RESOLUTION NO. 354

A RESOLUTION AUTHORIZING THE TOWN OF MOUNT CARMEL TO PARTICIPATE IN THE TML RISK MANAGEMENT POOL "SAFETY PARTNERS" LOSS CONTROL MATCHING GRANT PROGRAM

WHEREAS, the safety and well being of the employees of the Town of Mount Carmel is of the greatest importance; and

WHEREAS, all efforts shall be made to provide a safe and hazard-free workplace for the Town of Mount Carmel employees; and

WHEREAS, the TML Risk Management Pool seeks to encourage the establishment of a safe workplace by offering a "Safety Partners" Loss Control Matching Grant Program; and

WHEREAS, the Town of Mount Carmel now seeks to participate in this important program.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN OF THE TOWN OF MOUNT CARMEL, TENNESSEE, as follows:

SECTION I. That the Town of Mount Carmel, Tennessee, is hereby authorized to submit an application for a "Safety Partners" Loss Control Matching Grant through the TML Risk Management Pool.

SECTION II. That the Town of Mount Carmel is further authorized to provide a matching sum to serve as a match for any monies provided by the grant.

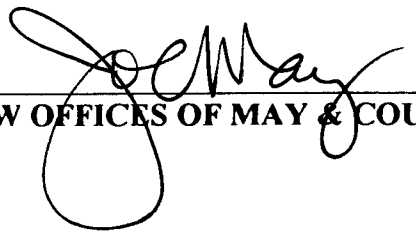
Resolved this 22nd day of August in the year of 2006.

GARY W. LAWSON, Mayor

ATTEST:

NANCY CARTER, Recorder

APPROVED AS TO FORM:



LAW OFFICES OF MAY & COUP

FIRST READING	AYES	NAYS	OTHER
Alderman Henry Bailey	✓		
Vice-Mayor Eugene Christian	✓		
Alderman Wanda Worley-Davidson	✓		
Mayor Gary Lawson	✓		
Alderman Tresa Mawk	absent		
Alderman Thomas Wheeler	✓		
Alderman Carl Wolfe	✓		
TOTALS			

PASSED FIRST READING 8-22-2006

DATE SENSITIVE

Fax application to: 615-371-9212 or e-mail to: lscobee@tmlrmp.org

2006-07 "Safety Partners" Loss Control Matching Grant Program

TML RISK MANAGEMENT POOL GRANT APPLICATION

1) **Date of Application:** August, 03, 2006

2) Participant city *(or agency)* name: Town of Mount Carmel

3) Street or P.O. Box address: P.O. Box 1421

4) City, State, Zip: Mount Carmel, TN 37645

5) Print name of person submitting request: Johnny Castle

6) Title: Public Works Director

7) Signature:

8) Phone number: 423-357-6051 Or 423-357-7311

9) Fax number: 423-357-7710

10) **E-mail** ***(please print clearly)***: mcch@chartertn.net

11) No. of full time employees in city/agency: 26

12) No. of employees affected by this purchase: 6

13) The city/agency desires to purchase the following: Barricades and Traffic Cones

14) Justification for the needed purchase MUST BE provided, indicating the departments or function areas that will be affected. One grant application, per member, per year. Do NOT send multiple applications for several departments.
Our Public Works Dept. has a few old barricades and traffic cones. We need these to protect our workers and to warn motorist.

15) You **MUST** submit a copy of a **signed Resolution/Motion**, passed by the governing body of the city/agency by the appropriate official *(Mayor or Chairman of the Board)*.
(IF NOT AVAILABLE ***at the time of application****, list the date below, when they will meet and fax all other documents.*

→ · *After council meets, fax signed document to 615-371-9212. or e-mail to lscobee@tmlrmp.org)*
· *Date of upcoming Board or Council meeting:* August 22, 2006

16) You **MUST** provide at least two *(2)* estimates for purchase of this equipment *(please list manufacturer, sales vendor or store, and purchase price)*. **Be sure to calculate the TOTAL of each estimate.**

Estimate #1 **TOTAL:** Estimates and all info are attached.

Estimate #2 **TOTAL:**

17) **Signature** of Approval _____
Chief Administrative Officer *(as designated by resolution/, motion)*

(DO NOT Write Below This Line – To Be Completed by TML Pool staff)

Complete Application?	*Yes____ No____*	*Class Ranking*		**Approved** ☐	
Resolution Attached?	*Yes____ No____*	*Grant Amount Eligibility*		**Not Approved** ☐	
Estimates?	*Yes____ No____*	*Total Amount of Purchases*			
Proof of Payment Attached?	*Yes____ No____*	*Approved $ Amount*			

