

**RESOLUTION 25-187**

**A RESOLUTION TO AUTHORIZE A GRANT APPLICATION FOR FUNDS TO ENHANCE THE CITY'S EMERGENCY PREPAREDNESS AND THE SAFETY OF-FIRE PERSONNEL**

**WHEREAS**, the City of Spring Hill is actively assessing the City's needs for various safety equipment to enhance our emergency preparedness and personnel safety; and

**WHEREAS**, grant funds are available via Public Entity Partner's Judy Housley Safety Partners Grant to assist local government bodies with the purchase of safety equipment; and

**WHEREAS**, the City's Health and Safety Manager has completed the grant application to request grant funding in the amount of \$4,000.00 with the City required to commit to a match of \$4,000.00 (50%); and

**WHEREAS**, the grant funds would allow for the City to purchase 5 Automated External Defibrillators (AED) to enhance our emergency preparedness throughout the city and the safety of our Police personnel;

**WHEREAS**, the Police Department is committed to funding the difference between the cost of the AEDs and the amount of the grant; and

**WHEREAS**, City staff recommends authorization of grant application for funds to assist with these purchases, through Public Entity Partners.

**NOW, THEREFORE BE IT RESOLVED**, the City of Spring Hill Board of Mayor and Aldermen:

1. Commits and obligates a grant match in the amount of \$4,000.00 if the grant funds are received in the amount of \$4,000.00 through the Public Entity Partner's Judy Housley Safety Partners Grant.
2. Authorize the grant application to be submitted electronically online.

**Passed and Adopted by the Board of Mayor and Aldermen of the City of Spring Hill, Tennessee on the 18<sup>th</sup> day of August, 2025.**

  
\_\_\_\_\_  
Matt Fitterer, Mayor

ATTEST:

  
\_\_\_\_\_  
April Goad, City Recorder

LEGAL FORM APPROVED:

  
\_\_\_\_\_  
Patrick Carter, City Attorney



## 2025-2026 Judy Housley Safety Partners Matching Grant Program Guidelines

We are pleased to announce the 28<sup>th</sup> annual Judy Housley Safety Partners Grant.

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

The Judy Housley Safety Partners Grant provides funding for Public Entity Partners members to purchase safety and loss prevention items or training aimed at preventing work related injuries and accidents.

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

- 1) Public Entity Partners will **reimburse up to 50 percent** of the cost of the safety-related approved item(s) with a maximum reimbursement based upon earned workers' compensation premium from the previous year.
- 2) **Matching grant funds must be used for employee safety related items.**
- 3) Entity must be an existing member and must currently have **workers' compensation coverage** as of 7/1/2025.
- 4) Applicants must be in good standing, current with applicable premiums with Public Entity Partners **and cooperative with previous loss prevention/loss control recommendations.**



**DEADLINE:** Friday, August 15, 2025 (close of business)

**GRANT NOTIFICATION DATE:** Week of September 8, 2025

**ELIGIBILITY:** Available **ONLY** to members with **Workers' Compensation Coverage** as of **July 1, 2025**. Your expenditures may be made between **July 1, 2024** and **April 1, 2026**.

## RULES FOR PARTICIPATION

1. **Applications must be submitted online.** The application is **DATE SENSITIVE** and is subject to available funds.
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 Motion is attached and may be signed by the appropriate Executive. In addition, also available on our website, please find a "fillable" Model Resolution/Motion, for your convenience.

**NOTE:** If your resolution/motion cannot be approved and signed when your application is ready, you may **submit the application only**. However, the resolution/motion must be sent by no later than November 7, 2025. Since the application is date sensitive, it is **NOT** necessary to submit the application **and** resolution/motion together. Please note that your grant reimbursement check will not be sent to you until we have received the document.

3. Public Entity Partners 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. Please see **Page 3** for mandatory checklist of items needed for Grant reimbursement.

## GRANT REIMBURSEMENT CHECKLIST:

1. "Notification of Approval" letter
2. Signed Resolution/Motion
3. Cover sheet listing description of items purchased, quantities, and grand total of all purchases. All receipts must follow in order of the cover sheet.
4. Two proofs of payment which must include the following:
  - 1) CANCELLED check/bank statement OR credit card receipt/credit card statement OR Automated Clearing House (ACH) OR Automated Funds Transfer (AFT)
  - 2) Copy of invoice OR purchase order (serving as the backup to the cancelled check or credit card receipt). Submitting invoices alone will not be accepted.

