

INSTRUCTIONS FOR COMPLETING THE FUNDING REQUEST FORM

1. Each ANR location (CE County Office, Research & Extension Center, Statewide Program office, administrative office, etc.) is eligible to receive BSAS funds, provided they meet the following criteria:
 - a. The location has an up-to-date Injury and Illness Prevention Program (IIPP), submitted to ANR Risk & Safety Services within the past three years. The IIPP update can be submitted through an online survey at <http://ucanr.edu/iippsurvey>
 - b. The location's Safety Coordinator is actively participating in the ANR safety program, either by regularly attending quarterly safety webinars, or reviewing the recorded webinars and supporting information on our webpage at: http://safety.ucanr.edu/Safety_Coordinator/
2. For full consideration, please submit your funding request as described below.
3. Each ANR location (CE County Office, Research & Extension Center, Statewide Program office, administrative office, etc.) may request up to \$1,000 for this fiscal year. Individual requests in excess of \$1,000 will be considered for additional funding if there are funds remaining.
4. Complete the form in its entirety. Provide all required signatures before submission. As indicated on the Funding Request form, the applicant must identify specifically how the funds will be used and how the funds can be expected to reduce the frequency or severity of workplace injuries or illnesses.
5. Return the completed form to ANR Risk & Safety Services, 2801 Second St., Davis, CA 95618, attention Brian Oatman. Electronic submissions are encouraged and must include required signatures and be sent to: baotman@ucanr.edu.
6. Questions regarding completion of this form, eligibility of projects for BSAS funding, or about the status of a request may be directed to:
Brian Oatman (530) 750-1264 baotman@ucanr.edu
or Jaden Cooper (530) 718-3929 jacooper@ucanr.edu
7. Funds **cannot** be used for:
 - Capital improvement projects or post-start up building expenses.
 - Enhancement to academic or vocational instruction.
 - Correction of deferred maintenance deficiencies.
 - Replacement of stock items for on-going programs (i.e. ear plugs, safety glasses, or other routine PPE) that are required by law.
 - Permanent staff wages.
 - Projects that only affect the safety of volunteers, program participants, or non-employees.
8. You will be notified by e-mail of the approval or disapproval of your request. If your request is approved, Risk & Safety Services provide you with an account number so you may initiate the purchase and direct the expenses to the appropriate BSAS account. After approval, you may initiate the purchase of equipment or training as you normally would. All rules and processes governing the use of purchasing cards or purchase orders through the ANR Business Operations Centers still apply.
9. Requests for ergonomic related office equipment purchases need to be accompanied by the "Funding Request – Office Ergonomic Equipment" form. BSAS funds may be used to support ergonomic purchases, provided that an ergonomic evaluation has been performed and demonstrates the need for the equipment to prevent or reduce an injury.

Date Submitted: _____		Department: _____	
Name: _____		Title: _____	
Phone: _____		E-Mail: _____	
Business Office Contact: _____		Phone/e-mail: _____	
Request for Funding: (Be specific about safety project or equipment purchase)			
Note: Please attach any additional information that supports your request including pictures, copies of injury reports, articles, catalog listings or drawings. If requesting multiple items, please show itemized cost.			
<i>(Enter in known or estimated cost, tax, and shipping)</i>		TOTAL REQUEST: _____	
Item Cost: _____	Tax: _____	Shipping: _____	
Please answer the following questions:			
What is the purpose of this request: (Check next to all that apply)			
<input type="checkbox"/> Correct a safety deficiency		<input type="checkbox"/> Purchase safety related equipment	
<input type="checkbox"/> Initiate new safety programs		<input type="checkbox"/> Contract for purchase of a program or service to develop safety training	
<input type="checkbox"/> Provide employee safety training or skill acquisition		<input type="checkbox"/> Office Ergonomic Equipment: Please attach Office Ergonomic Equipment Request	
Where will this equipment or service be used and how will it reduce or mitigate injuries?			
How is the work currently being performed and have you had injuries related to this work?			
Safety Coordinator's Signature: _____		Print Name: _____	Date: _____
Director or Manager's Signature: _____		Print Name: _____	Date: _____
ANR EH&S Approval: _____		Print Name: Brian Oatman, Director	Date: _____
Return form to: Brian Oatman, UC ANR Risk & Safety Services, 2801 Second St., Davis, CA, 95618 Email: baoatman@ucanr.edu			