

**SANTA BARBARA COUNTY
 SELF INSURED PROGRAM FOR EMPLOYEES (SIPE)
 SAFETY & HEALTH COMMITTEE**

**SAFETY INCENTIVE PROGRAM FUNDING REQUEST
 (See instructions on reverse side)**

DISTRICT NAME: _____

DESCRIPTION OF REQUESTED ITEM(S): _____

HOW WILL THESE FUNDS BENEFIT YOUR SAFETY PROGRAM?

ITEMIZED BREAKDOWN OF COST:

<u>Quantity</u>	<u>Item Description</u>	<u>Unit Cost</u>	<u>Total Cost</u>

SAFETY INCENTIVE REQUESTS MUST BE SUBMITTED IN PERSON TO THE SAFETY & HEALTH COMMITTEE BY A DISTRICT REPRESENTATIVE	<table style="width: 100%;"> <tr><td>Item(s)</td><td>_____</td></tr> <tr><td>Freight</td><td>_____</td></tr> <tr><td>Sales Tax</td><td>_____</td></tr> <tr><td>Total</td><td>_____</td></tr> <tr><td>Less 10%</td><td>_____</td></tr> <tr><td>Reimb Amt</td><td>_____</td></tr> </table>	Item(s)	_____	Freight	_____	Sales Tax	_____	Total	_____	Less 10%	_____	Reimb Amt	_____
Item(s)	_____												
Freight	_____												
Sales Tax	_____												
Total	_____												
Less 10%	_____												
Reimb Amt	_____												

Date: _____

 District Safety Coordinator

(Forward to SIPE Safety Office)

SIPE RISK MANAGEMENT REVIEW

 Risk Manager's Signature

 Date

(Forward to Safety & Health Committee)

BUDGET COMMITTEE REVIEW

Date _____

Approved: _____

Disapproved: _____

REASON: _____

Date returned to district: _____

White - Internal Services

Canary - SIPE Safety

Pink - Requester

SAFETY INCENTIVE FUNDING REQUEST PROCEDURES

1. The Safety & Health Committee will meet quarterly in January, April, July, & October to review, approve or disapprove the submitted requests.
2. All funding requests must be submitted on SIPE Form 93-1000 prior to the meeting and a district representative must be present at this meeting. The request form will be returned to the district after the committee's review.
3. If the funding request is approved, districts will purchase the approved item(s) and seek reimbursement by submitting proof of purchase, i.e., a copy of the purchase order or warrant along with an invoice from the district. Please send completed paperwork to:

By truck mail:
SIPE Safety,
North County Office, Monday-Friday

or by fax: (805) 928-5414
or email: sipe@sbceo.org

4. The SIPE Safety Office will forward the funding request, district invoice, and a copy of the warrant or purchase order to the Santa Barbara County Education Office for reimbursement.

NOTE: A 10% deductible is required on items requested through the Safety Incentive Funding Program. Please pay the vendor's full invoice and our office will reimburse the district less the 10% deductible. Items purchased will be subject to an annual audit by the SIPE Safety Office. All funding requests will be made available for review by any member of the SIPE Board of Directors. All questions regarding the reimbursement process can be directed to the SIPE Safety Office at (805) 922-8003.