

Workplace Safety Grant

BECAUSE BEING SAFE AT WORK IS NO ACCIDENT !

MARYANN FALVEY, DIRECTOR OFFICE OF SAFETY



FY 26 Grant Application Announcement

*Applications will be
considered on the
compellingness to meet
grant objectives*

Budget \$800,000

**Maximum Per Grant Request
\$25,000**

The Office of Safety, will accept applications for
the FY26 Workplace Safety Grant
For FOUR Weeks Only.

Application Period:

7:00 AM, Monday June 2, 2025 to 11:59 PM Monday June 30, 2025

Find us here:

- <https://www.mass.gov/workplace-safety-grant-program>

About the Workplace Safety Grant

The Workplace Safety Grant is issued under the provisions

[M. G. L. c 23E § 3](#) with a budget of \$800k per fiscal year.

The grant has been administered by the Department of Industrial Accident's ,Office of Safety since 1989

The grant program provides Massachusetts based employers of good standing with funding for employee training to [prevent](#) or [redress a history of workplace injuries](#).

The maximum grant award is [\\$25,000](#) per recipient, per grant year.

“Must” Know List

What you need to know

REQUIREMENTS

- This is a reimbursement program.
- Applicant organization’s employees must be covered by the Massachusetts Workers’ Compensation Act, M.G.L. c. 152.
- Massachusetts based training providers must be used.
- Trainings MUST relate to the work performed by the employee/s and address prevention of unhealthy working conditions and practices.
- Training is tied to the Commonwealth’s fiscal year; and MUST be completed by June 30th of each grant year
- Invoices MUST be received by the Office of Safety by July 15th of each grant year.

EXCLUSIONS

WHAT IS NOT INCLUDED ?

- Costs incurred prior to the effective date of the contract.
- Training for Police, State Police, Firefighters, State and Federal employees, and organizations covered by Jones/Longshore Act.
- Costs for employee wages, stipends, or reimbursements for
- Parking and travel expenses, and re-training of employees previously trained under this grant on the same topic.
- Developmental, compliance, policy/procedural programs, and emergency action planning programs.
- Costs for office space, conference room rentals, utilities, communications, equipment (TVs, DVD players, computers, projectors, etc.), and other overhead expenses.

The Gathering

Information you'll need to have handy in order to complete the application process

The Nuts & Bolts of grant application

- Organization's legal name as listed with the Secretary of State. (d.b.a.) also
- Organization's **Federal Employer Identification Number (FEIN)**.
- Current number of Massachusetts employees in the organization
- Contact information for the individual who is authorized to sign a contract to accept a grant.
- Contact information for the individual administering the grant
- Obtain a Department of Revenue (DOR) Certificate of Good Standing. To obtain the certificate, apply online at <https://mtc.dor.state.ma.us/mtc>
- Obtain a Department of Unemployment Assistance (DUA) certificate of Unemployment Insurance Compliance. To obtain the certificate, apply at <https://uionline.detma.org/Employer/Core/Login.ASPX>
- Obtain an assigned Vendor Number. To obtain a NEW Vendor Number, register on COMMBUYS. Register online at It takes just two simple steps: 1. Go to the COMMBUYS landing page at www.COMMBUYS.com and then follow these steps:
1) Select the first link titled REGISTER and complete registration. 2) You must register and select the United Nations Standard Products and Services Code (UNSPSC) 84-10-16. There is no cost.

High Level - Grant Application Process

Class Selection, Contact Trainers Determine Class Cost and Request

Grant Application - On line link through the Office of Safety

Gather the Necessary Information to Complete the Grant Application

Register Company in Portal & Receive Company ID

Follow Instructions Complete Part One: Application- Pages 1-8

Follow Instructions to Complete Part Two: Compliance and Contract Documents

Upload, DOR, DUA, EFT, W9, COMMBUYS, CASL

Submit Application- Receive Acknowledgment (number in line)

