	2 hrs	Rigging Safety –	
Forklift Safety -		Initial	16 hrs
Initial	8 hrs	Refresher	8 hrs
Recertification	varies	Safety Program Development	varies
Hazard Assessment	8 hrs	Scaffold Safety	
Hazard Communication –		Multiple Use	16 hrs
Supervisors	4 hrs	Single Use	8 hrs
Right to Know	2 hrs	Spill Awareness	2 hrs
Hazardous Waste Training –		Traffic Control	4 hrs
Site Worker Supervisor	40 hrs	Initial	4 hrs
Refresher	8 hrs	Refresher	2 hrs



Hearing Conservation	2 hrs	Trenching & Shoring	16 hrs
Heavy Equipment Safety –	4 hrs	Violence in the Workplace –	
Incident Command	8 hrs	Supervisors	4 hrs
Laboratory Safety	2 hrs	Workers	2 hrs

The following information is needed by ASAP :

- wish list (prioritized) of training needs
- total number of participants to be trained
- number of sessions/classes
- job titles of participants

Course Title	Total # of students	# of sessions	Job titles
Hearing Protection	25	3	Production, maintenance
LOTO Affected	100	10	Plant-wide

Please use the table above (examples provided) as a template for the training you would like included in the grant submission. Please list courses according to priority.

Following are sheets requesting company information. **Please provide information IN THE YELLOW HIGH-LIGHTED areas only.** Please email all information to Andrea Badger. The deadline for receiving this information and being included in the grant submission is January 4th, 2017. If you have any questions or need additional information, please contact Andrea Badger at:

(585) 785-1906
 email: andrea.badger@flcc.edu



**STATE OF NEW YORK HAZARD ABATEMENT BOARD
OCCUPATIONAL SAFETY AND HEALTH TRAINING AND EDUCATION PROGRAM**

GRANT APPLICATION COVER SHEET

1. Applicant Organization:		2. Federal Employer Identification Number:			
Mailing Address of Applicant Organization:					

City, State, Zip:					
Telephone: ()		Fax: ()			
E-Mail Address:					
3. Physical address of Applicant Organization: (If different from mailing address)					

4. NYS Vendor Identification No:					

5. If Not-for-Profit, Charities Registration Number: _ _ - _ _ - _ _					
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> 6. CATEGORY OF APPLICANT <input type="checkbox"/> Private Employer <input type="checkbox"/> Labor Organization or Federation <input type="checkbox"/> Trade Association </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Public Employer <input type="checkbox"/> Joint Labor /Management <input type="checkbox"/> Educational Institution <input type="checkbox"/> Non-Profit Organization Not In Any Other Category </td> </tr> </table>				6. CATEGORY OF APPLICANT <input type="checkbox"/> Private Employer <input type="checkbox"/> Labor Organization or Federation <input type="checkbox"/> Trade Association	<input type="checkbox"/> Public Employer <input type="checkbox"/> Joint Labor /Management <input type="checkbox"/> Educational Institution <input type="checkbox"/> Non-Profit Organization Not In Any Other Category
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7. Total amount of funds requested: \$		8. Location Of Program Operations			
9. Name & Title of Project Director:			Telephone ()		
THE APPLICANT ATTESTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE, TRUE, AND COMPLETE TO THE BEST OF THE APPLICANT'S KNOWLEDGE					
10. Chief Executive Officer or Designee:		Title of Person with Signatory Authority:			
11. Signature:			12. Date		



Instructions For Completing

GRANT APPLICATION COVER SHEET

1. NAME AND STREET... enter the full name of the applicant organization and the complete street address including the zip code.
2. FEDERAL EMPLOYER IDENTIFICATION... enter the nine digit federal identification number assigned to the applicant organization, usually starts with 11 or 13.
3. MAILING ADDRESS... enter the mailing address of your organization, if different from the address entered in Item 1.
4. NYS EMPLOYER REGISTRATION... enter the number issued by the NY State Department of Taxation and Finance to each employer doing business in New York; if your organization has no employees in NY State, enter "N/A" in this item.
5. CHARITIES REGISTRATION... enter the number issued by the NY Department of State or number of exempt status. Private sector employers should enter "N/A" in this item.
6. CATEGORY OF APPLICANT... select the one category that best matches the kind of organization completing the application.

