

**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>

Item(s) Cost _____

Freight _____

Sales Tax _____

Total _____

Less 10% _____

District Safety Coordinator: _____ Date: _____

**A DISTRICT REPRESENTATIVE MUST ATTEND THE SAFETY & HEALTH COMMITTEE
MEETING IN ORDER FOR SAFETY INCENTIVE REQUEST TO BE CONSIDERED.**

(Forward to Safety & Health Committee)

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SIPE RISK MANAGEMENT REVIEW

Risk Manager's Signature: _____ Date: _____

(Forward to Safety & Health Committee)

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SAFETY & HEALTH COMMITTEE REVIEW

Date: _____ Approved: _____ Disapproved: _____

Reason: _____

Date returned to district: _____

SAFETY INCENTIVE FUNDING REQUEST PROCEDURES

1. The Safety & Health Committee will meet quarterly on the third Thursday of January, April, July and the second Thursday in 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 the 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, to include:
 - district invoice
 - district purchase order
 - vendor invoice
 - vendor warrant

Completed paperwork can be:

Emailed: sipe@sbceo.org and msagrero@sbceo.org

Mailed : SIPE Office
402 Farnel Road, Suite M
Santa Maria, CA 93458

Faxed: (805) 928-5414

4. Purchases must be received within the fiscal year (July – June) that request is being made.
5. The SIPE Office will forward the funding request, district invoice, and a copy of requested documentation to the Santa Barbara County Education Office Fiscal Department for reimbursement.
6. A minimum of 10% deductible is required on items requested through the Safety Incentive Funding Program. In special circumstances, to assist districts, the approved deductible may be increased to no more than 50% for large purchases. A deductible will be applied to each purchase to insure the district has an investment in each purchase. Please pay the vendor's full invoice and SIPE office will reimburse the district 90% of the invoice or approved amount, whichever is less. Items purchased will be subject to an annual audit by SIPE. 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.