Compliance & Procurement Check

Reference - Behind the Scenes

OFFICE OF SAFETY

W9

UI/UHI

DOR – Certificate of Good Standing

DIA/WCI

DIA/SWO

MassDOT

DCAMM

COMPLIANCE & PROCUREMENT

SCF

CASL

Fed SAM Debarment

SEC Annual Report

SEC Central Register

AGO Fair Labor

COMMBUYS

Sample

Hazards

Use Drop Down Features

- ASBESTOS
- CPR/AED
- CTD's
- DEFENSIVE DRIVING
- ERGONOMICS
- FIRE ELECTRICAL
- INJURY PREVENTION
- LEAD HAZARDS
- OSHA
- RIGHT TO KNOW /HAZARD COMMUNICATION
- Toxins
- OTHER

Training Topics - 124 Listings

Active shooter/ Workplace de-escalation

Ariel lift

Asbestos

CPR/AED Chain Saw safety

Chemical/Biological Toxins

Right to know/ Haz communication

Confined space / Trench rescue

Crane and Rigger Training

Defensive driving

Ergonomics

First Aid

Fall Protection

Fire/ Electrical

Forklift

Injury Prevention

Lead hazards

Lock Out Tag Out

OSHA 10

OSHA 30

Safe Patient Lifting

Slips, Trips, and Falls

Spain/ Stain/ MSD, Repetitive/ Cumulative Trauma Disorders

Stress Management

Trenching, Excavation

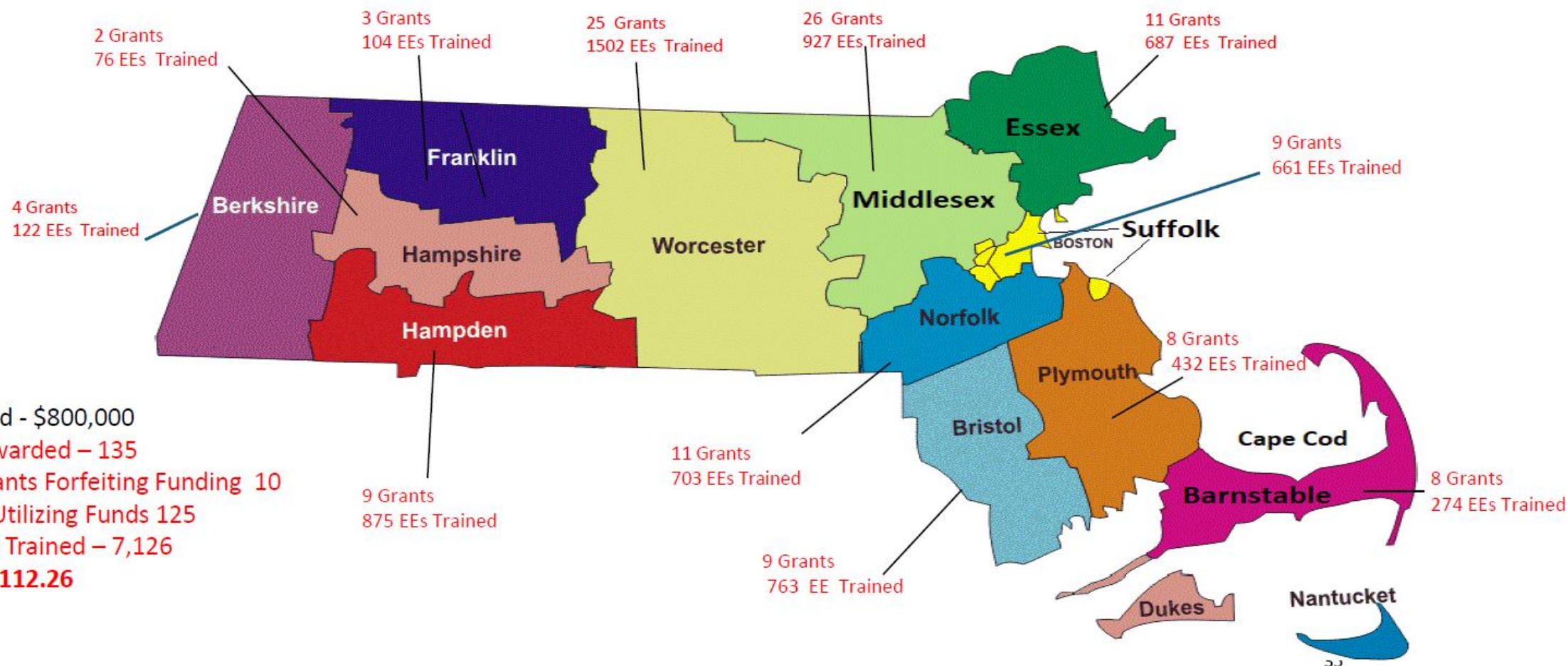
Water Safety

Winter Driving

Other

DIA FY 2024 Grant Year-End Report

Safety Grant Program - Grants and Employees Trained by County



- Total \$ Awarded - \$800,000
- Total Grants Awarded – 135
- Post Award Grants Forfeiting Funding 10
- Actual Grants Utilizing Funds 125
- No. of Workers Trained – 7,126
- Avg. Cost per \$ **112.26**

Workplace Safety Grant

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System Preview

KNOW BEFORE YOU BEGIN

1. About your organization
2. Demographics to include the current number of Massachusetts employees in the organization (full & part-time) and numbers to be trained.
3. A valid Certificate of Good Standing from the Massachusetts Department of Revenue (DOR) About your organization
4. Consortium details (if any). Must include the organizations full legal name, full legal address and (FEIN) number and numbers to be trained.
5. Demographics to include the current number of Massachusetts employees in the organization (full & part-time) and numbers to be trained.
6. A valid Certificate of Good Standing from the Massachusetts Department of Revenue (DOR)
7. A Certificate of Unemployment Insurance Compliance from the Massachusetts Department of Unemployment Assistance (DUA)
8. A COMMBUYS ID Number

Required contractual documents needed to submit your application

Workplace Safety Grant Program

The Department of Industrial Accidents (DIA) Workplace Safety Grant helps employers reduce the risk of injury and illness to workers and promote safe and healthy conditions in the workplace through training, education, and other preventative measures.

LOG IN: [Check Application Status](#)

