RESOLUTION NO. 451

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.

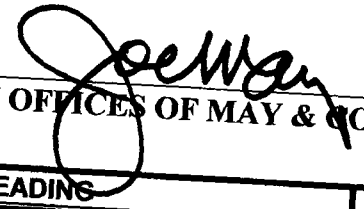
Duly passed and approved this the 27th day of July, 2010.

GARY W. LAWSON, Mayor

ATTEST:

MARIAN SANDIDGE, City Recorder

APPROVED AS TO FORM:



LAW OFFICES OF MAY & GOUP

FIRST READING	AYES	NAYS	OTHER
Alderman William Blakely	✓		
Alderman Richard Gabriel	✓		
Alderman Kathy Roberts	✓		
Alderman Tresa Mawk	✓		
Alderman Carl Wolfe	✓		
Vice-Mayor Thomas Wheeler	✓		
Mayor Gary Lawson	✓		
TOTALS	7	0	0

PASSED FIRST READING July 27, 2010

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

2010-11 "Safety Partners" Loss Control Matching Grant Program

TML RISK MANAGEMENT POOL GRANT APPLICATION – ***DATE SENSITIVE***

PROGRAM CLOSED AFTER AUGUST 6, 2010

1) **DATE OF THIS APPLICATION:** 7-27-2010

2) PARTICIPANT CITY *(OR AGENCY)* NAME: Town of Mount Carmel

3) STREET OR P.O. BOX ADDRESS: P.O. Box 1421

4) CITY, AND ZIP CODE: Mt. Carmel 37645

5) PRINT NAME OF **CONTACT PERSON**: Chief Christopher Jones
This is the person we contact with questions.

6) **CONTACT PERSON'S** TITLE: Fire Chief

7) **CONTACT PERSON'S** PHONE NUMBER: 423-817-2961 **EXTENSION:** _____

8) **CONTACT PERSON'S** FAX NUMBER: 423-357-1184

9) **CONTACT PERSON'S** E-MAIL ADDRESS: *(PRINT CLEARLY)* chiefchrisjones@yahoo.com
Approval notices will be sent via e-mail to the above listed contact person's e-mail.

10) NO. OF FULL TIME EMPLOYEES IN CITY/AGENCY: 22

11) NO. OF EMPLOYEES AFFECTED BY THIS PURCHASE: 15

12) THE CITY/AGENCY DESIRES TO PURCHASE THE FOLLOWING: We wish to purchase Fire Helmets, Fire Gloves, AND Nomax Hoods

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.
Replace old non compliant equipment used to protect fire fighters Heads, face, AND Hands from burns

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 resolution won't be signed until after your next Council/Board meeting, **send in your application and submit signed resolution later.**

→ ▪ *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:* 2004.70 Galls Inc.

Estimate #2 *CALCULATED TOTAL:* 2123.50 Darley Co.

16) **SIGNATURE** of **SUPERVISOR'S APPROVAL:** Mary Lawson
(As designated by resolution/motion)

NOTE: YOU WILL RECEIVE NOTIFICATION OF GRANT STATUS THE WEEK OF AUGUST 23, 2010

(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*		**Pending** ☐	
Proof of Payment Attached?	*Yes*____ *No*____	*Check Amount*			

Earned Workers' Compensation Premium from Previous Year: $ _____

LocCode: _____

Conslt: _____

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