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OP Control #:



**Be Smart
About Safety**

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

Due:

Proposed Project Title:	BackSafe 2010-2011	Date:	4/9/2010
Department Name:	Environmental Health & Safety	Dept. Acct #:	
Department Director/Manager:	Kevin Creed	Phone:	x 4234
Email Address:	kcreed@ucmerced.edu		
Name of Project Coordinator:	Kevin Creed	Phone:	x 4234
Email Addresses:	kcreed@ucmerced.edu		

Funds will be used to:

- | | |
|---|--|
| <input type="checkbox"/> Correct safety deficiencies | <input checked="" type="checkbox"/> Provide employee safety training |
| <input type="checkbox"/> Initiate new safety program | <input type="checkbox"/> Purchase safety equipment |
| <input type="checkbox"/> Correct deferred maintenance | <input type="checkbox"/> Address security concerns |

Does this request require a one-time expense? Yes No

Does this request require on-going funding? Yes No

Project Description

Description of project/equipment:

Provide back injury prevention training to at-risk employee groups as well as 'supervisor' back injury prevention for supervisors of at-risk employee groups. The funds pay for outside training provider instructor plus instructional materials.

Justification for funding request:

Expenditure of funds on these back injury prevention classes have proved very cost effective at preventing back injuries.

Project Budget (Estimated)	
Equipment and/or materials (specify – itemize):	
Instructional booklets and stretch cards (\$6 x 60)	\$ 360.00
Supervisor training materials (5 x \$95.)	\$ 475.00
tax	\$65.00
Sub Total	\$ 900.00
Labor/consulting costs (specify – itemize):	
BackSafe classes (4 x \$ 900.	\$3,600.00
BackSafe - Supervisor class (1 x \$2,500.)	\$ 2,500.00
Sub Total	\$ 6,100.00
Other costs (specify – itemize):	
Sub Total	\$ -
Matching Funds:	
Sub Total	\$ -
Total BSAS Funds Requested	\$ 7,000.00
Matching Funds	\$ -
Total Project Budget	\$ 7,000.00
Attach Any Supporting Documentation	
I have read, understand, and accept the terms, conditions and requirements of the Be Smart About Safety fund.	
Department Manager or Signature Authority	Date
Print Name	
<i>Carol Carnius</i>	<i>7/22/10</i>
Committee Approval, Chair	Date
Please send inquiries or questions regarding completing this form to: BSAS@ucmerced.edu	