Notices & Alerts

[DIA Announces FY25 Workplace Safety Grant Announcement](#) | Updated May 3, 2024, 03:49 pm

Did you know? Employers across the country reported 2.6 million injury and illness cases in private industry in 2021. Through the DIA Workplace Safety Grant, Massachusetts-based and operating employers can keep their workplace free of known health and safety hazards.

Employers will find that implementing safety and health programs help:

- **Prevent** workplace injuries and illnesses.
- **Improve** compliance with laws and regulations.
- **Reduce** costs, including significant reductions in workers' compensation premiums.
- **Engage** workers.
- **Enhance** their social responsibility goal.



[Department of Industrial Accidents](#)



[Application Instruction Guide](#)



[List of Safety Training Providers \(4/17/2024\)](#)



[Download Contractual Documents](#)



[Types of Training Topics](#)

[Cold Stress Flyer](#)

[Slips, Trips, and Falls Flyer](#)

[Office of Safety Mailing List](#)

<https://www.mass.gov/workplace-safety-grant-program>

SAFETY TRAINING PROGRAM BUDGET NARRATIVE

GUIDE (PAGE 7)

Grants are awarded to provide direct worker safety training for employers and workers on the recognition, avoidance, and prevention of safety and health hazards in their workplaces. The purpose of training is to ensure that the employee will be able to perform the job correctly and safely. Identify and describe the injury history of the targeted occupation(s) (if any), or preventative safety issues you intend to address in this proposal. Here are some key elements to keep in mind that a training program narrative typically includes.

1. Consider and identify your company's training needs.
2. Your goals and objectives should be clear and well defined.
3. Align your training to your business needs.
4. Once you have determined the needs of your organization, contact a Massachusetts training provider(s), and estimate cost for course fees.
5. Your training budget should identify the training topic(s), number of training classes, number of participants to be trained per class, name of the trainer(s) providing services and cost per class.

Organization Detail

Legal Name Of Applicant Organization * ?

☐ Prior Grant Recipient ?

DBA of Applicant Organization

Organization FEIN *

Vendor Number * ?

Amount Requesting (up to \$25,000) * ?

Primary Contact (Who Can We Contact) * ?

☐ Check if Grant Administrator

Primary Contact Email *

Primary Contact Phone *

Ext.

Secondary Phone

Ext

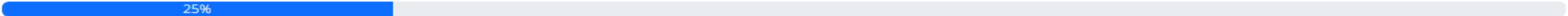
Phone Type

Next

Workplace Safety Grant Application

Application

Progress



Organization Address

Application ID: test app_9092

Organization Address Line 1 * ?

