



LOSS PREVENTION FUNDING APPLICATION

Applicant Name:	Applicant Job Title:
Department Name:	Phone:

Identify the risk to be reduced or eliminated: _____

Describe your loss prevention project (or provide attachment): _____

Is this project based on prior losses arising out of the identified risk? If so, please explain _____

Project Support: Please provide copies of data and/or use the space provided for rationale for your loss prevention request:

Loss Prevention Application Category: (Please mark only one)

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Auto Liability | <input type="checkbox"/> Employee Practices | <input type="checkbox"/> General Liability | <input type="checkbox"/> Property |
| <input type="checkbox"/> Workers' Safety | <input type="checkbox"/> Ergonomics | | |

Estimate savings to be realized from the loss prevention project	\$
Total estimated cost of project	\$
Funding to be provided by your department, if any	\$
Funding requested	\$
Accounting Codes for Reimbursement Funds ORG _____ Fund _____	

Dean/Director Approval:		Date:
Campus EHS/RM Office:	Approved	Date:
	Not Approved- does not meet program guidelines Not Approved- other:	
System Office of Risk Services	Approved	Date:
	Not Approved- does not meet program guidelines Not Approved- other:	

*See LP Guideline

LOSSPREVENTION PROJECT EVALUATION SHEET

The elements of a comprehensive LP plan include risk identification, selection of loss prevention technique(s), the anticipated benefits of implementation, and the LP funding source. LP Plans that do not meet this requirement may be denied or returned to the applicant for additional information or relevant justification.

Projects that most effectively impact one of the five areas of loss above and that will impact the broadest base within the UA community will be given the most weight.

Community Impact Points		Score
Broad (100 + individuals)	6	
Average(10 to 100 people)	4	