RESOLUTION NO. 13-505

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 $1,500.00 to serve as a match for any monies provided by the grant.

Duly passed and approved this the 23rd day of July, 2013.

Larry Frost

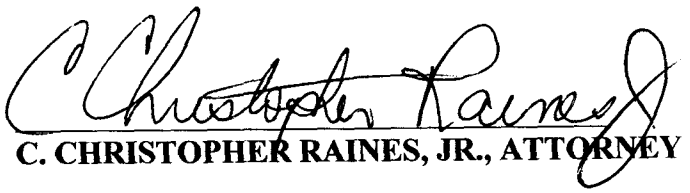
LARRY FROST, Mayor

ATTEST:

Marian Sandidge

MARIAN SANDIDGE, City Recorder

APPROVED AS TO FORM:



C. CHRISTOPHER RAINES, JR., ATTORNEY

FIRST READING	AYES	NAYS	OTHER
Alderman Eugene Christian	x		
Alderman Wanda Davidson			absent
Alderman Leann DeBord	x		
Alderman Frances Frost	x		
Alderman Carl Wolfe	x		
Vice-Mayor Paul Hale	x		
Mayor Larry Frost	x		
TOTALS	6	0	1

PASSED FIRST READING: **July 23, 2013**

THE
POOL
Tennessee's Leader in Risk Management Services

E-mail application to VNelson@thepool-tn.org *OR* Fax to 615-371-9212

2013-14 "Safety Partners" Loss Control Matching Safety Grant Program

THE POOL GRANT APPLICATION – *DATE SENSITIVE*

PRINCIPAL COST SAVING ACTIVITY

1) **DATE OF THIS APPLICATION:** 7-9-13

2) PARTICIPANT CITY *(OR AGENCY)* NAME: Mount Carmel Police Department

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

4) CITY, AND ZIP CODE: Mount Carmel, TN 37645

5) PRINT NAME OF CONTACT PERSON: Mike Campbell
This is the person we contact with questions.

6) CONTACT PERSON'S TITLE: Police Chief

7) CONTACT PERSON'S PHONE NUMBER: 423-817-2959 EXTENSION:

8) CONTACT PERSON'S FAX NUMBER: 423-357-7710

9) CONTACT PERSON'S E-MAIL ADDRESS: *(PRINT CLEARLY)* mcpd-campbell@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: 21

11) NO. OF EMPLOYEES AFFECTED BY THIS PURCHASE: 9

12) THE CITY/AGENCY DESIRES TO PURCHASE THE FOLLOWING: Flouresent Safety Rain Jackets, Safety Vest, Safety Cones (18in), Stinger flashlights w/safety cones,

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 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:* July 23, 2012

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

Eligibility Timeframe: PURCHASES MUST BE MADE BETWEEN JANUARY 1, 2013 – MAY 30, 2014

Estimate #1 *CALCULATED TOTAL:* 5,000.00
Estimate #2 *CALCULATED TOTAL:* 4,000.00

16) **NAME** of SUPERVISOR GIVING APPROVAL: Mayor Larry Frost
(As designated by resolution/motion)

NOTE: YOU WILL RECEIVE NOTIFICATION OF GRANT STATUS THE WEEK OF AUGUST 26, 2013

(DO NOT Write Below This Line – To Be Completed by The 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 The Pool: _____ *Time:* _____

Mount Carmel Police Department

Post Office Box 1421
Mount Carmel, Tennessee 37645

Phone (423) 357-9019 ** Fax (423) 357-1184
E-Mail mcpd@chartertn.net

Chief of Police
Mike Campbell

07-08-13

To: TML Safety Pool
From: Chief Campbell

We are requesting safety items through the "loss control matching safety grant". Justification for the items we are requesting that will help in the safety of our officers as they preform their duties are as follows:

Reflective Safety Raincoats: As the officers are working during rainy weather they find themselves in traffic working traffic accidents, making traffic stops, motorists assists, and DUI checkpoints. For officer safety and personal protection from the rain they need raincoats that will reflect vehicle headlights and to be more visible to the motoring public during the day.

Reflective safety vests: It is a policy for our officers to wear safety vests during the time they are working all traffic accidents, DUI and Safety checkpoints, and any special event in which they are directing traffic.

Flashlights with lighted safety cones: While working traffic accidents at night, DUI or Safety checkpoints at night, and any special event that requires the officers to direct the flow of traffic they need good dependable flashlights with attachable safety cones. At night the motoring public can better follow the direction of the lighted cone rather than just the beam of a flashlight.

Traffic safety cones: Reflective safety cones are a must to direct the flow of traffic and to slow the flow of traffic at any DUI or Safety checkpoint and traffic accident. Reflective traffic cones help in the safety of officers and the motoring public.

TRANSMISSION VERIFICATION REPORT

TIME : 07/09/2013 09:24
NAME :
FAX : 4233577710
TEL : 4233577311
SER.# : 000K1N134976

DATE,TIME	07/09 09:23
FAX NO./NAME	16153719212
DURATION	00:00:55
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM