## Partner with us

# Partnership proposal application form

**Partnership**, for the purpose of this document, is a formal agreement entered between an organization and the Workers' Compensation Board (WCB) for the purpose of fulfilling common goals over a specified period of time.

**Project**, for the purposes of this document, includes, but is not limited to projects, targeted programs, research, education and promotion that support the reduction of serious injuries and fatalities in the province.

#### **Section A: Tell us about your organization**

Orgai	nization:			_
Name	e of project:			
Dura	tion of project:			
Oonto	doc person name:			_
Conta	act person title:			
Telep	hone:	E	Email:	
Mailii	ng address:			
			Postal code:	
	t is the nature of your organ Non-profit For-profit business Community group Educational Municipal	ization?		
Has y	your organization received f No Yes (If yes please elaborate	_	fe Saskatchewan or WCB in the past?	



## **Section B: Tell us about your request**

1) What are you requesting?			
	Funding for a single-year project		
	Amount: \$		
	Funding for a multi-year or recurring project		
	Number of years: Amount per year: \$		
2) Ho	2) How many people will your project reach?		
Ex	pected audience / number of participants:		
Ta	rget audience:		
	Workers		
	Employers		
	Youth		
	General public		
	Other - please specify		

**3) Executive summary of project:** Provide a brief summary of the project that may be used as a project description for our grant adjudication and communication purposes. *Attach extra pages if required.* 



4) Describe in detail how your project will advance fatality and injury prevention, the promotion of workplace health as well as well-being and safety in Saskatchewan.			
	Ind	icat	e which of the following broad goals fall under your project (check all that apply):
		(a)	Preventing workplace fatalities and serious injuries in Saskatchewan
		(b)	Fulfilling WorkSafe Saskatchewan's strategic goals and objectives.
		(c)	Supporting Saskatchewan workers and employers to eliminate injuries and restore abilities.
		(d)	Creating public awareness about the importance of workplace safety, health and well-being and injury prevention.
		(e)	Building new relationships between WorkSafe Saskatchewan and employers and/or workers.
		(f)	Building relationships between WorkSafe Saskatchewan and the community.
		(g)	Building or promoting safety culture in the workplace or community.
		(h)	Educating a particular industry or group on workplace safety and injury prevention.
			e detailed information below on how your project will contribute to achieving each broad goal (a-h) d above. Attach extra pages if required.



	success of your project (key performance indicators) and what information you will gather to evaluate success (data collection methodology). Attach extra pages if required.
	Objectives:
	Key performance indicators:
	Data collection methodology:
6)	Indicate below the primary or major types of activities that will occur to carry out the project with start and end dates, as well as anticipated outputs for each activity. Attach extra pages if required.
	An output is a direct, tangible, and measurable product of an activity. The anticipated output is usually expressed as a quantity of goods or services that are expected to be produced and/or delivered.
	(1) Activity description:
	Anticipated outputs:
	Start date: End date:

5) Describe the expected outcomes, benefits or results of your project. Include how you will measure the



(2) Activity description:	
Anticipated outputs:	
Start date:	End date:
(3) Activity description:	
Anticipated outputs:	
Start date:	End date:
(4) Activity description:	
Anticipated outputs:	
Start date:	End date:



7) If your proposal is funded, describe how you will recognize WorkSafe Saskatchewan. Attach extra pages if required.	



### **Section C: Financial information**

#### **Proposed budget**

Provide all estimated expenses for the project that WorkSa	afe Saskatchewan is requested to support.
Item description:	Amount:
Total project budget: \$	
Additional Project Funding  Does your project have other sources of funding such as g corporate/business sponsorship, or from fundraising/dona	
Total additional project funding: \$	



#### **Section D: Other information**

If applicable, tell us anything else about your organization or project that would be helpful in considering your proposal.



#### **Section E: Declaration**

I acknowledge that I have read and understand the Funding Guidelines, and accept my organization's responsibilities for reporting and financial tracking as conditions of funding, should our proposal be accepted.

I further confirm that to the best of my knowledge, the information submitted in this application is accurate and complete.

Name of authorized representative:		
Title of authorized representative:		
Signature:		
Date:		
Date.		



For office use only		
Date received:	Partnership approval evaluation worksheet completed:  ☐ Yes ☐ No	
Date decision made:	Approval recommendation:  ☐ Yes ☐ No	
Response sent:	Manager/director approval:  ☐ Yes ☐ No	
Approved by:	Executive / WSS committee approval	
Contract sent:	Contract returned:	
Final report due date:	If applicable, interim report date(s):	
Comments:		

Updated: 11/22

