**New**

***Funding occupational health research and innovative workplace solutions***

**CLOSING DATE**

**JUNE 24, 2014**

**TRAINING AND EDUCATION APPLICATION**

**RESEARCH AND WORKPLACE INNOVATION PROGRAM**

**2014**

**PART 1: GENERAL INFORMATION**

**1.1 PROJECT TITLE**

**1.2 PRINCIPAL APPLICANT/S**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Business Mailing Address |  |
| Telephone Number |  |
| Email |  |
| Other contact information |  |
| **Signature** |  |
| Date |  |

If there is more than one principal applicant provide information as above

**1.3 CO- APPLICANT/S**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Business Mailing Address |  |
| Telephone Number |  |
| Email |  |
| Other contact information |  |
| **Signature** |  |
| Date |  |

If there is more than one co-applicant provide information as above

**1.4 SUPPORT FOR PROJECT**

**Where Applicable**

1. **INDUSTRY ASSOCIATION**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Business Address |  |
| Telephone Number |  |
| Email |  |
| Other contact information |  |
| **Signature** |  |
| Date |  |

If there is more than one Industry Association provide information as above

**Where Applicable**

1. **EMPLOYER**

*I consent to the undertaking of the project (named above) and promise to give my full cooperation to ensure its successful completion within the time period specified in the contract between the applicant and the Workers Compensation Board of Manitoba.*

|  |  |
| --- | --- |
|  | \* Provide the name of the business owner or designate  \*\* Applicable only if the signatory is someone designated by the business owner |
| Name of Business Owner\* |  |
| Title\*\* |  |
| Business Mailing Address |  |
| Telephone Number |  |
| Email |  |
| Other Contact Information |  |
| **Signature** |  |
| Date |  |

**Where Applicable**

1. **UNION**

*The undersigned on behalf of the Union named below consents to the undertaking of the project (named above) and promises to give full cooperation to ensure its successful completion within the time period specified in the contract between the applicant and the Workers Compensation Board of Manitoba.*

Signed on behalf of the Union

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Business Mailing Address |  |
| Telephone Number |  |
| Email |  |
| Other contact Information |  |
| **Signature** |  |
| Date |  |

**Where Applicable**

1. **WORKPLACE HEALTH AND SAFETY (WS&H) COMMITTEE**

*The undersigned on behalf of the WS&H Committee named below consents to the undertaking of the project (named above) and promises to give our full cooperation to ensure its successful completion within the time period specified in the contract between the applicant and the Workers Compensation Board of Manitoba.*

Signed on behalf of the WS&H Committee

|  |  |
| --- | --- |
| Name |  |
| WS&H Chair |  |
| Business Address |  |
| Telephone Number |  |
| Email |  |
| Other contact information |  |
| **Signature** |  |
| Date |  |

|  |  |
| --- | --- |
| Name |  |
| WS&H Co-Chair |  |
| Business Address |  |
| Telephone Number |  |
| Email |  |
| Other contact information |  |
| **Signature** |  |
| Date |  |

**PART 2: DESCRIPTION OF TRAINING AND EDUCATION PROJECT**

**2.1 PROJECT DESCRIPTION**

The application at a minimum must:

* Describe the core content, structure, design and mode/s of delivery of the proposed training and education project;
* Identify the target group or audience and rationale for selecting the group or audience and describe the benefit to Manitoba workers, employers, workplaces, industry sectors or occupational groups;
* Demonstrate the project's relevance to *Manitoba's Five-year Plan for Workplace Injury and Illness Prevention*. Give a clear explanation why the project is necessary, how it will address current training and education gaps and its potential to increase capacity through the delivery of training and education envisioned by this project;
* Explain how the training or education project meets or exceeds the current standards in place in Manitoba;
* Demonstrate that the project team is equipped with the knowledge, experience and credentials in occupational health and safety, injury prevention, return to work, and treatment of occupational illnesses to undertake the project successfully; and
* Identify any training and education resources that currently exist along with the names of providers.

There are no restrictions to the number of pages.

**2.2 KNOWLEDGE TRANSFER and INFORMATION SHARING**

Please indicate how the project's outcomes would be shared with other workplaces, key user groups, potential audiences and practitioners in the occupational health and safety community.

Include the estimated cost in the project's budget. See page 7 of application.

**PART 3: MANAGEMENT OF PROJECT**

Please provide a timetable and work plan that will:

* Identify and describe project activities;
* Specify key milestones;
* Identify start and finish dates; and
* Relate costs to project activities.

Please use the format below. Activities should be listed in sequence, indicating related activities and dependencies for successful completion.

**TIMETABLE OF KEY PROJECT ACTIVITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| Specify Key Project Milestones | Start Date | Completion Date | Estimated Cost |
| *Add rows as needed* |  |  |  |

**PART 4: RISK ASSESSMENT**

Identify the potential risks to successful completion of the project, e.g. cooperation from workplace parties, participation of subjects, resource availability etc.

Use the Risk Assessment Matrix below to describe the risks and potential solutions to mitigate the risks identified.

