**Safe Dig Indiana | Local Grant**

**Application Instructions**

**Grant Guidelines**

The safety and reliability of the state’s underground utilities is a top priority of the Indiana Utility Regulatory Commission (IURC). Through the Underground Plant Protection Account (UPPA), the IURC funds public awareness, training and education, and incentive programs via grants and contracts. The Safe Dig Indiana | Local Grant will provide funds to local governments for their qualified employees to attend training and education programs designed to enhance safe practices around underground facilities.

Eligible grantees include, but are not limited to, employees of local government entities, such as cities, towns, and counties, including representatives from municipally owned utilities. Local government employees are often involved in, or responsible for activities involving, excavation and the assurance of underground facility safety. Whether involved in excavation, planning, designing, permitting, or emergency response services, local governments play a key role in safety.

The Safe Dig Indiana | Local Grant is intended to ensure local governments can affordably provide quality training to their employees and, through training, facilitate engagement of local governments in broader regional and statewide underground facility safety networks.

**Applicants must successfully complete the IURC’s free online training regarding safe digging practices prior to applying for this Grant. This training can be found at safedigindiana.com.**

**Completing the Application**

Please fill out all fields completely. Please provide as much detail as possible. The start date for any proposed training or education event must be after the date you send in the application.  Applications for events that have already occurred may not be approved. Completed applications should be emailed to the Underground Plant Protection Account Program Manager, Darby Miller, at [DarbMiller@urc.in.gov](mailto:DarbMiller@urc.in.gov). Questions regarding your application should be directed to Mr. Miller. Legal questions may be directed to Assistant General Counsel, DeAnna Poon, at [dpoon@urc.in.gov](mailto:dpoon@urc.in.gov).

**Granting of Funds**

Your completion of this grant application does not guarantee that the IURC will award grant funds. Should the IURC provide a grant award, it will do so in writing. The IURC will make every attempt to respond to application requests within thirty days.

Applicants will be required to enter into a fully executed Grant agreement prior to awarding any Underground Plant Protection Account funds. A sample Grant agreement is posted at <http://www.in.gov/iurc/2847.htm>.

**Exhibit A – Safe Dig Indiana Local Grant Application**

# Grantee Contact Information

1. **Local Government Name**: Click here to enter text.
2. **Contact Person’s Name**: Click here to enter text.
3. **Phone number**: Click here to enter text.
4. **Address for Notices**: Click here to enter text.
5. **Address for W-9 and Direct Deposits**: Click here to enter text.
6. **Email**: Click here to enter text.
7. **Local Government Website (if applicable)**: Click here to enter text.
8. **Alternate Contact Person, Phone, and Email (if applicable)**: Click here to enter text.
9. **Name and Title of The Person Who Will Be Authorized to Sign the Grant (Mayor, Clerk, Treasurer, Controller, Trustee, Auditor, or similar position as appropriate)**: Click here to enter text.

# Grant Project Scope

1. **Under IC 8-1-26-24, the Underground Plant Protection Account is established to provide funding for programs established and administered by the Commission as listed below.**

**The project you are requesting will be a training or educational program for [please check at least one box]**:

City

Town

County

Other Entity (explain) Click here to enter text.

1. **Please explain the connection the training attendees have to utility safety:** Click here to enter text.
2. **You must successfully complete the IURC’s free online training regarding safe digging practices prior to applying for this Grant. This training can be found at safedigindiana.com. Please list the certificates your local government’s employees have completed and attach those certificates to this application as Exhibit C.** Click here to enter text.
3. **Please provide a detailed description of the proposed training or education program. If an agenda exists, please attach it.** Click here to enter text.
4. **Please select the entity that will conduct the training or education program:**.

