



*INSURANCE BENEFITS, INC. – FUND ADMINISTRATOR
4901 S. Isabel Place #210, Sioux Falls, SD 57108
Telephone: 800-233-9073 Fax: 605-275-6193
info@sdmlwcfund.com www.sdmlwcfund.com*

2024 SDML Workers’ Compensation Fund Trenching and Confined Space Entry Safety Equipment Grant Application

*The **SDML WC FUND GRANTS** will be awarded on a first come first received basis.

Program Information:

Background: The SDML Workers’ Compensation Fund (SDML WCF) has funds available to grant to public entities that have their workers’ compensation coverage through the SDML WCF, for the purchase of one new piece of equipment/package of qualified and approved Trenching and Confined Space Entry Safety Equipment. A member may apply once per calendar year and the grant only applies to new equipment. Used or refurbished equipment is not eligible for the grant.

The grant will pay 50% of the cost of the equipment with a maximum grant award of \$4,000. The recipient will be required to pay the invoice in full, then provide a copy of the entity’s cleared check and a copy of the paid invoice. Then the SDML WCF will issue the grant check payable to the grant recipient.

Examples of trenching and confined space entry safety equipment include the following:

Trench Boxes

Hydraulic Shoring

Gas detectors with and without calibration kits

Full body harness

Tripods

Blowers

Purpose: To provide members with beneficial equipment in an effort to reduce risk and injury to employees during activities involving trenching and confined space entry.

Application period: Grants will be awarded on a first come, first received basis until the grant funds are exhausted. Applications will be accepted beginning at 12:01 a.m. January 1, 2024, CDT. If grant funds are available, the final deadline to submit an application is 5:00 P.M., Dec. 31st 2024, CST. Applications must be received or postmarked by this date to be considered for the grant and if you receive a grant your order must be placed on or before December 31st, 2024. Applications should be delivered to:

SDML Workers Compensation Fund
c/o Insurance Benefits, Inc.
4901 S. Isabel Pl #210
Sioux Falls, SD 57108
Email: info@sdmlwcfund.com
Fax: 605-275-6193

It is recommended that the application be submitted by e-mail to info@sdmlwcfund.com. When your application is received you will receive an email confirmation from the SDML WCF Administrator.

Application Availability:

Applications are available online at www.sdmlwcfund.com or can be obtained by contacting Brad Wilson or Kim Curry at Insurance Benefits, Inc. at 800-233-9073.

Award Notification Date: All applicants will be notified of their receipt or non-receipt of awards as soon as possible, but no later than December 31, 2024.

Selection Criteria: Applications will be reviewed and funds will be awarded using the following selection criteria:

- Member must be in compliance with loss control recommendations. If the work comp coverage is provided by a city, county, etc., every department must be in compliance with loss control recommendations.

- Grant funds availability

Eligibility Requirements:

Eligibility: Applicant must be a current member of the SDML WCF:

1. as of the date of the application
2. in the year the grant will be awarded
3. in the year the grant check is delivered

Application Guidelines:

The SDML WCF has the discretion in approving or denying any, all, or a portion of the grant applications. A member may apply once per calendar year and the grant only applies to one new piece of equipment. Only new equipment is eligible for the grant. Used or refurbished equipment is not eligible for the grant. Eligible equipment must be ordered in the grant year. Purchases made or orders placed prior to or after the grant year are not eligible for the current grant year.

The grant will pay 50% of the cost of the equipment with a maximum grant award of \$4,000.

The recipient will be required to pay the invoice in full, then provide a copy of the entity's cleared check and a copy of the paid invoice. Then the SDML WCF will issue the grant check payable to the grant recipient.

All applications must include the following completed information:

Organization Information:

Applicant/Member: _____

Address: _____

Department Involved: _____

Project Contact: _____ Phone: _____ Fax: _____

Email: _____

Alternate Contact (if any): _____ Phone: _____

Fax: _____

Email: _____

Please fully describe the equipment to be purchased:

Please include manufacturer and model number if applicable or submit a detailed quote & specs with the application.

Signature of applicant: _____ **Date:** _____

Project and application authorized by: (governing body) _____

Signature (Authorizing Person): _____ **Date:** _____

Print Name (Authorizing Person): _____ **Title:** _____