

## **ATASCADERO UNIFIED SCHOOL DISTRICT SAFETY FUNDING REQUEST PROCESS**

### **1. Submit a Funding Request**

**Please submit your funding request at least one week before the next District Safety Committee Meeting. When submitting your request, please be sure to include back up material on the item(s) that you are requesting. (Examples are photo with description, links to website, Brand/make/model/size, etc...)**

*(Funding Requests will be processed at the next scheduled District Safety Committee meeting, meetings are not held from June through August).*

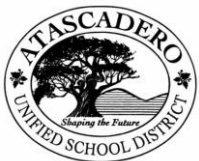
### **2. Safety committee approves/denies request.**

### **3. Carmina emails the individual regarding their approved/denial of request and will explain the processing details that must be followed if their item was approved.**

- **For auditing purposes, approved items that can be purchased via AUSD purchase order, will be.**
- **Reimbursement/Credit card/Cal card will be used as a last option only.**

### **4. If something is needed in an emergency situation and cannot possibly wait until the next Safety meeting, contact Renee (805) 462-4215 for APPROVAL. If approved, Carmina will order the item(s) immediately.**

### **5. If you have any questions on the process, feel free to email Carmina at any time.**



# Atascadero Unified School

## District Funding Request

Please mark the priority level.

1  
2  
3

Approval of request for funds will be reviewed and approved  
on merit by the Safety Committee.

### SECTION ONE: TO BE COMPLETED BY SAFETY COMMITTEE MEMBER/SITE ADMINISTRATOR

Site/Dept: \_\_\_\_\_

Employee Making Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of Requested Items/Repairs/Training:

Anticipated Safety Benefit:

Itemized Breakdown of Cost (attach bids or photocopy if from a catalog or website)

Unit Cost: \_\_\_\_\_

Sales Tax: \_\_\_\_\_

Installation Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Signature of Site Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION TWO: TO BE COMPLETED BY SAFETY COORDINATOR

Approval as Submitted: Yes No

Copy of Supporting Documentation Received: Yes No

Reason for Denial:

Funding Source:

Credit  
Rebate  
Grant  
District Match

Signature of Safety Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_