Safer Salons Partnership **Voucher**

Instructions

The Safer Salons Partnership is a reimbursement program offered by the Washington Department of Ecology (Ecology, we) to reduce exposure to toxics in cosmetics and reduce the costs associated with transitioning to safer alternatives. Be sure you understand the qualifications, terms, and conditions, and your responsibilities before starting this process. Contact us at ToxicFreeCosmetics@ecy.wa.gov for help.

1. **Complete Section 1,** including the pre-survey.[1] Submit it to Ecology.
2. **Complete Section 2 with the help of an Ecology representative.** We can help you determine which product(s) you may purchase.
3. **Purchase eligible products**. Keep invoices or receipts as records of all your purchases.
4. **Optional**: Use eligible products in applicable salon services. We'll reimburse for services where eligible products are used, such as a shampoo and blow-dry service.
   - Limit one service per client.
   - Keep invoices or receipts for eligible services as a record.
   - Submit the signed Certificate of Completion to Ecology along with other required documentation to be eligible for reimbursement.
5. **Complete and submit Section 2 as needed** until you reach the total dollar amount you are authorized for within 6 months.
6. **Submit the** post-survey[2] **to Ecology**.

To qualify for reimbursement, fill out all sections of this form, and send all required materials to:

Rebecca Bohannan
1250 W Alder St.
Union Gap, WA 98903

Email:
ToxicFreeCosmetics@ecy.wa.gov

1 https://forms.office.com/g/saAPM81vWt
2 https://forms.office.com/g/H8ue3ZN2Qv

VOUCHER NUMBER:

Section 1: Enrollment

For help, please contact us at ToxicFreeCosmetics@ecy.wa.gov. Interpretation services are available at no cost upon request.

How to enroll

1. **Register as a state payee** through the Office of Financial Management: Statewide Payee Registration Form.[3]
2. **Complete the pre-survey** and submit to Ecology.
3. **Review the product list and select your product tier**. This will determine what products are eligible for reimbursement and your reimbursement budget. Contact us with questions.
4. **Complete Section 1 and send to Ecology**.

Business information

Business contact name:

Business contact position:

Business contact phone: **Email**:

Statewide Vendor Number (SWV#):

Business name:

Business location address:

City: **State**: WA **Zip**:

Is your business's mailing address the same as your business location address listed above?

Yes No

If no, please provide:

Business mailing address:

City: **Zip**: **State**: WA

3 https://ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services

VOUCHER NUMBER:

Product tier selection

Select your product tier and budget:

☐ **Gamechanger**: Up to $5000

☐ **Groundbreaker**: Up to $3000

Business owner initials:

Do you want your business listed on the Safer Salons Partnership webpage?[4] This will include your business name and location.

○ Yes ○ No

Timeframe acknowledgments

☐ I acknowledge that I must make all product purchases within 6 months of my sign-up date: *[Ecology insert date]*

☐ I acknowledge that I must submit all reimbursement requests before: *[Ecology insert date]*

Owner or authorized agent name:

Signature:

Date:

4 https://ecology.wa.gov/safer-salons

VOUCHER NUMBER:

Section 2: Vouchers for products and services

For help, please contact us at ToxicFreeCosmetics@ecy.wa.gov. Interpretation services are available at no cost upon request.

Completing the voucher process

1. **Purchase eligible products** from your selected product tier or a higher tier using the provided product list. Products from a tier lower than the tier you selected are not eligible for reimbursement.
2. **Optional**: Use eligible products in applicable salon services. Ecology will reimburse for services where eligible products are used, such as a shampoo and blow-dry service.
   - Limit one service per client.
   - Keep invoices or receipts for eligible services as a record.
   - Submit the signed Certificate of Completion to Ecology along with other required documentation to be eligible for reimbursement.
3. **Complete and submit Section 2 as needed** until you reach the total dollar amount you are authorized for within 6 months.

Once you complete Section 2, **send all required materials to:**

Rebecca Bohannan
1250 W Alder St.
Union Gap, WA 98903

Email:
rebecca.bohannan@ecy.wa.gov

Understanding the 6-month timeframe

Over a 6-month period starting on the date you were accepted into the program, **you may**:

- **Make multiple purchases** and provide multiple services.
- **Complete and submit Section 2 as needed** until you reach the total dollar amount you are authorized for within 6 months.
- **Submit vouchers** as often as once every 30 days over the 6-month period.

Take note of these **limitations** within the 6-month period:

- We cannot reimburse you for more than the amount defined by your tier selection of $5000 or $3000 (see Section 1).
- We must receive your final reimbursement requests no later than 30 days after the 6-month period ends.
- We will only reimburse you for eligible products and services.

Disclaimer

Ecology has reviewed the criteria used by the third-party certifiers that these manufacturers claim have confirmed that their cosmetics do not contain certain toxic ingredients. Based on Ecology's review of the third parties' testing criteria, Ecology believes it is likely the cosmetics on the eligible products list do not include intentionally added toxic substances in violation of Washington's Toxic Free Cosmetics Act or certain equally toxic common substitutes for the prohibited chemicals. However, Ecology cannot guarantee the accuracy of the certifications or that the products are safe for all people and for all purposes.

