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PACIFIC UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS

WORKERS COMP SAFETY FUND

PROJECT REQUEST FORM

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: _____

SAFETY REVIEW REPORT REPAIRS: Schools received a list of items of concern 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. Please consider those items as part of any request and itemize the costs associated with those repairs.

ADDITIONAL PROJECT(S) DESCRIPTION:

HOW WILL THIS ADDITIONAL PROJECT REQUEST INCREASE SAFETY ON CAMPUS?

TWO REPAIR ESTIMATES ARE REQUIRED FOR SINGLE REPAIR ITEMS OVER $1,000.

☐ COPIES OF ESTIMATES ARE INCLUDED WITH THIS APPLICATION.

VERIFICATION OF PROJECTS OVER $1,000 IS REQUIRED BY THE WORKERS COMPENSATION COMMITTEE.

☐ PHOTOS OR DRAWINGS OF THE AREA(S) **TO BE REPAIRED** OR ENHANCED ARE INCLUDED.

BUDGET INFORMATION

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

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

TOTAL ESTIMATED EXPENSE: $ 0.00

AVAILABLE FUNDING:

Local School Participation $ _____
Local Conference $ _____
Other $ _____

TOTAL AVAILABLE LOCAL FUNDING: $ 0.00

FUNDS REQUESTED FROM THE SAFETY REPAIR FUND: $ _____

TOTAL INCOME: $ 0.00

(TOTAL ESTIMATED EXPENSE must equal TOTAL INCOME)

SIGNATURES REQUIRED
(Requesting Organization)

NAME OF SCHOOL PRINCIPAL | SIGNATURE | DATE

SIGNATURES REQUIRED
(Local Conference Administration)

NAME OF CONFERENCE PRESIDENT or TREASURER | SIGNATURE | DATE

NAME OF CONFERENCE EDUCATION DIRECTOR | SIGNATURE | DATE