Organization Address Line 2

Zip *

City *

State *

County *

[Back](#)

Next

Workplace Safety Grant Application

Application

Progress

38%

Grant Administrator

Application ID: test app_9092

Grant Administrator *

Grant Administrator Email *

Grant Administrator Phone *

Ext

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[Next](#)

Workplace Safety Grant Application

Application

Progress

Grant C

If this is

☒ Con

Consort

Select

PART 4 OF 8

Add Consortium



Consortium Legal Name *

Consortium Address 1 *

Consortium Address 2

Zip *

Select Zip Code

City *

State

County *

Consortium FEIN *

Close

Save and Close

Save and New

pp_9092

um

Next

Workplace Safety Grant Application

Application

Progress



More Details

Application ID: test app_9092

Number of Employees in Organization * ?

Tell Us About Your Organization (Minimum 100 Characters) *

Number of Employees Being Trained *

Tell Use About Your Training Goals (Minimum 100 Characters) * ?

Requested training must connect to the work performed by the employee (s)

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Next

Add Class

×

Training Topic *

-- Select One --

Total # Of Trainers *

Trainer(s) *

Training Company (If Known)

No of Attendees *

Unallocated Funds

\$10,000

of Classes *

Cost Per Class *

Total

Survey Questions

Application ID: test ap

Primary Business Market *

--Select One--



How did you hear about the program? (Select all that apply)

- ☐ Chamber of Commerce
- ☐ Emailed Office of Safety
- ☐ Outreach
- ☐ Professional Association
- ☐ Search Engine
- ☐ Social Media
- ☐ Training Provider
- ☐ Word of Mouth
- ☐ Other

Does your organization self-identify as any of the following? (Select all that apply)

- ☐ Asian American and Pacific Islander Own Business, AAPI Start-up
- ☐ Business Enterprise
- ☐ Decline to answer
- ☐ Disability Owned Enterprise -DOBES
- ☐ LGBTQIA+ – Lesbian, Gay, Bisexual, Transgender
- ☐ MBE Mass minority enterprise, please specify
- ☐ Non-Profit
- ☐ Portuguese Business Enterprises, PBE
- ☐ SOMWBA Certified-State Offices of Minority and Women Business Assistance
- ☐ Service – Disabled Veterans Enterprise – SDVOBE
- ☐ Women Business Enterprises, WBE or woman owned Veteran Business Enterprises, VBE
- ☐ Other

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Training Classes

Add Class



Training Topic *

Total # Of Trainers *

Trainer(s) *

Training Company (If Known)

No of Attendees *

Unallocated Funds

\$10,000

of Classes *

Cost Per Class *

Total

Close

Save and Close

Save and New

Budget Summary

Requested Amount

Requested

\$10,000

Remaining

\$10,000

Budget Narrative (Minimum 100 Characters) ? *

Class List

Select	Topic	Class #	Total # of Trainers	Trainer Name(s)	Company	Attendees	Cost
--------	-------	---------	---------------------	-----------------	---------	-----------	------

x Delete

+ Add

 Save and Close

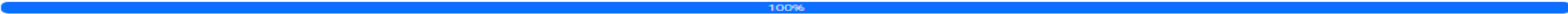
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Workplace Safety Grant Application

Application

Progress



Required Documents

Application ID: test app_9092

Acceptable files types include (.pdf, .tif, .tiff, .png, .jpg) and each file must not exceed **5mb** .

Standard Contract Form (SCF) ?	Choose File	No file chosen
W-9	Choose File	No file chosen
Contractor Authorized Signatory (CASL) ?	Choose File	No file chosen
EFT Form ?	Choose File	No file chosen
Bank Letter / Voided Check	Choose File	No file chosen
DOR Certificate of Good Standing ? More Info...	Choose File	No file chosen
DUA Certificate ? More Info...	Choose File	No file chosen
CommBuys Registration ? More Info...	Choose File	No file chosen

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Submit

Upload

Contact The Workplace Safety Grant



BECAUSE BEING SAFE AT WORK IS NO ACCIDENT !

QUESTIONS ? - EMAIL: SAFETY@MASS.GOV

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THANK YOU