

**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:

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

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):

<input type="checkbox"/> Safety toe	<input type="checkbox"/> Slip resistant	<input type="checkbox"/> Fully Covered Heel
<input type="checkbox"/> Minimum of 5" High	<input type="checkbox"/> Electrical Hazard Rated (EH)	<input type="checkbox"/> Metatarsal Guard (MG)
<input type="checkbox"/> Composite or Steel Toe (C) or (ST)	<input type="checkbox"/> Waterproof (WP)	Other _____
<input type="checkbox"/> Color Requirements: _____		
<input type="checkbox"/> 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, 2026, under OGS contract PC67943, award number 23054.** *OGS contract expired on March 31, 2025. NFTA has agreed with Saf-Gard Safety Shoe Co. to continue using NYS Discounted Pricing until a new State Award is rewarded.
9. Once an employee has made a purchase, their safety footwear must be worn at work at all times.

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SAFETY FOOTWEAR PROGRAM VOUCHER FORM

Employee Name: _____ Date: _____

Employee #: _____ Dept. /Location: _____

Job Classification: _____ Account #: **P009620 - P143656**

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, 2026. *OGS contract expired on March 31, 2025. NFTA has agreed with Saf-Gard Safety Shoe Co. to continue using NYS Discounted Pricing until a new State Award is rewarded.**

The NFTA/NFTM employee must present their WORK ID 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 separate 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