

JOHN DOE SAMPLE

GRANT APPLICATION & CHECK OFF SUMMARY

Prepare and submit the grant application and supporting documents as **one document** according to the following outline. Multiple attachments and zip files **cannot** be accepted.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED UNLESS ALL REQUESTED DOCUMENTS ARE INCLUDED WITH YOUR SUBMISSION

Grant Application - Submit application as one PDF document. Your application will not be considered if all required information listed in the application is not provided.

Organization Description, Training Goals

Budget Narrative - This should be a detailed written description of your proposed training summary and explain how each line item in the budget summary will be utilized. You must include number of classes, length of classes, number of participants in each class and training provider.

Budget Summary - Names of Trainers must be included in column one description.

Qualifications of training providers - A Resume containing experience, relevant training and current certifications of all Massachusetts key training providers must be provided at the time of submission.

Department of Revenue (DOR) Certificate of Good Standing - The fastest and easiest way to obtain a Certificate is to apply online at <https://mtc.dor.state.ma.us/mtc>. A Certificate of Good Standing less than 6 months old must be provided at the time of submission.

A certificate of Unemployment Insurance Compliance from the Office of Unemployment Insurance. The fastest and easiest way to obtain a DUA Certificate is to apply online at <https://uionline.detma.org/Employer/Core/Login.ASPX>. Self-insured or reimbursable employers can get certificates of compliance from DUA via your UI Online account.

A certificate from Secretary of State's Office WILL NOT be accepted

GRANT APPLICATIONS AND ALL SUPPORTING DOCUMENTS LISTED ABOVE MUST BE SUBMITTED ELECTRONICALLY TO: safety.grant@mass.gov

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS
OFFICE OF SAFETY
WORKPLACE SAFETY
TRAINING & EDUCATION GRANT PROGRAM

COMPANY INFORMATION

1. Applicant/Organization Legal Name:

2. Grant Administrator /Title:

3. Applicant Complete Address:

4. Phone Number:

5. Email Address:

6. Federal Employer Identification Number (FEIN): If consortium grant please include FEIN for all parties.

7. How did you originally hear about this grant program?

8. Has your organization received a Safety Grant contract with the Commonwealth in the past 3 years? If yes please specify.

9. Type of organization ☐ For-Profit ☐ Non-Profit

10. Is your company or training provider SOMWBA certified? If yes please specify.

11. Employee
Demographics

Total
Employees

Total Employees
To Be Trained

12 Hazards to be addressed in application (*please check all that apply*)

<input type="checkbox"/> OSHA	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> CPR/AED
<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Fire/Electrical	<input type="checkbox"/> Stress
<input type="checkbox"/> Asbestos	<input type="checkbox"/> CTD's	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> Lead Hazards	<input type="checkbox"/> Toxins	
<input type="checkbox"/> Right to Know/Hazard Communication		

13. Location Demographics: Which counties will training take place (*please check all that apply*)

<input type="checkbox"/> Barnstable	<input type="checkbox"/> Essex	<input type="checkbox"/> Middlesex	<input type="checkbox"/> Suffolk
<input type="checkbox"/> Berkshire	<input type="checkbox"/> Franklin	<input type="checkbox"/> Nantucket	<input type="checkbox"/> Worcester
<input type="checkbox"/> Bristol	<input type="checkbox"/> Hampden	<input type="checkbox"/> Norfolk	<input type="checkbox"/> Statewide
<input type="checkbox"/> Dukes	<input type="checkbox"/> Hampshire	<input type="checkbox"/> Plymouth	

14. Total Amount Requested

TELL US ABOUT YOUR ORGANIZATION

Briefly describe the nature of the applicant's business including a description of products or services provided. Be sure to state how long your organization has been established and the number of employees.

PLEASE REFER TO THE JOHN DOE SAMPLE TEMPLATE FOR GUIDANCE

WHAT ARE YOUR TRAINING GOALS

Grants are awarded to provide direct workers safety training programs for employers and workers on the recognition, avoidance, and prevention of safety and health hazards in their workplaces. Identify and describe the injury history of the targeted occupation(s) (if any), or preventative safety issues you intend to address in this proposal.

PLEASE REFER TO THE JOHN DOE SAMPLE TEMPLATE FOR GUIDANCE

****Training requested must connect with the work the employee performs**

BUDGET NARRATIVE

Please provide a brief description of the proposed training plan. This should be a detailed written description of how each line item in the budget summary will be utilized

In order to evaluate the cost effectiveness of the program approximate projected class sizes are required

PLEASE REFER TO THE JOHN DOE SAMPLE TEMPLATE FOR GUIDANCE

******Identify the training topic, number of training sessions, number of participants to be trained per class, the name of trainer providing services, number of instructors to be present for each session, cost per class or per person, length of time per class and training location within your budget narrative.

BUDGET SUMMARY

APPLICANT:	
GRANT ADMINISTRATOR NAME:	
COMPLETE ADDRESS:	
PHONE:	
E-MAIL ADDRESS:	

CHOOSE EITHER PER PERSON OR PER CLASS FOR EACH TOPIC

PLEASE REFER TO THE JOHN DOE SAMPLE TEMPLATE FOR GUIDANCE

<u>DESCRIPTION</u>	<u>CONTRACT EXPENDITURE PER PERSON</u>			OR	<u>CONTRACT EXPENDITURE PER CLASS</u>			<u>COST</u>
TRAINING TOPICS & NAME OF TRAINERS <i>(example OSHA/Jim Sullivan)</i>	TOTAL # OF PERSONS	AND	COST PER PERSON		TOTAL # OF CLASSES	AND	COST PER CLASS	TOTAL COST
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
Maximum Obligation up to \$25,000								

Will Turner
10 YORKEY WAY
BOSTON MA 02111
617-555-1212
WILLTURNER@FIVESTAROSHATRaining.COM

Employment

Work Experience:

May 2008 to Present, Five Star Safety Training. Certified Safety & Health Official (CSHO) and OSHA Authorized Outreach Trainer in both Construction and General Industry, MSHA certified, and is recognized for developing and maintaining a “world class” safety culture in the water, wastewater, construction, transportation, mining, and municipal solid waste service industries. David is skilled in training both internal and external customers committed to a team effort of safety and who have a zero tolerance for accident, injuries, and safety failures regardless of their individual position.

