NIAGARA FRONTIER TRANSPORTATION AUTHORITY AND NIAGARA FRONTIER TRANSIT METRO SYSTEMS, INC.

Eligible NFTA/NFTM employees are entitled to purchase approved Safety Footwear under the NFTA/NFTM Safety Footwear Program that meets with ASTM F2413-11 Standards. Employees will be issued a voucher to purchase footwear that is approved for their specific job classification, as listed below, based on the ASTM F2413-11 footwear specifications. **At a minimum, all footwear should be slip resistant, offer safety toe protection, and provide a fully covered heel.**

PROCEDURES:

1. To purchase your footwear, go to **Saf-Gard Safety Shoe Company's** Retail Store located at:

<div align="center">

Saf-Gard Safety Shoe Co.
1625 Walden Avenue
Cheektowaga, NY 14225

</div>

2. Purchase of footwear is to take place on your own time, outside of your regular scheduled work hours.

3. The attached completed voucher form must accompany your order. You are entitled to purchase the following value of this voucher, not to exceed this amount or quantity annually:

___ ONE pair of shoes, NO insoles not to exceed $_____ annually.
___ Shoes AND insoles not to exceed $_____ annually.
___ Shoes only, NO insoles not to exceed $_____ annually.
___ Other (enter quantity and/or value) _____

FOOTWEAR REQUIREMENTS: Footwear purchased under the NFTA/NFTM Safety Footwear Program must meet the following requirements (check the type of footwear requirements that apply below):

___ Safety toe	___ Slip resistant	___ Fully Covered Heel
___ Minimum of 5" High	___ Electrical Hazard Rated (EH)	___ Metatarsal Guard (MG)
___ Composite or Steel Toe (C) or (ST)	___ Waterproof (WP)	Other _____
___ Color Requirements: _____		
___ Completely Black (No other color including logos)		

4. Voucher Form must be signed by both an authorized Manager and HSEQ Safety Manager.

5. NFTA/NFTM shall pay **only** for authorized footwear purchased by eligible employees. Any quantity, or amount exceeding the authorized allowance amount, or unauthorized style, color, or type of footwear, will be the employee's responsibility. Employees purchasing footwear not meeting the established safety and contract requirements shall be asked to return them in exchange for an approved pair.

6. The NFTA/NFTM employee must present their NFTA/NFTM identification card and the NFTA/NFTM signed Voucher Form at the time of purchase to be eligible to purchase footwear.

7. After making a purchase, employees must **attach** a copy of the **sales receipt** to the signed Voucher Form and provide it to their authorized Manager.

8. All safety footwear purchases should be made by **May 15, 2025, under OGS contract PC67943, award number 23054.**

9. Once an employee has made a purchase, their safety footwear must be worn at work at all times.

NFTA-METRO
Serving Buffalo Niagara

SAFETY FOOTWEAR PROGRAM VOUCHER FORM

Employee Name: _____ **Date:** _____

Employee #: _____ **Dept. /Location:** _____

Job Classification: _____ **Account #:** <u>P009620 - P143656</u>

Dear Safety Footwear Provider:

The above-named employee is eligible under the NFTA/NFTM Safety Footwear Program to purchase approved Safety Footwear that meets with ASTM F2413-11 Standards under **OGS contract PC67943, award number 23054. Purchases should be made by May 15, 2025.**

The NFTA/NFTM employee must present their <u>WORK ID</u> along with a completed and signed copy of this Voucher Form at the time of purchase.

This NFTA/NFTM employee is entitled to the following value of this voucher:

____ ONE pair of shoes, NO insoles not to exceed $_____ annually.
____ Shoes AND insoles not to exceed $_____ annually.
____ Shoes only, NO insoles not to exceed $_____ annually.
____ Other (enter quantity and/or value) _____

PO # (shoes only) _____ must be marked on the invoice and receipt.

PO # (Insoles if allowed) _____ must be marked on a <u>separate</u> invoice and receipt.

UNDER THIS PROGRAM, ONLY THE APPROVED NFTA/NFTM SAFETY FOOTWEAR LISTED BELOW CAN BE PURCHASED:
Footwear based on ASTM F2413-11 Standards must meet the following requirements (check the type of footwear requirements that apply below):

___ Safety toe	___ Slip resistant	___ Fully Covered Heel
___ Minimum of 5" High	___ Electrical Hazard Rated (EH)	___ Metatarsal Guard (MG)
___ Composite or Steel Toe (C) or (ST)	___ Waterproof (WP)	Other _____
___ Color Requirements: _____		
___ Completely Black (No other color including logos)		

If you have any questions regarding this program, please contact the Safety & Security Manager at 716-855-6407 or the HSEQ Administrative Assistant at 716-855-7275.

REQUIRED SIGNATURES: Signatures of the Authorized Manager and HSEQ Safety Manager are required for purchase.

_____   _____
Authorized Manager's Name   Authorized Signature   Date

_____   _____
HSEQ Safety Manager's Name   Authorized Signature   Date