Forward all receipts/documentation to:

Tahtia Mitchell  
Grant & Scholarship Program  
[Tmitchell@PEpartners.org](mailto:Tmitchell@PEpartners.org)  
Fax: 615-371-9212

The deadline for us to receive your application is Friday, August 15, 2025 (close of business). Grant notifications will be distributed the week of September 8, 2025.

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.

If approved for a grant, your proof of payment for expenditures must be received by April 1, 2026, or your grant money WILL be awarded to the next application.

**PLEASE NOTE :** The funding for this program is limited and is time-sensitive. It is important that you are diligent in filing for reimbursement. Members who submit late reimbursement receipts may jeopardize their eligibility to receive a grant the following fiscal year. Please do not delay and plan ahead to submit reimbursement items as soon as the Approval Notification letter is received.



**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 **earned workers' compensation premium from the previous year**. You may contact Tahtia Mitchell at [TMitchell@PEpartners.org](mailto:TMitchell@PEpartners.org) or 1-800-624-9698 to inquire about your classification.



If you need to know about your classification or if you have additional questions, please contact:

**Tahtia Mitchell**  
**Grant & Scholarship Program**  
[Tmitchell@PEpartners.org](mailto:Tmitchell@PEpartners.org)  
1-800-624-9698

### **Rating Classifications Funding Levels**

(based upon earned workers' comp premium for previous year 2024-2025)

- Class I – Up to \$4,000
- Class II -- Up to \$3,000
- Class III – Up to \$2,000
- Class IV – Up to \$1,500
- Class V – Up to \$1,000
- Class VI – Up to \$500
- Class VII – Up to \$250

### **Workers' Compensation Coverage Classification Levels**

- Class I – Contributed earned premium for the previous year \$400,000 or more in the requested coverage area.
- Class II – Contributed earned premium for the previous year between \$200,000 and \$399,999 in the requested coverage area.
- Class III – Contributed earned premium for the previous year between \$100,000 and \$199,999 in the requested coverage area.
- Class IV – Contributed earned premium for the previous year between \$25,000 and \$99,999 in the requested coverage area.
- Class V – Contributed earned premium for the previous year between \$10,000 and \$24,999 in the requested coverage area.
- Class VI – Contributed earned premium for the previous year between \$2,500 and \$9,999 in the requested coverage area.
- Class VII - Contributed earned premium for the previous year less than \$2,500

Contact Person: \*

Mike Bryan

Contact Person Email: \*

mbryan@springhilltn.org

Contact Person Title: \*

Health and Safety Manager

Participant City (or Agency) Name: \*

Spring Hill

Street/PO Box Address: \*

199 Town Center Parkway

City \*

Spring Hill

Zip Code \*

37174

Contact Person Phone Number: \*

931-698-7677

No. of Full Time Employees in City/Agency: \*

339

No. of Full Time Employees Affected by this Purchase: \*

90

The City/Agency desires to purchase the following: \*

5 LifePak CR2 USB Automated External Defibrillators (AED's) with wall cabinets

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. \*

the City of Spring Hill is requesting funding for five Automated External Defibrillators (AEDs) to improve emergency preparedness and employee safety. This need is driven by the layout and size of our new police head quarters facility, which includes multiple offices, training spaces, and operational areas that are widely dispersed and not quickly accessible in an emergency.

To ensure immediate response to cardiac events, four AEDs will be strategically placed throughout the main building. An additional AED is needed at our firearms training range, a separate facility where officers regularly engage in strenuous training that increases health risks.

Providing quick access to AEDs can be the difference between life and death. These devices are critical to protecting the health and safety of our officers and support staff. This proactive investment underscores our commitment to the well-being of those who serve and support our community every day.

Estimate #1 Calculated TOTAL:

9,495

Estimate #2 Calculated TOTAL:

1,1287

Name of Approving Supervisor \*

Chris Clausi

By submitting this Grant Application, I verify that all information is correct. Please only click the submit button once. If you do not receive a confirmation email within 15 minutes of submitting your application, please contact Tahtia Mitchell at [TMitchell@PEPartners.org](mailto:TMitchell@PEPartners.org).