

RESOLUTION NO. 16-539

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:

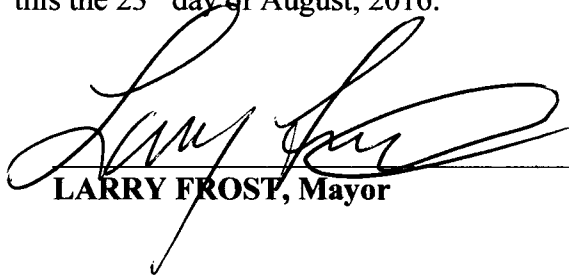
SECTION I. That the Town of Mount Carmel, Tennessee, is hereby authorized to submit an application for a "Safety Partners" Loss Control Matching Grant through the TML Risk Management Pool.

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.

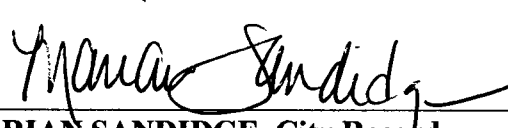
SECTION III. That the Drug Fund will be providing for the expenditure for the above-noted grant.

SECTION IV. That in appropriating the above-described expenditure of funds the Drug Fund revenue will be reimbursed with the grant revenue received.

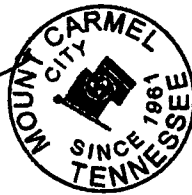
Duly passed and approved this the 23rd day of August, 2016.


LARRY FROST, Mayor

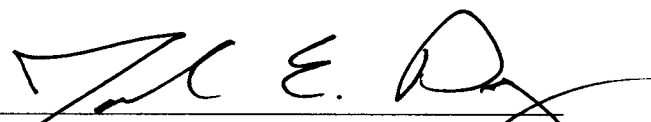
ATTEST:



MARIAN SANDIDGE, City Recorder



APPROVED AS TO FORM:



JOHN PEVY, Town Attorney

FIRST READING	AYES	NAYS	OTHER
Alderman Eugene Christian	x		
Alderman Margaret Christian	x		
Alderman Wanda Davidson	x		
Alderman Paul Hale	x		
Alderman Carl Wolfe	x		
Vice-Mayor Chris Jones	x		
Mayor Larry Frost	x		
TOTALS	7	0	0

PASSED FIRST READING: August 23, 2016



2016-2017 "Safety Partners" Matching Grant Program Guidelines

The Pool is pleased to announce the launch of its 19th series of the
"Safety Partners" Matching Grant Program
for all members who have **workers' compensation coverage** with The Pool.

OBJECTIVE: To help eligible Pool members purchase safety items designed to reduce workers' compensation claims.

Safety reimbursable items include:

Expenditures for employee safety devices, equipment and safety training, or employee education/training that is necessary to control an employee safety hazard.

Please read this information in its entirety before completing the application:

- 1) The Pool will **reimburse up to 50 percent** of the cost of the safety-related approved item(s) with a maximum reimbursement based on the Priority Classification matrix rating.
- 2) **Matching grant funds must be used for employee safety related items.**
- 3) Entity must be an existing Pool member and must currently have **workers' compensation coverage** with The Pool as of 7/1/2016.
- 4) Entity must be in good standing with The Pool **and in compliance with previous loss control recommendations.**



DEADLINE: Friday, August 12, 2016 (close of business)

GRANT NOTIFICATION DATE: Week of September 6, 2016

ELIGIBILITY: Available **ONLY** to Pool members with **Workers' Compensation Coverage** since **July 1, 2016**. Your **expenditure** may be made between **January 1, 2016 and May 1, 2017**.

RULES FOR PARTICIPATION

1. **Applications must be submitted online.** The application is **DATE SENSITIVE** and is subject to available funds. Direct all questions to your loss control consultant (please refer to pg. 4).
2. A signed **Resolution** or **Motion** (by the appropriate official: mayor or chairman of the board) passed by the governing body of the city/agency **MUST BE** provided. For boards of local government agencies that do not pass resolutions, a sample **Motion** is attached and may be signed by the appropriate Executive.

NOTE: IF your resolution/motion cannot be approved and signed when your application is ready, you may submit the application only by including a notation on the application stating that your resolution/motion will follow after your board or council meeting (list the date of meeting). Since the APPLICATION is date sensitive, it is NOT necessary to submit the application and resolution/motion together. (Samples of each are attached). Your grant check will not be sent to you until we have received this document.

3. The Pool will **reimburse** approved grants for one-half of the paid expenditures (50 percent), **up to the maximum funding level for the participant's assigned classification**.
4. If the Grant Committee approves your application, you will be asked to submit proof of payment(s) for your safety-related 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 **cancelled checks** or a **proof-positive paper trail** for approved items. Verification of payment should be submitted to Tahtia Carver at tcarver@thepool-tn.org or faxed to 615-371-9212, along with your grant "Notification of Approval" letter.



