



**OCCUPATIONAL SAFETY AND HEALTH  
HAZARD ABATEMENT BOARD**

BLDG. 12, ROOM 440  
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.

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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 440, State Office Bldg. Campus, Albany, NY 12240; Telephone: (518) 457-3893.

**FOR OFFICE USE ONLY**