**Baker Utility Partners**:   
 Steve Baker at [SBaker@bakerutilitypartners.com](mailto:SBaker@bakerutilitypartners.com)

**Indiana 811**

**Paradigm**:  
 EMS training dates may be found at [INPAA.org](http://www.INPAA.org)  
 Excavator training dates may be found at [IN.Pipeline-awareness.com](http://www.IN.Pipeline-awareness.com)  
 Additional training dates can be scheduled by contacting Tim Friesen at  
 [TimF@pdigm.com](mailto:TimF@pdigm.com) or Steve Roberts at [SteveR@pdigm.com](mailto:SteveR@pdigm.com?subject=Training%20request%20information%20through%20IURC%20grant)

**Indiana Damage Prevention Council** (meeting or event): You may determine  
 the appropriate meeting by selecting your nearest region at [Indiana811.org/DPC](http://www.Indiana811.org/DPC)

**Gas Operator with Facilities in Indiana**: Click here to enter text.

**Contract Locator that Locates Facilities in Indiana**: Click here to enter text.

**Other Indiana-Based Entity**: Click here to enter text.

If you need assistance selecting an appropriate training or education provider, please contact the UPPA Program Manager at [DarbMiller@urc.in.gov](mailto:DarbMiller@urc.in.gov?subject=Training%20question%20from%20Safe%20Dig%20Indiana%20|%20Local%20Grant)

1. **Please provide a description of how you will measure results to determine the value and relative effectiveness of the training or education program**: Click here to enter text.
2. **Estimated date(s) of training**: Click here to enter text.
3. **Estimated length of time for the training (in hours or days)**: Click here to enter text.

# Metrics Information

1. **How did you learn about the UPP Account Fund?** Click here to enter text.
2. **What is your current role involving, or with responsibility for activities involving, excavation and thee assurance of underground facility safety?** Click here to enter text.

# Fiscal Justification (To be filled out by the appropriate fiscal officer or equivalent)

1. **Fiscal justification for receiving these grant funds**: Click here to enter text.

**UPP Account Committee Approval**

James F. Huston, Chairman

Stefanie Krevda, Commissioner

Aaron Holeman, Designee from the Pipeline Safety Division

Darby Miller, Program Manager of the Underground Plant Protection Fund

Beth E. Heline, General Counsel

Loraine Seyfried, Chief Administrative Law Judge

Ryan Heater, Executive Director of External Affairs

Robert Veneck, Executive Director of Technical Operations

**Date Approved**:

**Exhibit B – Project Budget**

Instructions: Insert your project budget here. Your budget should be detailed and must include a total. Generally, claims shall be submitted to the IURC within 35 calendar days following the date the services were provided and claims may be submitted on a monthly basis only. If you are requesting payments in advance, you must provide the justification.

**Total amount requested: $ Click here to enter text.**

**Description of Costs:**

Costs may include one-time training charges, seat charges, and travel expenses. Any other requested costs should be justified below.

With regard to travel expenses, if possible, travel should be limited to one trainer’s travel to the Grantee’s employees, rather than the cost of multiple employees traveling to the trainer. If requesting travel for more than one person, please explain why this is necessary in the Travel Cost Justification section. Travel shall be paid at State of Indiana rates. Lodging shall not be paid unless the person is traveling more than 50 miles to attend the training, unless an acceptable justification is provided in the Travel Cost Justification section.

**Travel Cost Justification (if applicable):** Click here to enter text.

**Project Budget:**

|  |  |  |
| --- | --- | --- |
|  | **Budget Item** | **Cost** |
| 1 | Training charges:  One-time: Click here to enter text.  Seat charge(s):# of trainees X $Cost per trainee | $ Click here to enter text. |
| 2 | Mileage:  # of miles X $0.38 | $ Click here to enter text. |
| 3 | Lodging (no more than $89/night):  # of nights X $Amt. per night | $ Click here to enter text. |
| 4 | Click here to enter text. | $ Click here to enter text. |
| 5 | Click here to enter text. | $ Click here to enter text. |
| 6 | Click here to enter text. | $ Click here to enter text. |
| 7 | Click here to enter text. | $ Click here to enter text. |
| 8 | Click here to enter text. | $ Click here to enter text. |
| 9 | Click here to enter text. | $ Click here to enter text. |
| 10 | Click here to enter text. | $ Click here to enter text. |
|  | **Total Cost** | **$ Click here to enter text.** |

**Exhibit C – Training Certificates**

Please remove this page and replace it with the training certificates required under Question 12.