



Substance Use Recovery and Workplace Safety Program (SURWSP) Spending Plan

Company Name and DBA		BWC policy number	
Program Contact Name & email address		Phone Number	
Address			
City	State	Zip Code	County

<u>Policy Development</u>	
<u>Requested Spending Plan</u>	
Employer Development	\$ _____
Legal Review	\$ _____
Joint	\$ _____
Total Requested for Policy Development	_____ \$

<u>Training</u>	
<u>Requested Spending Plan</u>	
Supervisor Training	\$ _____
Staff Training	\$ _____
Total Requested for Training	_____ \$

<u>Drug Testing</u>	
Total Requested for Drug Testing	_____ \$

Total Requested Amount \$ _____

On behalf of _____ (employer) I submit this application for processing along with the required documentation. If approved, I agree to follow the posted guidelines for Requests for Reimbursement.

Print Name	Signature	Title	Date
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Please note SURWSP in subject line and email completed forms and documentation to :
grantapplications@admboard.org