5. The **deadline** for us to receive your application and close this program is Friday, August 12, 2016 (close of business). Approval/pending/non-approval **grant notifications will be distributed the week of September 6, 2016.**
6. Only ONE grant application may be approved for each town/city/agency during any given FISCAL YEAR. You may not "roll-over" an application from one fiscal year to another.
7. **Total** all estimates and final paid receipts!
8. **If approved for a grant, your proof of payment for expenditures must be received in this office by May 1, 2017, or your grant money WILL be awarded to the next "pending" member's application.**

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

1. The primary consideration will be the amount of available funding for the fiscal year.
2. Priority will be given to risk exposures noted in the loss control site surveys, recommendations and/or loss trends, and a history of sound risk management practices.

Grant funding will depend on the matrix rating (*Priority Classification*) assigned to a Pool member which assesses the workers' compensation **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 July 2, 2016**, at which time you may call to inquire about your classification. Call 800-624-9698 and ask for Tahtia Carver.



If you need to know about your classification or if you have additional questions, please contact your loss control consultant.

West Tennessee
Paul Chambliss
731-225-2439
pchambliss@thepool-tn.org

Middle Tennessee
Chester Darden
615-406-0944
cdarden@thepool-tn.org

East Tennessee
Judy Housley
865-250-0413
jhousley@thepool-tn.org

**Rating Classifications Funding
Levels**
(based upon earned workers' comp premium
for previous year 2015-2016)

Class I – Up to \$3,000

Class II – Up to \$2,000

Class III – Up to \$1,500

Class IV – Up to \$1,000

Class V – Up to \$500

Class VI – Up to \$250

Workers' Compensation Coverage Classification Levels

Class I – Contributed earned premium for the previous year \$200,000 or more in the requested coverage area.

Class II – Contributed earned premium for the previous year between \$100,000 and \$199,999 in the requested coverage area.

Class III – Contributed earned premium for the previous year between \$25,000 and \$99,999 in the requested coverage area.

Class IV – Contributed earned premium for the previous year between \$10,000 and \$24,999 in the requested coverage area.

Class V – Contributed earned premium for the previous year between \$2,500 and \$9,999 in the requested coverage area.

Class VI – Contributed less than \$2,499 in earned premium for the previous year in the requested coverage area.

Subject: SAFETY PARTNERS GRANT SUBMITTED --- 08/11/16 10:05:15 CST

From: George Copas (gcopas901@gmail.com)

To: mariansandidge@yahoo.com;

Date: Thursday, August 11, 2016 11:11 AM

----- Forwarded message -----

From: <DoNotReplySafetyGrant@thepool-tn.org>

Date: Aug 11, 2016 11:05 AM

Subject: SAFETY PARTNERS GRANT SUBMITTED --- 08/11/16 10:05:15 CST

To: <gcopas901@gmail.com>

Cc:

CONGRATULATIONS! You have submitted a Safety Partners Grant to The Pool for consideration.

Please review the following information; should there be any changes contact Tahtia Carver or you may fax a copy to Tahtia Carver at (615) 371-9212.

2016 - 2017 "Safety Partners" Loss Control Matching Grant Program

TML RISK MANAGEMENT POOL GRANT APPLICATION

Application Date:	Thursday 11th of August 2016
Participant city (or Agency) Name:	MOUNT CARMEL POLICE DEPARTMENT
P.O. Box Address or Street:	100 E. MAIN ST.
City:	MOUNT CARMEL
Zip Code:	37645
Contact Person:	GEORGE COPAS
Contact Person - Title:	MAJOR (ASSISTANT CHIEF OF POLICE)
Contact Person - Telephone:	(423) 817-2984
Contact Person - Fax:	(423) 357-1184
Contact Person - Email:	gcopas901@gmail.com
No of Full Time Employees in City/Agency"	4
No. Employees Affected by this Purchase:	24
City/Agency Desires to Purchase the Following:	High Visibility Traffic Safety Vest and flash lights with safety cones for full, part time and reserve officers.
Justification for the Needed Purchase:	A serious concern within our Jurisdiction is high visibility in our personnel and we wish to focus on making our Officers more visible via High Visibility Traffic Vests. We considered several important factors when making safety assessments that determine the most appropriate type equipment needed for traffic safety. The 1st is the obvious consideration of the State, and local standards and regulations. These standards state that all persons working within the right-of-way of a state-aid highway who are exposed either to traffic or to construction shall wear high-visibility safety vest / apparel that meet the set guidelines. The 2nd is to consider which will offer optimum visibility in daytime, low-light and nighttime conditions in a variety of low visibility environments including both clear and inclement weather conditions. The 3rd consideration to be taken into account is the site-specific characteristics. This would include such factors as: • Sight / stopping distances – allowing traffic the appropriate amount of time and distance to recognize the Officer within the scene. • Constrained work zones that have limited space available in the temporary traffic control zone. • The proximity to traffic. • Traffic speed and volume. We intend on utilizing every available resource to insure safety of all.
Resolution	You have selected to submit your application at a later time. Your next meeting is schedule for <u>08/23/2016</u> . Once you have the completed form you may email the completed form to Tahtia Carver or you may fax a copy to Tahtia Carver at (615) 371-9212.
Estimate #1 - Calculated Total	\$2,020
Estimate #2 - Calculated Total	\$2,150

Print

Approving Supervisor - Name	Jeff Jackson
Approving Supervisor - Email	mcpd_jackson@yahoo.com

This email has been scanned by the Symantec Email Security.cloud service.