RESOLUTION NO. 433

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 of $1,000.00 to serve as a match for any monies provided by the grant.

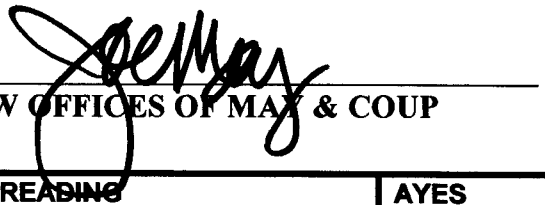
Duly passed and approved this the 28th day of July, 2009.

GARY W. LAWSON, Mayor

ATTEST:

MARIAN SANDIDGE, City Recorder

APPROVED AS TO FORM:



LAW OFFICES OF MAY & COUP

FIRST READING	AYES	NAYS	OTHER
Alderman William Blakely	✓		
Alderman Richard Gabriel	✓		
Alderman Kathy Roberts	✓		absent
Alderman Tresa Mawk			
Alderman Carl Wolfe	✓		
Vice-Mayor Thomas Wheeler	✓		
Mayor Gary Lawson	✓		
TOTALS	6	0	1

PASSED FIRST READING July 28, 2009

RISK · MANAGEMENT · POOL
EDUCATION & TRAINING PROGRAM
5100 MARYLAND WAY, BRENTWOOD, TN 37027 • (615) 371-0049 • IN TENNESSEE 1 (800) 624-9698 • FAX: 615-371-9212

Safe Actions, First Time, Every Time, the TML Pool and You!

"Safety Partners" *Loss Control Matching Grant Program*

2009 – 2010

The TML Risk Management Pool is proud to announce the 13th annual **"Safety Partners" Grant Program**. Many times employee safety devices, equipment and safety education/training are cost prohibitive or at least burdensome, even when the city or agency recognizes this need. To help address this concern, the TML Pool offers the *"Safety Partners" Loss Control Matching Grant Program*. The TML Pool will **reimburse *up to 50%*** of the cost of the approved items(s) with a maximum reimbursement based on the Priority Classification matrix rating. *(listed on page 2)* Please read this information in its entirety before filling out the application.

Reimbursable items: Expenditures for safety devices, equipment and safety training, or employee education/training that is necessary to control an employee safety hazard. *Lightbars for police vehicles will NOT be considered as a reimbursable item.*

Submittal Deadline: Friday at noon (CST), August 21, 2009 **DO NOT** wait until the deadline to submit your application. When you receive it, fill it out and send it back within a couple of weeks. The deadline date is actually when we close the program to allow the grant committee time to review the applications.

This is a very popular program and funds are quickly expended. ***Don't delay;*** *applications will be logged-in by* ***date received,*** *on a* ***first come, first awarded basis.*** ***In previous years several members were turned down because applications were too late in arriving and all budgeted funds were disbursed to entities submitting their applications early.***

Grant Notification Date: Week of **September 1, 2009**

Eligibility Timeframe: Available **ONLY to TML Pool members** with Workers' Compensation coverage since 7/01/09. Your **purchases** MUST BE must be made between **January 1, 2009 – May 1, 2010**.

Primary Grant Considerations:

Consideration of grants will be based on a variety of issues such as your risk management practices, loss experience, availability of funding and submission date.

1) The primary consideration will be the available funding for a particular fiscal year. This funding level is established by the TML Pool Board of Directors. For the fiscal year July 1, 2009 through June 30, 2010, the TML Pool Board has designated $125,000.00 for funding of this matching grant program.

2) Priority will be given to risk exposures noted in **loss control site surveys and recommendations and/or loss trends** and a history of sound risk management practices.

3) When all criteria are equal, the grant committee will give first consideration to those members that did not receive a grant in the previous year(s). Final consideration will be the **SUBMISSION DATE** (date application is received by the TML Pool). FIRST RECEIVED, FIRST AWARDED.

4) Grant funding will depend on the matrix rating *(Priority Classification – see below)* assigned to a Pool member which assesses **earned premium** contribution and loss experience for the **previous year**. This process allows all members that might have high losses, but who are in compliance with sound risk management practices, to have equal consideration. Your earned premium from the previous year is available after **7/01/09**, at which time you may call to inquire about your classification. Call 800-624-9698 and ask for Lottie Scobee.

Funding levels for the various rating classifications are as follows:

Class V	up to	$ 250
Class IV	up to	$ 500
Class III	up to	$1,000
Class II	up to	$1,500
Class I	up to	$2,000

These classification areas are defined as follow for Pool Workers' Compensation participants.

Class V Contributed less than $4,499 in **earned premium** for the **previous year** in the requested coverage area.

Class IV Contributed **earned premium** for the **previous year** between $4,500 and $14,999 in the requested coverage area.

Class III Contributed **earned premium** for the **previous year** between $15,000 but less than $49,999 in the requested coverage area.

Class II Contributed **earned premium** for the **previous year** between $50,000 but less than $99,999 in the requested coverage area.

Class I Contributed **earned premium** for the **previous year** $100,000 or more in the requested coverage area.