-ned Premium: WC _____ *Earned Premium: L* _____

..ent Address/Direct: _____

LocCode: _____
Conslt: _____

Date Application Received at TML Pool: _____

TML
RISK · MANAGEMENT · POOL
5100 Maryland Way
Brentwood, Tennessee 37027-7534

Limited Funding
Apply ASAP

2006 - 07
Safety Partners
Matching Grant Program

Limited Funding
Apply ASAP

July 2006

NOTICE! The TML Risk Management Pool is offering the **Safety Partners Matching Grant** for the fiscal year of 2006-2007 to all Pool members. Safety grants provide 50% of the cost for safety equipment purchases or training related to **workers' compensation.** All applications will be logged in by date, on a first come, first served basis. There is only ONE grant program for the entire year. The available grant funding is based on each member's premium contribution from the previous year. *(see chart below)*

Earned Premium for 2005-06	Class Ranking	Grant Maximum
$100,000 or More	Class I	$2,000
$50,000 – $99,999	Class II	$1,500
$15,000 – $49,999	Class III	$1,000
$4,500 – $14,999	Class IV	$500
$4,499 or Less	Class V	$250

Your date-sensitive application, resolution/motion and estimates need to be **faxed** to:
615-371-9212 *or* **e-mailed** to: **lscobee@tmlrmp.org ASAP**
Deadline: September 15, 2006 *(However, grants are awarded first come, first served)*
You will be advised of your application status the week of September 25, 2006

For more information, contact **Lottie Scobee 615-371-0049 or 800-624-9698**
or your regional Loss Control Consultant

East Tennessee	**Judy Housley**	**865-693-6745**
Middle Tennessee	**Jason Rich**	**800-624-9698**
West Tennessee	**Paul Chambliss**	**731-660-8592**

***Partnering** to help purchase needed **safety equipment/training** to assist your employees in working safely.*

Fax to: 615-371-9212 OR E-mail to: lscobee@tmlrmp.org

$125,000 MATCHING GRANT PROGRAM

Limited Funding, Apply NOW!

DATE SENSITIVE

Fax application to: 615-371-9212 or e-mail to: lscobee@tmlrmp.org

2006-07 "Safety Partners" Loss Control Matching Grant Program

TML RISK MANAGEMENT POOL GRANT APPLICATION

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Estimates?	*Yes____ No____*	*Total Amount of Purchases*	
Proof of Payment Attached?	*Yes____ No____*	*Approved $ Amount*	

Approved ☐
Not Approved ☐

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..ent Address/Direct: _____

LocCode: _____
Conslt: _____

Date Application Received at TML Pool: _____

TML
RISK · MANAGEMENT · POOL
5100 Maryland Way
Brentwood, Tennessee 37027-7534

Limited Funding
Apply ASAP

200[illegible]07 Safety [illegible]tners Matching [illegible]t Program

Limited Funding
Apply ASAP

July 2006

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$125,000 MATCHING GRANT PROGRAM

Limited Funding, Apply NOW!

5100 Maryland Way
Brentwood, TN 37027

"Safety Partners" Loss Control Matching Grant Program

GRANT APPROVAL NOTIFICATION

September 21, 2006

Town of Mount Carmel
Attn: Johnny Castle, PW Director
P.O. Box 1421
Mount Carmel, TN 37645

This memo serves as official notification to the **Town of Mount Carmel** that you have been **Approved** for the 2006 – 07 TML Risk Management Pool **"Safety Partners" Loss Control Matching Grant** for which you applied. Total grant eligibility is **$1,000.00**.

Your PROOF OF PAYMENT for PAID receipts must amount to *at least* $2,000.00 to be eligible to receive the full reimbursement of ***$1,000.00***. **If not**, your check will be **half of the total amount submitted.**

In order for us to process a grant check to you, please return a copy of this notification, along with **proof of payment** *(such as cancelled checks or bank statements)* for the approved purchases. You may **mail** them to: **TML Risk Management Pool, Attn: Lottie Scobee, 5100 Maryland Way, Brentwood, TN 37027** ***OR*** **Fax** to: **615-371-9212** ***OR*** **E-mail** to: **lscobee@tmlrmp.org**

IMPORTANT

Proof of payment for PAID receipts must be received by **May 1, 2007**. **Your grant dollars WILL be re-appropriated to pending recipients if NOT received by this date.**

★ **This will be your ONLY notice to send this information. We have many pending applicants. Money will be passed to the next in line, if you can not meet this deadline.**

For questions regarding this notice,
please contact Lottie Scobee at 615-371-0049 or 800-624-9698, immediately.

Thank you for your participation in the 2006 - 07 "Safety Partners" Grant program.

SAFE ACTIONS... FIRST TIME, EVERY TIME... THE TML POOL AND YOU!

cc: Judy Housley, Loss Control Consultant - East
Michael G. Fann, Director of Loss Control
Laura Jungmichel, Director of Underwriting