



UTAH LABOR COMMISSION
WORKPLACE SAFETY (WPS) AWARDS APPLICATION
This form should be used ONLY to request funds for
WPS AWARDS & AWARD CONFERENCES
JANUARY – DECEMBER 2024

FUNDING REQUEST FOR WPS AWARDS & AWARD CONFERENCES

(Maximum grant request allowable - \$5,000)

****ATTACH A COPY OF YOUR WPS AWARD CRITERIA WITH THIS APPLICATION**

Company / Agency:	
Address:	
Type of Organization: (Non-Profit, Industry Association, Small Business, Chamber etc.)	
Event Name and Location:	
Date of Event:	
Authorized Representative Name & Title:	
Phone:	Email address:

EVENT SUMMARY

1. Provide a summary of event including purpose and activities:

2. Expected Attendance:

3. Identify the criteria your organization utilizes for identifying recipients of safety awards (attach a copy of your criteria to this document)

Estimated total cost of safety awards:	Total amount of WPS Grant Funds Requested:
Signature of Authorized Representative:	Date: