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**BSAS Fillable Form Template** 

## UNIVERSITY OF CALIFORNIA, MERCED Be Smart About Safety Program (BSAS) - Funding Request Form -

FY: 2019/2020

About Safety	Due: 08/30/2019	
Proposed Project Title:		Date:
Department Code/ Name:		FAU:
Department Director/Manager:		Phone:
Email Address:		
Name of Project Coordinator:		Phone:
Email Address:		
Identify the Unsafe Condition which	will be reduced or eliminated and/or the h	igh potential for loss that will be abated:
Identify <b>Prior Losses</b> or injuries that I	have occurred as a result of this condition:	
Provide a short summary of loss or in	jury:	
	als for your Proposal utilizing the SMART on hievable, R - <b>R</b> ealistic and T - <b>T</b> ime-bound	
Level of Probability of BSAS Prop Slight - 30% or less	osal Achieving its Measurable Goal: Moderate - 30 - 60%	High - 60% or greater

Project Description				
Description of project/equipment:				
Justification for funding request:				

Project Budget	(Estimated)				
Equipment and/or materials (specify – itemize):					
	Sub Total	¢			
Labor/consulting costs (specify – itemize):	Gub Total	Ψ			
zabon concurring cools (opcon) nonnizon.					
	Sub Total	\$			
Other costs (specify – itemize):					
	Sub Total	\$			
Matching Funds:					
	Sub Total	<b>¢</b>			
_					
Ic	otal BSAS Funds Requested				
	Matching Funds				
	Total Project Budget	<u>\$</u>			
Attach Any Supporting Documentation					
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					
Committee Approval, Chair		Date			
Please send inquiries or questions regarding completing this form to: riskservices@ucmerced.edu					