RULES FOR PARTICIPATION:

1) Application should be submitted, via **fax** to **615-371-9212** or **e-mail** to lscobee@tmlrmp.org **as soon as possible upon receipt of this notice** as the application is **DATE SENSITIVE and subject to available funds.** Be advised that if you mail the application, it will add additional days to the time when we receive it in this office. It is NOT necessary to mail a hard copy if you fax or e-mail your application. *An attached form is provided.*

2) Application needs to be signed by chief administrative officer *(i.e., Mayor, City Manager, Executive Director, etc.)* of the city or agency.

3) ☆ ☆ A signed **Resolution,** *(by the appropriate official Mayor or Chairman of the Board)*, passed by the governing body of the city/agency, **MUST BE** provided, OR a signed **Motion** *(by the appropriate Executive)* for local government agencies whose Board / Council do not pass resolutions, **MUST BE** provided.

NOTE: *IF your resolution/motion can not be approved and signed when your application is ready, you may submit the application only; with a* ***notation on #14 of the application****, stating that your resolution/motion will follow after your Board or Council meeting (list the date of meeting). It is* ***NOT*** *necessary to submit application* ***and*** *resolution/motion together, since the* ***APPLICATION*** *is* ***date sensitive.*** *(samples of each are attached).*

4) The TML Pool will reimburse approved grants up to one-half of the paid expenditures (50%), or the maximum funding level for the participant's assigned classification, whichever is lower.

5) **IMPORTANT**: If the Grant Committee approves your application, you will be asked to submit proof of payment(s) for your purchased item(s) **before** we can process your grant check. Invoices alone will **NOT** be used as proof of payment. We must have copies of either **CANCELLED CHECKS** or a proof-positive paper trail for approved items. Copies should be submitted to the TML Pool along with your grant "Notification of Approval" letter.

If approved for a grant, your proof of payment must be received in this office by May 1, 2010, or the grant money WILL be awarded to the next "pending" member's application.

6) Only ONE grant application may be approved for each city/agency during any given FISCAL YEAR. You may not "roll-over" an application from one fiscal year to another.

7) **Total your estimates!** A grant application must be completed in its entirety and submitted along with two **totaled** estimates (if possible).

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

DATE SENSITIVE APPLICATION

2009-10 "Safety Partners" Loss Control Matching Grant Program

TML RISK MANAGEMENT POOL GRANT APPLICATION

1) DATE OF THIS APPLICATION: _____

2) PARTICIPANT CITY *(OR AGENCY)* NAME: _____

3) STREET OR P.O. BOX ADDRESS: _____

4) CITY, STATE, ZIP: _____

5) PRINT NAME OF CONTACT PERSON: _____

6) CONTACT PERSON'S TITLE: _____

7) CONTACT PERSON'S PHONE NUMBER: _____ EXTENSION: _____

8) CONTACT PERSON'S FAX NUMBER: _____

9) CONTACT PERSON'S E-MAIL ADDRESS: *(PRINT CLEARLY)* _____

10) NO. OF FULL TIME EMPLOYEES IN CITY/AGENCY: _____

11) NO. OF EMPLOYEES AFFECTED BY THIS PURCHASE: _____

12) THE CITY/AGENCY DESIRES TO PURCHASE THE FOLLOWING: _____

_____

_____

13) 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.

_____

_____

14) Submit 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 submit 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:*** _____

15) Provide two estimates (if possible) for purchase of equipment/training. **Be sure to calculate the TOTAL of each.**

Estimate #1 *CALCULATED TOTAL:* _____

Estimate #2 *CALCULATED TOTAL:* _____

16) SIGNATURE of Approval _____

Chief Administrative Officer *(as designated by resolution/, motion)*

NOTE: YOU WILL RECEIVE NOTIFICATION OF GRANT STATUS THE WEEK OF SEPTEMBER 1, 2009

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

Complete Application?	*Yes____ No____*	*Class Ranking*	_____
Resolution Attached?	*Yes____ No____*	*Grant Amount Eligibility*	_____
Estimates?	*Yes____ No____*	*Total Amount of Purchases*	_____
Proof of Payment Attached?	*Yes____ No____*	*Check Amount*	_____

Approved ☐

Not Approved ☐

Earned Workers' Compensation Premium from Previous Year: $ _____

LocCode: _____

Conslt: _____

Date Application Received at TML Pool: _____ *Time:* _____

MODEL MOTION

For Governmental Entities Which Do NOT Utilize Resolutions

A MOTION AUTHORIZING _____
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 _____ _____is of the greatest importance; and

WHEREAS, all efforts shall be made to provide a safe and hazard-free workplace for the _____ 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 _____now seeks to participate in this important program.

I, therefore, move that the _____ is hereby authorized to submit application for a "Safety Partners" Loss Control Matching Grant through the TML Risk Management Pool; and that the _____ is further authorized to provide a matching sum to serve as a match for any monies provided by this grant.

A motion was made by _____ and properly seconded, and then passed on by the Board on _____ day of _____ in the year of _____.

_____
Appropriate Signature