

WORKERS COMP EMPLOYEE SAFETY FUND PROJECT REQUEST FORM
2019 FUNDING ALLOCATION for High Schools, Elementary Schools, and Preschools

PLEASE TYPE INFORMATION, except when signatures are required. This form must be filled out in its entirety (if you need additional space to complete any of the sections of this form, attach separate pages and mark the sections Exhibit A, B, C, etc., and reference the Exhibit at the question site).

SCHOOL NAME: _____ PROJECT DATE (S): _____
SUBMITTED BY: _____ CONTACT PERSON: _____
ADDRESS: _____ CONTACT PHONE: _____
E-MAIL: _____
SCHOOL PHONE: _____

SAFTETY INSPECTION REVIEW REPORT: Most schools have received a list of items of concern from the Workers Comp. safety inspector within the last two (2) years. It is intended that funds from this program be utilized to address any of those issues that are still unresolved first. Please prioritize those identified safety items as part of any request and itemize the costs associated with those repairs.

EMPLOYEE SAFETY PROJECT DESCRIPTION: _____

HOW WILL THIS PROJECT INCREASE EMPLOYEE SAFETY ON CAMPUS?: _____

TWO REPAIR ESTIMATES ARE REQUIRED FOR SINGLE REPAIR ITEMS OVER \$1,000. ARE COPIES OF ESTIMATES INCLUDED WITH THIS APPLICATION? _____ YES _____ NO

VERIFICATION OF PROJECTS OVER \$1,000 ARE REQUIRED BY THE WORKERS COMPENSATION COMMITTEE. ARE PHOTOS OR DRAWING OF THE AREA(S) TO BE REPAIRED OR ENHANCED INCLUDED? _____ YES _____ NO

BUDGET INFORMATION

ITEMIZE ESTIMATED EXPENSE (Be specific - general categories are not sufficient. Attach expanded budget on separate page, if needed):

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

TOTAL ESTIMATED REPAIR COSTS: \$ _____

FUNDING:

Local School Participation	\$ _____
Other (Donations, etc.)	\$ _____

TOTAL LOCAL FUNDING: \$ _____

WORKERS COMP. EMPLOYEE SAFETY FUNDS: \$ _____

TOTAL FUNDING: \$ _____

(TOTAL ESTIMATED REPAIR COSTS must equal TOTAL FUNDING)

SIGNATURES REQUIRED (Requesting Organization)

_____ NAME OF SCHOOL PRINCIPAL	_____ SIGNATURE	_____ DATE
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SIGNATURES REQUIRED (Local Conference Administration)

_____ NAME OF CONFERENCE PRESIDENT or TREASURER	_____ SIGNATURE	_____ DATE
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_____ NAME OF CONFERENCE EDUCATION DIRECTOR or TREASURER	_____ SIGNATURE	_____ DATE
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