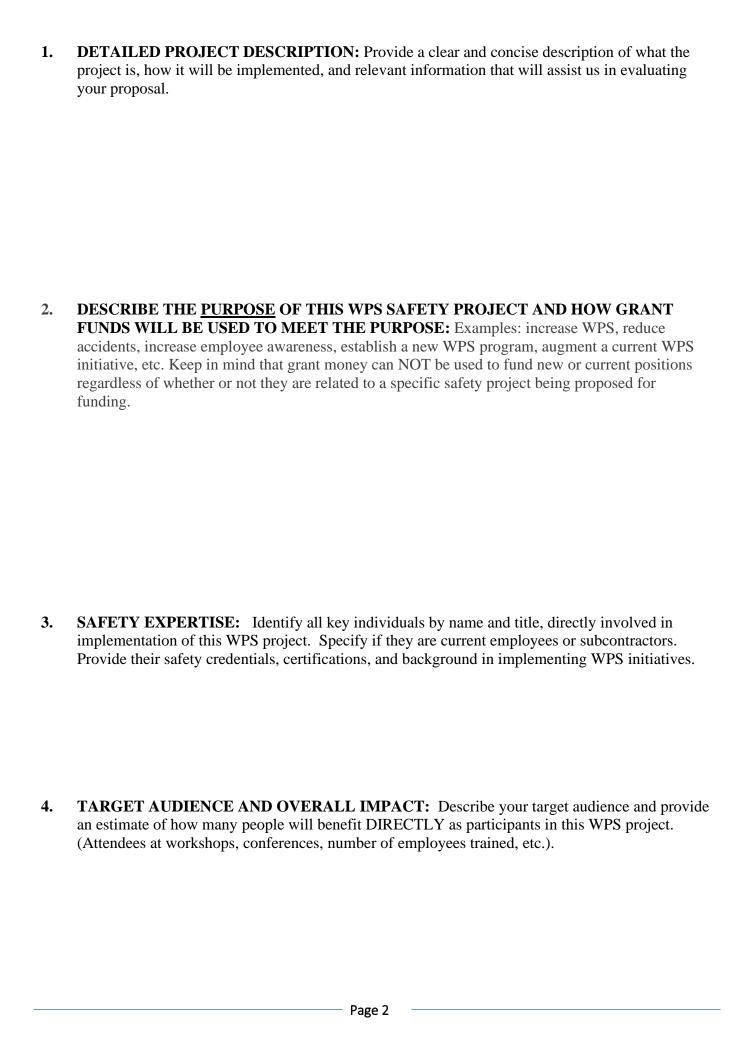


Utah Labor Commission Workplace Safety (WPS) Grant Application

January – December 2024

(Include attachments and supporting documentation)

WPS Grant - Project Summary				
Project Title:				
Company / Agency:				
Address:				
Phone:				
Email address:				
Provide a brief description of your company – (core business)				
PROJECT SUMMARY: (Overview of WPS Project - 1 PARAGRAPH)				
Estimated total cost to	o implement project:	Total amount of WPS Grant Funds Requested:		
Name (print) of authorized representative: Position/Title:				
Signature of Authorized Represent		tative Date		



5.	PROJECT EVALUATION & SUCCESS METRICS: In initiative and successful program implementation will be made and PRE & POST EVALUATION to measure successful outcomes.	easured. Includ	•		
6.	PARTNERSHIPS: Provide information regarding any part resources, encourage participation, or strengthen your ability	-			
7.	DETAILED BUDGET: Table Format – Provide a specific program and explain how funding will be allocated. Include any matching funds.				
8.	Additional Criteria: Please provide a YES or NO answer. Points will not be awarded if the overall WPS project proposal description does not support your yes or no answer. Will this WPS project address reduction of workplace accidents or fatalities in HIGH RISK industry settings or occupations, improve WPS programs for small businesses ((defined as 25 fewer employees)) and/or address LANGUAGE OR CULTURAL BARRIERS that affect Will practices?				
	HIGH RISK INDUSTRIES	YES 🗆	NO 🗆		
	SMALL BUSINESSES	YES 🗆	NO 🗆		
	ADDRESSES NEEDS FOR COMMUNITIES WITH LANGUAGE OR CULTURAL BARRIERS	YES □	NO 🗆		