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Healthcare Workers' Compensation Fund
Proposed Grant Program 2024-2025

CRITICAL DATES

Submissions are to be sent via email or mail to (we encourage electronic completion and email):

Lisa Rawlings

Email -   lrawlings@inspirien.net

Mail -   Healthcare Workers' Compensation Fund

Attention: Lisa Rawlings
509 Oliver Road
Montgomery, Alabama 36117

SUBMISSION AND SELECTION

- January 5, 2024 -   Grant Process Launched
- January 5th,10th, & 11th, 2024 -   Educational Webinars for Grant Applicants
- March 15, 2024 -   Submission Deadline Midnight on March 15
- May 15, 2024 -   Announcement of Winners
- May 15, 2024 -   Initial Payment Issued
- July 15, 2024 -   Project Must Begin

REPORTING

- October 18, 2024 -   Initial Implementation Report
- January 17, 2025 -   Progress Report and Measurement Outcomes Due
- January 31, 2025 -   Final Payment Issued (no later than January 31st)
- July 15, 2025 -   Project Must Be Completed
- July 15, 2025 -   Final Report and Measurement Outcomes Due

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PROGRAM OVERVIEW

The grants will be awarded for projects that improve or implement employee safety or risk reduction initiatives targeted at reducing workers' compensation exposures. The program's objective is to encourage and support Member efforts in developing innovative safety-sensitive projects while mitigating the costs of developing, participating in or enhancing a risk reduction strategy, program or process.

HWCF will award up to $100,000 in Grants. Grants will range up to a maximum of $20,000 per facility and winners will be announced on May 15, 2024. Facilities may only submit one application.

The facility must include a budget for the proposed project. 50% of the funds shall be paid no later than May 15, 2024, and the remaining 50% will be paid after a review of the January 17, 2025, progress report (as outlined in the Grant application package), but no later than January 31, 2025.

An initial implementation report will be due three months after the project start date. Progress reports must be submitted, and outcomes must be measured at six months and one year. HWCF Loss Control Personnel will assist Grant recipients in the reporting process, if needed.

QUALIFICATION CRITERIA

All the following criteria must be met for a proposal to receive consideration for funding:

- The application must include a letter of support from the organization's CEO/Administrator and from senior leadership of each collaborating partner, if applicable.

- The project must be a specific risk reduction initiative with the goal of reducing or minimizing risks related to workplace injuries by reducing occurrences and/or improving employee safety.

- The project will have measurable results. Desired outcomes must be identifiable and measurable. The grant application must include information on how the applying organization plans to measure the results.

- All applicants must be current on their financial obligations to HWCF to be eligible for scoring and at grant payment dates to the member.

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Applicants must meet all eleven (11) items below to qualify for scoring:

- Applicant must be a current member of the Healthcare Workers' Compensation Self Insurance Fund. Members must be current in their financial obligations to HWCF in order to be qualified for scoring and at the time of grant payments to the member.

- Grant application must be received no later March 15, 2024, midnight,

- A specific workplace safety initiative targeted at reducing occurrences and/or improving employee safety is identified.

- The project will have measurable results. The Grant application must include information on how the applying organization plans to measure the results.

- The project must be adaptable for use by other Fund Members.

- Letter of support from CEO/Administrator of applying organization is provided.

- Letter of support from senior leadership level of each collaborating department is provided, if applicable.

- Detailed budget is included.

- Applicant must indicate willingness to share project information/outcomes with others.

- Project coordinator is identified.

- Applicant must acknowledge and agree to submit periodic progress reports on October 18, 2024, January 17, 2025, and July 15, 2025.

EXCLUSIONS

Funds cannot be used:

- To fund new positions or add staff
- For reimbursement of existing purchases or programs
- Member is not current with financial obligations to HWCF at time of scoring and/or time of grant payments

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PROCESS

To request a grant, organizations must complete the related application form. In completing the application, special attention should be paid to the requirements and criteria used in reviewing applications (see attached score sheets). The application must include a letter of support from the organization's CEO/Administrator and from senior leadership of each collaborating department, if applicable. To be eligible for consideration, applicants must submit all required materials, including a proposed budget.

Criteria will be scored by a team of independent reviewers using a competitive scoring process and related score sheets that speak to the criteria bulleted below.

