RESOLUTION NO. 17-558

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.
- 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 22nd day of August 2017.

HRISTOPHER JONES, Mayor

| ATTEST: | THE CAPE |
|--------------------------------|-----------|
| Marian Sandidy | W WCE SOU |
| MARIAN SANDIDGE, City Recorder | |
| | |

APPROVED AS TO FORM:

JOHN PEVY, Town Attorney



2017 - 2018 "Safety Partners" Loss Control Grant Program

TML RISK MANAGEMENT POOL GRANT APPLICATION

DATE SENSITIVE THE PROGRAM DEADLINE IS AUGUST 11TH, 2017

Your application has been sent.

If you do not receive an **email confirmation within 15 minutes** please check your SPAM or JUNK email folder in the event the confirmation has been blocked by your organization; or you may contact via email or (615) 371-0049.

| PRINT this Page for your Records | CLOSE this webpage - I am done |
|---|---|
| Click to download/print the RESOLUTION form | Click to download/print the MOTION form |

| r== | | | | | |
|-----|--|--|--|--|--|
| 1. | Application Date: | Friday 11 August 2017 | | | |
| 2. | Participant city (or Agency) Name: | MOUNT CARMEL POLICE DEPARTMENT | | | |
| 3. | P.O. Box Address or Street: | 100 E. MAIN ST. | | | |
| 4. | City: | MOUNT CARMEL | | | |
| 4. | Zip Code: | 37645 | | | |
| 5. | Contact Person: | GEORGE COPAS | | | |
| 6. | Contact Person - Title: | ASSISTANT CHIEF | | | |
| 7. | Contact Person - Telephone: | (423) 817-2984 | | | |
| 8. | Contact Person - Fax: | (423) 357-1184 | | | |
| 9. | Contact Person - Email: | gcopas904@gmail.com | | | |
| 10. | No of Full Time Employees in City/Agency" | 24 | | | |
| 11. | No. Employees Affected by this Purchase: | 24 | | | |
| 12. | City/Agency Desires to Purchase the Following: | High Visibility Traffic Safety Cones | | | |
| 13. | Justification for the Needed Purchase: | High Visibility Safety Cones are very useful in aiding in personal safety for all employees, the specific area the cones are to be utilized include but not limited to the following. • Directing Alerting Motorist of Crash Scenes • Safety Check Points • Special Events • Traffic Pattern Changes Many day-to-day operations require the need for an early warning device and used routinely can aid in the reduction of injuries associated with not alerting motorists of the upcoming traffic pattern changes. | | | |
| 14. | Resolution | You have selected to submit your application at a later time. Your next meeting is schedule for 08/22/2017. 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. | | | |
| 15. | Estimate #1 - Calculated Total | \$3,000 | | | |
| 15. | Estimate #2 - Calculated Total | \$3,350 | | | |
| 16. | Approving Supervisor - Name | Jeff Jackson | | | |
| 17. | Approving Supervisor - Email | mcpd_jackson@yahoo.com | | | |

We HIGHLY recommend you Print a copy for your records.

| FIRST READING | AYES | NAYS | OTHER |
|-----------------------------|------|------|----------------|
| Alderman Diane Adams | X | | |
| Alderman Eugene Christian | X | | |
| Alderman Margaret Christian | X | | |
| Alderman Wanda Davidson | X | | |
| Alderman Jennifer Williams | X | | |
| Vice-Mayor Carl Wolfe | X | | - |
| Mayor Christopher Jones | X | | |
| TOTALS | 7 | 0 | 1 |

PASSED FIRST READING: <u>August 22, 2017</u>