VOUCHER NUMBER:

Products

Vendor and invoice information 1

Vendor name:

Address:

City: State: Zip:

Product(s) purchased:

Invoice number:

Invoice cost:

Product tier(s):

Third-party verification program name(s):

Vendor and invoice information 2

Vendor name:

Address:

City: State: Zip:

Product(s) purchased:

Invoice number:

Invoice cost:

Product tier(s):

Third-party verification program name(s):

VOUCHER NUMBER:

Vendor and invoice information 3

Vendor name:

Address:

City: State: Zip:

Product(s) purchased:

Invoice number:

Invoice cost:

Product tier(s):

Third-party verification program name(s):

Vendor and invoice information 4

Vendor name:

Address:

City: State: Zip:

Product(s) purchased:

Invoice number:

Invoice cost:

Product tier(s):

Third-party verification program name(s):

VOUCHER NUMBER:

Services

Service information 1

Name of service: Service performed by:

Date of service: Client name:

Eligible products used:

Invoice cost:

Product tier(s):

Service information 2

Name of service: Service performed by:

Date of service: Client name:

Eligible products used:

Invoice cost:

Product tier(s):

Service information 3

Name of service: Service performed by:

Date of service: Client name:

Eligible products used:

Invoice cost:

Product tier(s):

Service information 4

Name of service: Service performed by:

Date of service: Client name:

Eligible products used:

Invoice cost:

Product tier(s):

VOUCHER NUMBER:

Total invoice cost:

Total reimbursement cannot exceed the budget defined by your tier selection: $5000 or $3000 per business. Refer to Section 1 for your selected product tier and budget. Ecology only reimburses costs based on final receipts for the purchase of eligible, third-party program verified cosmetic products and applicable services. Only out-of-pocket business costs are covered. Receipts or invoices for purchases and services must be included with this voucher to qualify for reimbursement.

Owner or authorized agent name:

Signature:

Date:

* By signing I agree to the following statement: “I have read and agree to the terms and conditions set forth on both sides of this form. To the best of my knowledge the information provided on and accompanying this form is a true and accurate statement of services and products for which I am requesting reimbursement of costs.”

VOUCHER NUMBER:

Ecology only

Approved reimbursement amount:

Ecology voucher manager:

Signature:

Date received: **Date approved:**

By signing above, I confirm that this business, to the best of my knowledge, has completed the product purchase or applicable service.

Payee name: **SWV#:**

MIC: **Amount:**

Qualifications

To qualify for reimbursement, your business must:

- Be an independent cosmetologist or small business that provides cosmetology services, such as a beauty salon or barbershop.
- Be located within Washington State.
- Fill out and submit this voucher to Ecology with all applicable receipts. Applicable receipts may include manifests, invoices, or receipts.
- Not be the subject of any current enforcement actions related to environmental regulations. Businesses working with us on TFCA voluntary compliance, such as removing non-compliant products from shelves, does not constitute an enforcement action.
- Register as a state payee through the Office of Financial Management. Fill out the Statewide Payee Registration Form.[5] This form is two pages and includes IRS form W9, Request for Taxpayer Identification Number.

5 https://ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services

Terms, conditions, and limitations

- Ecology and its representatives assume no liability of any nature arising from the products or equipment funded through this incentive/voucher program.
- Ecology will only reimburse costs for eligible third-party program verified cosmetic products that were agreed to by the business and the Ecology representative.
- Ecology and its representatives are not responsible for the quality of product the business receives from any supplier or contractor, nor are they responsible for any expenditure made by the business.
- This is a rolling reimbursement application. Each application will be reviewed as it is received. Reimbursement may be denied due to lack of funds.
- If purchase of a cosmetic product is restricted by other regulations, this program will not reimburse for purchases of cosmetic products made after the restrictions come into effect.
- Reimbursement is subject to verification of the costs incurred by the business. Copies of invoices, receipts, or other supporting documents verifying the switch to an eligible cosmetic product must be submitted with the completed voucher to receive reimbursement. A signed copy of the voucher, including required receipts, invoices, etc. must be submitted to the Ecology representative. Ecology may decline to reimburse all, or part of the costs incurred if they are unverifiable, erroneous or if they are inconsistent with the requirements agreed to and authorized by Ecology representatives.
- The business agrees that it shall protect, defend, indemnify and hold harmless Ecology, its officers, employees, and agents from any and all costs, fees (including attorney fees), claims, actions, lawsuits, judgments, awards of damages, or liability of any kind arising out of or in any way resulting from the activities undertaken for eligibility for reimbursement in connection with this voucher, including but not limited to the installation, removal, or use of equipment and materials.

Your business's agreement and responsibility

- It is the business's responsibility to pay the full amount owed to the vendor in full accordance with the terms of the business's agreement with the vendor. The Washington Department of Ecology will reimburse the business as soon as possible and consistent with Ecology procedures but will not be responsible for service late charges or failure to pay by the business.
- By participating in the Safer Salons Partnership and after submitting this voucher for reimbursement, you agree to:
- Allow Ecology field staff or authorized representative to visit your business site before and during program participation with appropriate notice, such as 48 hours.

ADA Accessibility

To request an ADA accommodation, contact Ecology by phone at 360-407-6700 or email at hwtrpubs@ecy.wa.gov, or visit ecology.wa.gov/accessibility.
For Relay Service or TTY call 711 or 877-833-6341.