

**RESOLUTION 17-73**

**A RESOLUTION AUTHORIZING THE CITY OF SPRING HILL  
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 City of Spring Hill is of the greatest importance; and

WHEREAS, all efforts shall be made to provide a safe and hazard-free workplace for the City of Spring Hill 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 City of Spring Hill now seeks to participate in this important program.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN OF THE CITY OF SPRING HILL, TENNESSEE the following:

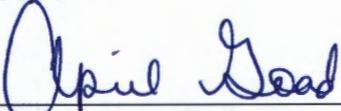
SECTION 1. That the City of Spring Hill is hereby authorized to submit application for a “Safety Partners” Loss Control Matching Grant through the TML Risk Management Pool.

SECTION 2. That the City of Spring Hill is further authorized to provide a matching sum of up to \$3,000.00 to serve as a match for any monies provided by this grant.

Passed and adopted this 17<sup>th</sup> day of July, 2017.

  
\_\_\_\_\_  
Rick Graham, Mayor

ATTEST:

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

LEGAL FORM APPROVED:

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



## 2017-2018 “Safety Partners” Matching Grant Program Guidelines

The Pool is pleased to announce the launch of its 20<sup>th</sup> 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 **7/1/2017**.
- 4) Entity must be in good standing with The Pool **and in compliance with previous loss control recommendations.**

**DEADLINE:** Friday, August 11, 2017 (close of business)

**GRANT NOTIFICATION DATE:** Week of September 4, 2017

**ELIGIBILITY:** Available **ONLY** to Pool members with **Workers' Compensation Coverage** since **July 1, 2017**. Your **expenditure** may be made between **January 1, 2017 and May 1, 2018**.

## 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 **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 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.

**ITEMS NEEDED FOR GRANT REIMBURSEMENT ARE AS FOLLOWS:**

- Copy of grant "Notification of Approval" letter**
- Copy of signed Resolution/Motion when completed**
- Cover sheet listing description of items purchased, quantities and total of purchases. All receipts must follow in exact order of cover sheet.**
- Copy of cancelled check OR credit card receipt, proving payment of items purchased**
- Copy of invoice OR purchase order, serving as description/detail to items purchased**

**Forward all receipts/documentation to:**

**Tahtia Carver**

**Email: [tcarver@thepool-tn.org](mailto:tcarver@thepool-tn.org) or Fax: 615-371-9212**

5. The **deadline** for us to receive your application and close this program is Friday, August 11, 2017 (close of business). **Grant notifications will be distributed the week of September 4, 2017.**
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. **If approved for a grant, your proof of payment for expenditures must be received in this office by May 1, 2018, 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 5, 2017**, 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

jhousesley@thepool-tn.org

**Rating Classifications Funding Levels**

(based upon earned workers' comp premium for previous year 2016-2017)

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.



**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

1.	<b>Application Date:</b>	Tuesday 18 July 2017
2.	<b>Participant city (or Agency) Name:</b>	CITY OF SPRING HILL
3.	<b>P.O. Box Address or Street:</b>	P.O. BOX 789
4.	<b>City:</b>	SPRING HILL
4.	<b>Zip Code:</b>	37174
5.	<b>Contact Person:</b>	APRIL GOAD
6.	<b>Contact Person - Title:</b>	CITY RECORDER/TREASURER
7.	<b>Contact Person - Telephone:</b>	(931) 486-2252
8.	<b>Contact Person - Fax:</b>	(931) 486-0516
9.	<b>Contact Person - Email:</b>	agoad@springhilltn.org
10.	<b>No of Full Time Employees in City/Agency"</b>	232
11.	<b>No. Employees Affected by this Purchase:</b>	35
12.	<b>City/Agency Desires to Purchase the Following:</b>	Traffic related equipment, safety cones, security cameras, safety training and materials, safety clothing
13.	<b>Justification for the Needed Purchase:</b>	These purchases help the city employees to stay safe while working on the streets.
14.	<b>Resolution</b>	You have selected to submit your application at a later time. Your next meeting is schedule for <b>07/17/2017</b> . Once you have the completed form you may email the completed form to <a href="#">Tahtia Carver</a> or you may fax a copy to Tahtia Carver at (615) 371-9212.
15.	<b>Estimate #1 - Calculated Total</b>	\$11,655
15.	<b>Estimate #2 - Calculated Total</b>	\$11,655
16.	<b>Approving Supervisor - Name</b>	Chuck Downham
17.	<b>Approving Supervisor - Email</b>	cdownham@springhilltn.org

**We HIGHLY recommend you Print a copy for your records.**