



**OCCUPATIONAL SAFETY AND HEALTH  
HAZARD ABATEMENT BOARD**

BLDG. 12, ROOM 436  
STATE OFFICE BLDG. CAMPUS  
ALBANY, NY 12240

**SUBMIT  
ORIGINAL  
APPLICATION  
ONLY**

**APPLICATION FOR CAPITAL ABATEMENT PROJECT FUNDING**

|   |  |                        |
|---|--|------------------------|
|   |  | 1. DATE OF APPLICATION |
| 2. a. MUNICIPALITY OR POLITICAL SUBDIVISION SUBMITTING APPLICATION            |  | b. F.E.I.N.            |
| 3. a. AGENCY OF MUNICIPALITY OR POLITICAL SUBDIVISION APPLYING                |  | b. F.E.I.N.            |
| 4. NAME AND ADDRESS OF FACILITY OR PREMISES ISSUED VIOLATIONS/RECOMMENDATIONS | COUNTY   |                        |
| 5. a. TOTAL NUMBER OF PUBLIC EMPLOYEES WORKING AT THE PREMISES                | b. AVERAGE DAILY NUMBER OF OTHER CITIZENS FREQUENTING THE PREMISES |                        |

**6. COVERED PROJECT COST DATA**

If an item is not applicable, enter NONE in the Amount column. Use reverse side or additional sheets if more space is needed to complete an item; make sure you enter the corresponding item designation.

| ITEM  | AMOUNT |
|---|--------|
| a. PROJECT DESIGN COST (includes fees for professional engineers or architects, reproduction of plans, specifications, etc.)                    |        |
| b. COST OF BIDS   |        |
| c. ESTIMATED PROJECT COSTS WHERE BIDS ARE NOT SOLICITED   |        |
| d. MACHINERY, APPARATUS, EQUIPMENT COSTS NOT INCLUDED IN ITEMS b OR c (include such items as machine guards, exhaust ventilation systems, etc.) |        |
| e. MATERIALS PURCHASED FROM PRIVATE VENDORS NOT INCLUDED IN ITEMS b or c (include such items as masonry products, metal products, etc.)         |        |
| f. PROFESSIONAL CERTIFICATION FEES, IF ANY  |        |
| g. OTHER COSTS - SPECIFY  |        |
| h. TOTAL EXPENDITURES   |        |

I certify that the information given above is true to the best of my knowledge and that the work was done in accordance with the previously submitted project design. Therefore, I request reimbursement for seventy-five percent of the covered cost.

\_\_\_\_\_  
7. AGENCY CHIEF EXECUTIVE OR ADMINISTRATIVE OFFICER

\_\_\_\_\_  
8. AGENCY FISCAL OFFICE

Submit completed application and any relevant material to: Occupational Safety and Health Hazard Abatement Board, Bldg. 12, Room 436, State Office Bldg. Campus, Albany, NY 12240; Telephone: (518) 457-7629.

**FOR OFFICE USE ONLY**