November 2005 to January 2008, OSHA Safety Compliance and Teaching, 2097 Fallon Blvd., Palm Bay, FL 32907. Teacher / Inspector (self-employed). Taught 10- and 30-hour OSHA Construction Outreach Programs. Conducted on-site training and certification for Permit-Required Confined-Space Entrant / Attendant, Powered Industrial Truck Operator, Rough Terrain Aerial Platform, and NESC safety guidelines for electrical transmission and distribution systems. As a consultant, I set up an OSHA-compliant record system.

Education

B.S. Occupational Health & Safety, West Clayton University, Humble, TX, 06/22/08.

OSHA - 500 Train the Trainer Construction Safety Training Outreach Program, #07-MA-0633, 12/21/2011.

OSHA - 501 Train the Trainer General Industry Outreach Training Program, #07-MA-0633, 07/16/20017.

OSHA Safety Program Management Certificate, Mid-America OSHA Education Center, June 8, 2008
ISO 14001, DOT, OSHA 18001, Environmental, Health and Safety Training, #10914100887.

OSHA - 30-Hour Construction Industry Outreach Training Program, #600179131.

OSHA- 30-Hour General Industry Outreach Training Program, Certificate #953468.

OSHA - 10-Hour Construction Industry Outreach Training Program, #001535598.

OSHA - 24-Hour Hazwoper Training Program, Certificate #771826.



OSHA
U.S. Department of Labor
Midwest OSHA Education Center

G 0063731

1-800-592-9004

This card acknowledges that the recipient has successfully
completed the required training to be designated as an
OSHA Authorized General Industry Trainer

WILL TURNER

Completion of this course authorizes the trainer to conduct 10- and 30-hour
General Industry courses in accordance with Outreach Training Program requirements.

Henry E. Payne

Director, Directorate of Training and Education

10 / 10 / 2022

Expiration Date _____

Community Forklift Academy
10 Ballard Road
Watertown, MA 01843
855-285-8978



Jack Sparrow
Owner/Operator Community Forklift Academy

Biography:

Jack Sparrow has owned Community Forklift Academy since 2006 after years of working in the safety industry at Hanscom Air Force Base. He came to us with 25+ years experience as an engineering equipment operator.

To date, he has provided Forklift training to nearly 1,000 customers. His experience as a Safety and Occupational Health Specialist allows him to answer the multitude of inquiries he receives from safety officers looking to enrich their safety programs.

Credentials and Qualifications:

- Class 'A' COL with all endorsements
- Transportation Worker Identification Credential (TWIC card)
- OSHA 500 General Construction Industry Safety & Health Standards 30 Hr course
- Fluor Health, Safety & Environmental HSE Leadership Train The Trainer
- USAF, Crane Inspection-Certification
- Northeast Tractor Trailer School
- USAF, Supervisor safety training
- USAF, Operational Risk Management Level1
- OSHA Compliance Course
- Management Skills for New Supervisors



MARK E. NUNNELLY, COMMISSIONER
CHARLENE HANNAFORD, ACTING DEPUTY COMMISSIONER

CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

The Commissioner of Revenue certifies as of the above date, that the above named individual or entity is in compliance with its tax obligations payable under M.G.L. c. 62C, including corporation excise, sales and use taxes, sales tax on meals, withholding taxes, room occupancy excise and personal income taxes, with the following exceptions.

This Certificate certifies that individual taxpayers are in compliance with income tax obligations and any sales and use taxes, sales tax on meals, withholding taxes, and/or room occupancy taxes related to a sole proprietorship. Persons deemed responsible for the payment of these taxes on behalf of a corporation, partnership or other business entity may not use our automated process to obtain a Certificate.

This Certificate does not certify that the entity's standing as to taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law. Taxpayers required to collect or remit the following taxes must submit a separate request to certify compliance: Alcoholic Beverage Excise, Cigarette Excise, Sales Tax on Boats, International Fuels Tax Agreement, Smokeless Tobacco or Ferry Embarkation.

THIS IS NOT A WAIVER OF LIEN ISSUED UNDER GENERAL LAWS, CHAPTER 62C, SECTION 52.

Very truly yours

A handwritten signature in black ink, appearing to read "Charlene Hannaford", written in a cursive style.

Charlene Hannaford, Acting Deputy Commissioner



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

July 20, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company
filed in this office by

Redacted

in accordance with the provisions of Massachusetts General Laws Chapter 156C on August 20,
2012.

I further certify that said Limited Liability Company has filed all annual reports due and
paid all fees with respect to such reports; that said Limited Liability Company has not filed a
certificate of dissolution or withdrawal; and that said Limited Liability Company is in good
standing in this office.

I also certify that the names of all managers listed in the most recent filing are: ***Redacted***
Redacted

I further certify, the names of all persons authorized to execute documents filed with this
office and listed in the most recent filing are: ***Redacted***
Redacted

The names of all persons authorized to act with respect to real property listed in the most
recent filing are: ***Redacted***



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth

Processed By:jbm