NOTE: A "Joint Labor/Management" proposal must have appropriate supporting documentation appended to the grant application; co-sponsors must be listed in the appropriate item on the "Project Summary" form.

"Non-profit" applies only to applicants which do not fit into any of the other categories for purposes of this grant application.

7. TOTAL FUNDS REQUESTED... the total amount requested in the grant application (round numbers are sufficient).
8. LOCATION OF PROJECT OPERATIONS... enter the city or town in which program administration and project director is centered.
9. PROJECT DIRECTOR... responsible for daily operations and liaison responsibilities with the Department of Labor.
10. CHIEF EXECUTIVE OFFICER OR DESIGNEE... person with designated authority to sign contract.
11. SIGNATURE... original form must have the signature of the Chief Executive Officer or the designee in BLUE INK; photocopies of the original form may be used for the other three copies.
12. DATE... month, date and year form is signed by the Chief Executive Officer or designee.



STATE OF NEW YORK

HAZARD ABATEMENT BOARD

OCCUPATIONAL SAFETY AND HEALTH TRAINING AND EDUCATION PROGRAM

PROJECT SUMMARY

-
1. Write a brief summary of your project goals and the strategies you will use to achieve them; indicate your specific target population(s) for each goal/objective.
(Please limit your response to the space provided; if additional space is needed, use plain white
8 ½"x11" paper limiting your response to no more than 2 pages.)
-

For example:

The goals of this project include increasing employee awareness in the workplace. This will be accomplished through classroom lectures and hands-on training exercises. Chosen topics and targeted audiences were determined upon review of our OSHA 300 logs and upon the recommendation of the company safety committee.

-
2. PLEASE LIST COUNTY OR COUNTIES THAT PROGRAM WILL SERVE
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3. IS THIS PROJECT A JOINT VENTURE? IF SO, INDICATE CO-SPONSOR(S)
-

4. APPLICANT DESCRIPTION (Please indicate total number of employees and web address if available)
-

(Please limit your response to the space provided; if additional space is needed, use plain white
8 ½"x11" paper limiting your response to no more than 2 pages.)



Instructions For Completing The

PROJECT SUMMARY

Statements should be as brief as possible to allow presentation of the entire summary on a single sheet. If more space is required, you may use plain white 8 ½" x 11" paper. A more extensive presentation of goals and objectives, target population, and topics will be required on the "Project Narrative" form (HAB TE-102).

1. GOALS – State the overall aim of the project; if a project has more than one goal, list each as succinctly as possible; for example, "To protect maintenance workers from the harmful effects of occupational asbestos exposure".

OBJECTIVES – List the specific strategies for attaining project goals; for example, "To train workers to recognize work situations with potential asbestos exposure, and to follow accepted work practices using appropriate personal protective equipment".

2. LOCATION – County or counties that program will serve.
3. IS THIS PROJECT A JOINT VENTURE? – Enter the complete name(s) and address(es) of the co-sponsor(s), including mailing address(es) if applicable.
4. APPLICANT DESCRIPTION – Provide a brief summary of your organization, describing the composition and number of employees, the trend in size over the past 5 years, the length of its existence, and the geographic area and type of clientele served. Also, please provide your Company's web site address.



