

OP Control #:

## Be Smart About Safety

UNIVERSITY OF CALIFORNIA, MERCED Be Smart About Safety Program (BSAS) - Funding Request Form -FY 2009/10

About Safety	,	Due:				
Proposed Project Title:		BackSafe 2	010-2011	Date:	4/9/2010	
Department Name:	Environm	ental Health	& Safety	Dept. Acct #:		
Department Director/Manager:	Kevin Creed			Phone:	x 4234	
Email Address:		kcreed@ucm	erced.edu		""	
Name of Project Coordinator:	Kevin Creed			Phone:	x 4234	
Email Addrees:	kcreed@ucmerced.edu					
Funds will be used to:		· · ·			11111-111	
Correct safety deficencies	<b>✓</b>	Provide emp	loyee safe	ty training		
Initiate new safety program		Purchase sa	fety equipr	ment		
Correct deferred maintenance	• 🗆	Address sec	urity conce	rns		
Does this request require a one-	time expense?	Yes	○No	"" '		
Does this request require on-goi	ng funding?	◯ Yes o	No	***************************************		
	Project	t Descriptio	n			
Description of project/equipment:						
instructor plus instructional materi	als.					
Justification for funding request:  Expenditure of funds on these back injury prevention classes have proved very cost effective at						
preventing back injuries.	y=.y p.v.v.		prov	ou voly oddi (		

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Project Budget	(Estimated)			
Equipment and/or materials (specify – itemíze):				
instructional booklets and stretch cards (\$6 x 60)	- 11-2-1	\$	360.00	
Supervisor training materials (5 x \$95.)		\$	475.00	
tax			\$65.0	
,	Sub Total	•	900.00	
abor/consulting costs (specify – itemize):	Sub rotai	Ψ	500.00	
BackSafe classes (4 x \$ 900.			\$3,600.0	
•		œ		
BackSafe - Supervisor class (1 x \$2,500.)		\$	2,500.00	
	Sub Total	\$	6,100.00	
Other costs (specify – itemize):		·		
Watching Funds:	Sub Total	\$	-	
	Sub Total	\$	•	
·T	otal BSAS Funds Requested		7,000.00	
	Matching Funds Total Project Budget			
Attach Any Supporting Documentation		T	7,000.00	
I have read, understand, and accept the terms, condition fund.	ns and requirements of the Be S	imart Ab	out Safety	
Department Manager or Signature Authority		Date		
Print Name				
Qavol Cabrilla	7/2	7/22/10		
Committee Approval, Chair	<del> </del>	Date	'	
Please send inquiries or questions regarding completing this	s form to: BSAS@ucmerced.edu			