Workplace Safety Grant
Grants will be awarded on a first-come, first-serve basis

BACKGROUND:
The Foundation for Dental Laboratory Technology (Foundation) is a non-profit 501c (3) organization. The purpose of the Foundation is to advance the profession of dental laboratory technology by addressing industry driven needs and providing solutions that are relevant and accessible to dental technicians and other members of the dental team.

GRANT OVERVIEW:
As many have personally experienced, COVID-19 has created major impacts to the world we know today, including the dental laboratory technology profession. With a majority of these impacts affecting how dental laboratories are currently operating on a daily basis, the Foundation has created the Workplace Safety Grant in an effort to ensure safety amongst all dental laboratory employees.

As part of this grant, the Foundation has allocated funds for dental laboratories to call in OSHA for a voluntary on-site safety consultation, and will provide up to $500 per dental laboratory to assist with implementing corrective action as indicated by OSHA’s voluntary on-site safety consultation.

This grant will be awarded on a first-come, first-serve basis until the allocated funds for this grant have been exhausted or the Foundation determines that the grant will no longer be offered.

ABOUT OSHA ON-SITE SAFETY CONSULTATIONS:
The OSHA website contains a directory of state agencies that provide on-site consultations. Once a business has contacted the appropriate agency, a consultant will contact the business to schedule the safety consultation.

Unlike an actual OSHA safety inspection, the free safety consultation cannot result in fines or citations, and the consultant cannot report possible violations to OSHA. It’s confidential, too. Your name, your firm’s name, and any information you provide about your workplace, plus any unsafe or unhealthful working conditions that the consultant uncovers, will not be reported routinely to the OSHA inspection staff. Your only obligation will be to correct serious job safety and health hazards – a commitment which you are expected to make prior to the actual visit and carry out in a timely manner.

The consultant’s purpose is to help businesses identify safety hazards and provide recommendations about how to improve safety. Business owners or managers accompany the consultant on the walk-through, and later receive a detailed written report of the inspection’s findings. Visit https://www.osha.gov/consultation to sign up for an onsite consultation.

GRANT GUIDELINES:
1. Grants will be awarded on a first-come, first-serve basis until the allocated funds for this grant have been exhausted or the Foundation determines that the grant will no longer be offered.
2. Dental laboratories with employees who are current members of the NADL Board, NBC Trust, or Foundation Trust are not eligible to apply for or win this grant.
3. Dental laboratories with multiple locations will only be permitted to utilize this grant up to three times. A separate application for each location must be submitted.
4. Corresponding receipts of funds spent for corrective action as indicated by the voluntary OSHA on-site safety consultation and a copy of the final OSHA report are required prior to funds being released. Applications without this supporting documentation will not be considered.
5. Please allow approximately 30 days for processing once your application has been approved.
6. Workplace Safety Grant recipients will be required to provide the Foundation with testimonial (web video submission or typed submission on letterhead paper) about receiving the grant and how this experience has positively impacted the dental laboratory and its employees.
INSTRUCTIONS:
1. Please type or print all answers clearly in black or blue ink.
2. Use extra sheets of paper if you need more space for requested information.
   a. Be honest, accurate and thorough in completing all sections of this application. The Workplace Safety Grant is awarded at the sole discretion of the Foundation Trust. The Foundation reserves the right to reject any application if the Trust has evidence that the applicant has made a false or misleading statement in the application or any supporting document.

I. Applicant’s Information
Laboratory: ____________________________
NADL Member #: ____________________________ Foundation Donor: ☐ YES ☐ NO
Mailing Address: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________
Business Phone: ____________________________ Fax: ____________________________
Contact Name ____________________________ Contact Email: ____________________________

II. Voluntary OSHA Safety Consultation Information
What was the date of your laboratory’s OSHA safety consultation? ____________________________
Consultant Name: ____________________________
Consultant Phone: ____________________________ Consultant Email: ____________________________
Have the OSHA consultant’s recommendations been corrected? ☐ YES ☐ NO
Total cost of corrective action: $ ____________________________ Amount Requested: $ ____________________________
Please briefly describe the corrective action taken within the laboratory: ____________________________

III. Verification
a. Please attach the corresponding receipts of the money spent toward corrective action as indicated by the voluntary OSHA on-site safety consultation.
b. Please attach a copy of your laboratory’s FINAL voluntary OSHA on-site safety consultation report.

IV. Affidavit
I understand by submitting this application, I am expressing my interest in the Foundation’s Workplace Safety Grant and that submitting this application does not guarantee I will be awarded the grant.

I understand the Foundation reserves the right to determine the grant recipients based on specific criteria and that should I be selected; I will comply with the grant parameters as set forth by the Foundation.

I understand that by submitting this application, I am giving permission for the Foundation to use any or all of the information contained in my written or video testimonial on their website and other marketing channels.

Applicant Signature: ____________________________ Date: ____________________________

Questions? Contact Lindsey Rowan at (866) 627-3990 or by email at foundation@dentallabfoundation.org.