COMPANY COMMITMENT LETTER

(copy onto business letterhead and tweak accordingly)

Date

Company Name and Address

Finger Lakes Community College
3325 Marvin Sands Drive
Canandaigua, NY 14424
Attn: Marcy Lynch, Director of Workforce Development

Dear Marcy:

Your company name would like to thank you for including us in FLCC's 2017/2018 DOL Hazard Abatement Safety Grant submission for funding of educational safety programs for our company to upgrade the safety skills of our current workforce. In this regard, our company commits to the following:

1. To agree to have Finger Lakes Community College (FLCC) deliver all training to employees identified within the grant.
2. To provide FLCC with rent-free space in our plant for the duration of the training.
3. To provide requested equipment, in operating condition, to be used for the training sessions.
4. To pay for release time for our employees during their training.

It is our understanding that funds that we receive from this 2017/2018 DOL Safety Grant will go toward paying for all costs associated with this training program. We also understand that we are to participate in the evaluation of the training program and that all matters dealt within the training program that may be in any way proprietary to our company, will be kept in the strictest confidence by the trainers. Again, thank you for your assistance in the development of this program.

Sincerely,

Signature here

Company Representative



DOL Grant Company Support Letter

(copy onto business letterhead and tweak accordingly)

DATE

Occupational Safety and Health Hazard Abatement Board
New York State Department of Labor
State Office Campus, Building 12 – Room 166
Albany, NY 12240

Dear Sirs:

Your Company Name is pleased to submit this funding request to the Department of Labor Occupational Safety and Health Hazard Abatement Board in response to your Request for Proposal. We would like to participate on the consortia grant project being submitted by Finger Lakes Community College.

Your Company Name is a manufacturer of sheet metal product located in **Your Town, NY**. Our products are installed around the world in a wide variety of industrial applications. Products range from small metal brackets, shelves, cabinets and vent ducts, to large, heavy fabricated pipe, heat exchangers, compressor skids, structural frames, and water filtration components.

Founded in 1974, the company has shown continuous growth over the past 30 years, gradually adding several new products, new customers, and additional production and office space.

The safety training courses we have selected are directly related to our commitment for a safe working environment. We feel these programs will enhance an existing safety program, making it even stronger and raising the standards of this plant which will ultimately not only benefit our workers, but their families and others within the Western New York community.

Sincerely,

Signature here

Company Representative



Training Needs Assessment - 2017/2018 DOL Safety Grant

1. Do you have a safety committee?

(Get contact information for leader)

2. Do you have safety policies and procedures in place?

3. Have you provided safety training in the past?

Topic:

Date:

Topic:

Date:

Topic:

Date:

4. What is your industry classification?

5. What work is performed at your facility?

6. Do you have training facilities to provide training, equipped with enough chairs, table space, and a screen?

7. Have you been provided with prior training on OSHA standards?

a. If no—10 or 30 hour OSHA class may be appropriate

8. Do you work with Hazardous Materials?

a. Are workers potentially exposed to blood or other potentially infectious materials?

b. What classification of chemicals are employees exposed to?

c. How are chemicals stored?

d. How are chemicals used?

9. Do your workers require personal protective equipment?

- a. What type of equipment do your employees wear?
- b. Have they been provided with training?
- c. Are they following procedure?

10. Do you use heavy machinery?

- a. List type of truck/vehicle
- b. Include Material Handling equipment
- c. Do you require training on heavy equipment safety?

11. Do you require training on safe use of scaffolding/ladders?

12. Do you have fire safety programs in place?

- a. Do you have fire extinguishers?
- b. Have all employees been provided with training on proper use?

13. Do you require electrical safety training (electrical hazards in the workplace)?

- a. What level?

14. Do you have emergency procedures in place?

- a. Accident investigation plan?
- b. Emergency evacuation plan?

15. Do you need machine safety training (i.e., lockout/tagout, machine guarding)?

- a. Do your employees use power tools?
- b. Are the employees aware of proper use/storage of the tools?

16. Are your employees trained on proper identification of and the hazards associated with confined spaces? Do you have rescue plans in place?

17. Are your employees required to do manual lifting?

18. Have you had any reported accidents/incidences? Please include the past 3 years accident/incident rate, listing types of accident/incidents reported.

19. How did you determine the target audience and their need for the specified training?