

Care Fund Form 2018-2019 - Instructions

Step One: Your member name should be in **box A**. Choose from the drop-down list.

Step Two: Your CARE Fund amount should be in **box B**.

Step Three: Your Employee Safety (ES) manager's email should be in **box C**. Use this contact for questions regarding this form.

Step Four: On your **Service Plan** find the topic listed **under** "Action Item" (**See red arrow**) for which you wish to apply a purchase and enter the title in **section D** the box next to Action Item at the top of the chart. (i.e., "Just Culture Training" listed below).

Your purchase must pertain to the Action Items listed under the action item title (**See green arrow**).

Action Item
Just Culture Training



Action item title



Action items

- Initial consultation to explain Just Culture.
- Executive presentation on Just Culture.
- Opt-in agreement signed.
- Just Culture training for trainers and staff.

Example:

Action Item #1:

Just Culture Training

Step Five: From drop down in "type of purchase column" choose the appropriate purchase type. Different types of products under same action item should go on a new line.

Step Six: Provide a brief description of the product(s).

Step Seven: Enter the total dollar amount of item(s) including tax.

Step Eight: Include sales receipt for the item to show that it was purchased. (web pages with pricing or estimates not accepted.)

Step Nine: Provide answers to the two questions listed below chart with purchase items.

Step Ten: Continue for each new action item that you chose to support with purchases.

Step Eleven: **Box E** enter the total dollars spent up to the amount of your CARE Funds (if over, do not include extra amount).

Step Twelve: After completing **boxes A** through **E**, have your appropriate administrator sign in **section F**.

CARE Fund Form 2018-2019

BETA ES Manager Name

C

A

Member Name

B

CARE Fund Amount

D

Action Item #1:

Type of purchase	Description of item purchased	Dollar Amount w/ tax
How does this purchase support the action item objective?		

Action Item #2

Type of purchase	Description of the item purchased	Dollar Amount w/ tax
How does this purchase support the action item objective?		

E

Total Dollar Amount Requested:

Enter amount spent up to the total of CARE Fund amount (not to exceed).

F

Authorization for CARE Fund Distribution: Signature below indicates confirmation from each signee that the items described in **each action item section** have been purchased by your organization and total as much as or more than the amount of reimbursement requested in **Box E above**.

Title of authorized signee	Print	Signature
CEO or CFO		
Safety officer or Employee Health		
BETA Employee Safety Manager		