

Application

Occupational Health and Safety Education Trust Fund



For details on completing your application, see the **OHS Education Trust Fund Reference Guide**.

Complete Organization Name _____

Is your organization a not for profit? Yes No Registry of Joint Stocks # _____

Contact Person #1

Full Mailing Address _____

Email _____ Phone _____

Contact Person #2

Full Mailing Address _____

Email _____ Phone _____

Have you received previous funding from OHS Education Trust Fund? Yes No

If you have received previous funding, have final reports been submitted? Yes No

Which safety initiative(s) does your project relate to?

- | | | |
|--|--|--|
| <input type="checkbox"/> Safety culture | <input type="checkbox"/> Safety behaviour change | <input type="checkbox"/> Occupational illness |
| <input type="checkbox"/> Safety leadership | <input type="checkbox"/> Mental health | <input type="checkbox"/> Other (provide details) _____ |
| <input type="checkbox"/> Safety partnerships | <input type="checkbox"/> Workplace psychological | _____ |
| <input type="checkbox"/> Safety sustainability | health and safety | _____ |

Project Scope

Project Name _____

Is this project outside the scope of your organization's core business? Yes No

If no, provide an explanation.

Start Date _____ End Date _____

Total Project Cost _____ Total Amount Requested _____

Alternate Contact _____ Phone _____

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Project Impact

How does this link to your organization's safety outcomes and/or industry safety outcomes?

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Who is the targeted audience?

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What industry, sector, or workplace are you trying to influence?

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What specific Nova Scotia location(s) will this project impact?

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How will you ensure the sustainability of the safety project?

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Project Description

Provide a general description of the project including all associated activities.

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Why is this project needed?

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How will the project work be shared/utilized by other similar organizations?

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List project objectives:

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List Project expected outcomes/results:

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Project Milestones

Provide a timeline of events for the project.

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Project Budget Summary

Explain your financial governance and how it is managed for your organization.

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Project Budget

What is the **total cost** of each item listed below? **Revenue** (includes contribution of your organization and partner contribution-real and in kind) How much are you **requesting**?

Program Delivery			
Salaries			
Travel			
Operational			
Honoraria			
Facility lease/rent			
Equipment			
Office Supplies			
Program Materials			
Resource Materials			
Administrative			
Administrative			
Inclusive Other			

Declaration and Consent

I have carefully read the application guidelines and eligibility criteria and confirm that the organization I represent meets the eligibility criteria.

I am aware that all overdue final reports, where applicable, for previously funded applications must be submitted and approved before any additional requests or applications for funding can be considered.

I will act as the representative of the organization and will keep all participants informed of the application content and any funding decision.

I declare that the information in this application and proposal is accurate and complete, and that this funding application is being made by the organization named on the OHS Trust Fund Application Form with its full knowledge and consent.

I further declare that the organization will provide the financial and activity reports as required.

Name (print) _____ Title _____

Date _____ Signature _____