- The problem statement clearly identifies a workplace initiative targeted at reducing occurrences and/or improving employee safety.
- The initiative represents a significant method of reducing workplace accidents.
- The problem/needs statement is supported with baseline data/statistics or evidence to justify the need to address the problem.
- The goal of the project reflects the overall end result of the project.
- Project objectives are realistic and appropriate for the project.
- Project objectives are measurable.
- Specific workplace hazard to be impacted by the project is addressed and appropriate.
- Activities (methods) to achieve objectives are reasonable for accomplishing the goals.
- Needed resources such as materials and personnel to carry out project are described.
- Desired project outcomes are described and represent an improvement in workplace safety which will positively impact liability exposure.
- All collaborating departments are identified, and their role is explained in the project development.
- Project timeline is provided and represents feasible progress toward completion.
- Project is easily adaptable for use by others.
- An appropriate team is identified to accomplish the project.
- Method for evaluation of the project's effectiveness is described. Evidence of data related to project and specific long- and short-term goals to improve processes and outcomes is demonstrated.
- Standard to determine success is stated (compliance rate/improvement in processes or outcomes).
- Leadership support is described to accomplish the project.

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HWCF staff and selected independent reviewers will use a competitive scoring process to review proposals. Organizations will sign an agreement with HWCF to meet goals within the budget outlined in the proposal.

Organizations receiving funds will agree, as a condition of receiving a grant, to:

- Implement activity and program plan as outlined in the proposal and
- Complete a 6 -month outcome report and
- Share project information/outcomes with others

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Applications must be received by midnight March 15, 2024. Grant winners to be announced May 15, 2024.

GENERAL INFORMATION

Name of Organization (must be a Member of HWCF): _____

Address: _____

City: _____   State: _AL_   Zip: _____

CEO/Administrator of applying organization: Project Coordinator:

Name/Title: _____   Name/Title: _____

Phone: _(____)_____   Phone: _(____)_____

Email: _____   Email: _____

STEPS TO SUBMIT A COMPLETE GRANT APPLICATION

1. Complete the application form and proposed project budget and save a copy
2. Obtain the following support documents:
   - Letter of support for your project from your organization's CEO/Administrator or other senior level executive.
   - Letter of support from executive leadership of each collaborating department, if applicable.

MAINTAIN A COPY OF ALL COMPLETED DOCUMENTS FOR YOUR RECORDS.

SUBMISSION CAN BE EITHER EMAILED OR MAILED TO ONE OF THE FOLLOWING:

MAIL COMPLETED APPLICATION AND SUPPLEMENTING DOCUMENTS TO:

Healthcare Workers' Compensation Fund
Attention: Lisa Rawlings, Risk Consultant
509 Oliver Road
Montgomery, Alabama   36117

EMAIL COMPLETED APPLICATION & SUPPLEMENTING DOCUMENTS TO:

lrawlings@inspirien.net

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CERTIFICATION

As a condition of receiving a grant, the applicant agrees to:

1. Implement activity and program plan as outlined in proposal.
2. Complete and submit a progress report on:
   - October 18, 2024
   - January 17, 2025
   - July 15, 2025

I acknowledge and consent to the recording of my/our statements and grant the Healthcare Workers' Compensation Self Insurance Fund and Company's assigns, licensees, and successors the right to copy, reproduce, and use all or a portion of the grant application for all purposes, including advertising, trade, or any commercial purpose throughout the world and in perpetuity. This authorization extends to and includes my/our permission to distribute, display, and reproduce any related video productions resulting from this grant application.

I grant the right to use my/our image, name, and logo in connection with all uses of the Grant Application and waive the right to inspect or approve any use of my/our project and/or related video productions information should we be chosen to receive funding.

For successful applicants, the Chief Executive of the organization will be required to sign the grant application accepting the above terms before the grant is awarded.

Submitted by:

_____   _____

Signature of CEO/Administrator   **Date Submitted**

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PROJECT INFORMATION

1. Amount of grant request: $_____ (Maximum award of $20,000)
2. Total Project Budget: $_____ (This should agree with the Total Expenses and Total Income on detailed Budget Form)
3. List of other sources of funding or in-kind support expected for support of the total project budget:

   Source: _____   Amount: $_____
   Source: _____   Amount: $_____
                                         Total: $_____

4. Project Description(Problem/Needs Statement):

   _____
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5. Goals or Objectives:

   _____
   _____
   _____
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6. Project Development and Timeline:

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7. Expected Outcomes (Project Management):

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8. Team(s)/Department(s) to Accomplish this Project:

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9. Additional Information:

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Organization: _____

Project Description: _____

Proposed Project Budget

EXPENSES

Expense Category	Description	To be paid from grant	In-kind or paid from other sources
Personnel Estimated salaries, wages and fringe benefits for staff time devoted to project		$	$
Travel Transportation, lodging and related expenses		$	$
Consultants		$	$
Supplies & Advertising		$	$
Incentives		$	$
Capital Costs (explain)		$	$
Administrative General/Overhead		$	$
Other (explain)		$	$
TOTAL EXPENSES		$	$

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INCOME

Amount requested from HWCF	$
Financial support from applying organization	$
Value of expected in-kind support from other sources	$
Other:	
Other:	
TOTAL INCOME available for proposed project	$