**RISK ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Describe Potential Risk Event | Assess Risk Likelihood. | Estimate Impact | Strategy/Plan to Mitigate Risks |
| *Use a single row for each potential risk identified*  Use specific project objectives, milestones, activities or deliverables to identify risk events. | *Select one response from the list below for each risk identified:*  -Very Likely  -Probable  -Very Unlikely | *Select one response from the list below for each risk identified:*  -High  -Medium  -Low | *Describe the strategy or plan for each risk identified* |

**PART 5: PROJECT BUDGET**

**5.1 EXPLANATION OF BUDGET AND JUSTIFICATION OF BUDGET ITEMS*[[1]](#footnote-1)***

Use the format below to assist you in completing the budget. The WCB will provide support for the **direct** costs of the project [including project assistance, support for technical, professional and secretarial services, equipment (purchase or rental), project-related travel and supplies]. Project costs may include reasonable administrative costs, but should not include costs of salary replacement for staff involved in project. Applicants must also demonstrate that the WCB grant and/or any financing from other sources will provide adequate financial support to achieve the objectives of the proposal.

**BUDGET ITEMS AND JUSTIFICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Year 1 | Year 2 | Total |  |
|  | Budget Item | WCB $ Request | WCB $ Request |  | Justification of Funds |
| 1 | Salaries, Benefits/Consultancy fees[[2]](#footnote-2)  (Specify for each of project team) |  |  |  |  |
| 2 | Material and supplies -  (list each item greater than $1,000) |  |  |  |  |
| 3 | Equipment (purchase, rental, lease) |  |  |  |  |
| 4 | Knowledge Transfer |  |  |  |  |
| 5 | Travel, accommodation and meals[[3]](#footnote-3) |  |  |  |  |
| 6 | Specific project costs met by the employer |  |  |  |  |
| 7 | Other costs (specify by item; for example stipends paid to individuals in sample) |  |  |  |  |
| 8 | Total  (Sum of Items 1-7) |  |  |  |  |

**PART 6: EXPERTISE OF PROJECT TEAM**

Provide resumes for the Principal Applicant and each Co-applicant. The resumes must be included with the electronic application form, may not be longer than 5 pages each, and should include the following elements:

* Name
* Title/Designation
* Employer/or sponsor
* Educational background (institution, degree/diploma, certificate/qualification conferred, year conferred, and field of study),
* Professional experience and expertise to undertake this project

**ATTACHMENT A**

**WCB TRAVEL, ACCOMMODATION AND MEAL RATES**

*Mileage Rates*

Project staff will be entitled to the mileage rate set by the WCB. The rate is updated every six months. The current rate is $0.38 per kilometer.

*Air Travel*

Project staff should take advantage of discount fares, hotel rates and use Economy Class of air service.

**ACCOMMODATION**

* A standard hotel room is to be used on business travel. Depending on the availability, you should choose a hotel close to the site where business will be conducted as this usually limits the need for a rental car.
* Original receipts must accompany claims for accommodation and other expenses.
  + All bills for accommodation must be signed except if you stay with friends or relatives.
  + Reimbursement made for gifts in the form of food, drink or related items, will not exceed 80% of the cost that otherwise would have been incurred.
  + The WCB will not reimburse the cost of a spouse or second party who accompanies you.

**Rates for meals are listed in the table below.**

**MEAL RATES**

|  |  |
| --- | --- |
|  | **Effective for Jan. 1/2014** |
| **Manitoba Meal Rates** | $ |
| Breakfast | 9.70 |
| Lunch | 13.20 |
| Dinner | 25.80 |
| **Total** | 48.70 |
| **Note:** Breakfast will be paid if departure is before 0730 hours while dinner will be paid if return after 1730 |  |
|  |  |
| **Out of town, overnight in Manitoba** |  |
| Departure before 0900 hours (breakfast, lunch & dinner) | 48.70 |
| Departure after 0900 hours but before 1400 hours (lunch & dinner) | 39.00 |
| Departure after 1400 hours (dinner only) | 25.80 |
| Return before 0900 hours (breakfast only) | 9.70 |
| Return after 0900 hours but before 1400 hours (breakfast & lunch) | 22.90 |
| Return after 1400 hours (breakfast, lunch & dinner) | 48.70 |
|  |  |
| **Outside Manitoba Meal Rates;** |  |
| Breakfast | 12.90 |
| Lunch | 17.40 |
| Dinner | 34.45 |
| **Total** | 64.75 |
| **Note: For day trips, receipts not required** |  |
|  |  |
| **Out of town overnight expenses** |  |
| Departure before 0900 hours (breakfast, lunch & dinner) | 64.75 |
| Departure after 0900 hours but before 1400 hours (lunch & dinner) | 51.85 |
| Departure after 1400 hours (dinner only) | 34.45 |
| Return before 0900 hours (breakfast only) | 12.90 |
| Return after 0900 hours but before 1400 hours (breakfast & lunch) | 30.30 |
| Return after 1400 hours (breakfast, lunch & dinner) | 64.75 |

“Out-of-town”, means travel outside the City of Winnipeg and its surrounding communities from which persons typically commute to Winnipeg. Please take note that meal rates are subject to review at six (6) month intervals and mileage rates updated quarterly.

1. Include all items essential for the conduct of the project. Provide a brief, clear justification for each budget item and relate it to the objectives and requirements of the proposed research. The budget quantifies the timetable and work plan in terms of personnel, materials, supplies, and other requirements. Accordingly, it is essential that the link between the research proposal and the budget be clear. [↑](#footnote-ref-1)
2. Applies for new staff or consultants hired to work on the project. It should not include salaries or benefits of current employees participating or involved in the project. [↑](#footnote-ref-2)
3. Any cost of transportation, accommodation and meals paid according to WCB Manitoba rates. Estimate the number of days, transportation, accommodation and meal costs by number of persons and number of days. WCB Manitoba rates are available at the end of this application. [↑](#footnote-ref-3)