

RESOLUTION 14-87

**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

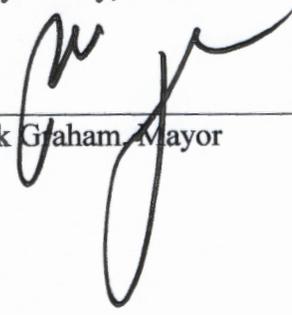
WHEREAS, the City of Spring Hill now seeks to participate in this important program.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL 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.

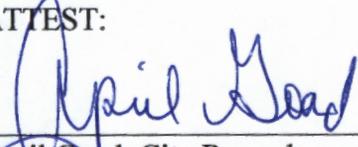
SECTION 2. That the City of Spring Hill is further authorized to provide a matching sum of \$2,000.00 to serve as a match for any monies provided by this grant.

Passed and adopted this 21st day of July, 2014.



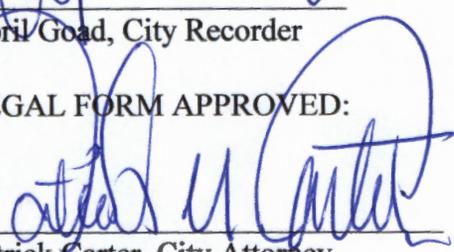
Rick Graham, Mayor

ATTEST:



April Goad, City Recorder

LEGAL FORM APPROVED:



Patrick Carter, City Attorney

THE T.M.L. POOL

Tennessee's Leader in Risk Management Services

www.thepool-tn.org

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*Safe Actions, First Time, Every Time,
The Pool and You!*



“Safety Partners”

Instructions-Loss Control Matching Safety Grant Program

2014 – 2015



The Pool proudly announces the 18th series of the “Safety Partners” **Loss Control Matching Safety Grant Program**. This grant will help our members purchase **employee** safety items, equipment and safety education/training. The Pool will **reimburse up to 50%** of the cost of the approved items(s) with a maximum reimbursement based on the Priority Classification matrix rating. *(listed on page 3)* **PLEASE READ THIS INFORMATION IN ITS ENTIRETY BEFORE FILLING OUT THE APPLICATION.**

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

Submittal Deadline: Friday at noon (CST), **August 15, 2014** - **DO NOT WAIT** until the deadline to submit your application. When you receive it, fill it out and send it back asap. The deadline date is actually when we close the program to allow the grant committee time to review the applications.

Grant Notification Date: Week of **August 25, 2014**

Eligibility Timeframe: Available **ONLY** to **The Pool** members with Workers' Compensation coverage since 7/01/13. **PURCHASES MUST BE MADE BETWEEN JANUARY 1, 2014 – MAY 1, 2015.**

Funds are quickly exhausted in this very popular program. Don't delay, applications will be entered by date received, on a first come, first awarded basis. Don't be turned down because your application was too late in arriving and all budgeted funds were already disbursed to entities submitting their applications early.

RULES FOR PARTICIPATION:

- 1) Upon receipt of this notice, submit your application by using the appropriate link **as soon as possible**. The application is **DATE SENSITIVE and subject to available funds**.
- 2) Application needs approval by chief administrative officer (*i.e., Mayor, City Manager, Executive Director, etc.*) of the city or agency.
- 3) **Total your estimates!** A grant application must be completed in its entirety and submitted along with two **totaled** estimates (*if possible*).
- 4) ★ ★ A signed **Resolution**, (*by the appropriate official Mayor or Chairman of the Board*), passed by the governing body of the city/agency, OR a signed **Motion** (*by the appropriate Executive*) for local government agencies whose Board/Council do not pass resolutions, **MUST BE** provided before your grant check can be mailed to you but can be sent in anytime. It does not need to be sent with the application.

NOTE: *IF your resolution/motion can not be approved and signed when your application is ready, you may submit the application only; with a notation on #14 of the application, stating that your resolution/motion will follow after your Board or Council meeting (list the date of meeting). It is NOT necessary to submit application and resolution/motion together, since the APPLICATION is date sensitive. (samples of each are attached).*

- 5) **IMPORTANT:** If the Grant Committee approves your application, you will be asked to submit your signed Resolution/Motion and proof of payment(s) for your purchased item(s) **before** we can process your grant check. In order to insure that your grant check is correct, please **TOTAL ALL RECEIPTS** that you submit. Many banks do not give you cancelled checks so we will accept an invoice with a "Paid" stamp listing the check number and amount paid listed on it. Invoices without this information will not be used as proof of payment. Copies of cancelled checks are always preferred. A proof-positive paper trail for approved/purchased items be furnished. E-mail all paperwork to tmitchell@thepool-tn.org or fax to **615-371-9212** along with your grant "Notification of Approval" letter.
- 6) Only ONE grant application may be approved for each city/agency during any given FISCAL YEAR. You may not "roll-over" an application from one fiscal year to another.
- 7) The Pool will **reimburse** approved grants up to one-half of the paid expenditures (50%), or the maximum funding level for the participant's assigned classification, whichever is lower.

If approved for a grant, your proof of payment must be received in this office by May 1, 2015, 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 risk management practices, loss experience, and availability of funding and submission date.

- 1) The primary consideration will be the available funding for a particular fiscal year. This funding level is established by The Pool's Board of Directors.
- 2) Priority will be given to employee risk exposures noted in **loss control site surveys and recommendations and/or loss trends** and a history of sound risk management practices.
- 3) When all criteria are equal, the grant committee will give first consideration to those members that did not receive a grant in the previous year(s). Final consideration will be the **SUBMISSION DATE** (date application is received by The Pool). **FIRST RECEIVED, FIRST AWARDED.**
- 4) Grant funding will depend on the matrix rating (*Priority Classification – see below*) 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 7/2/14**, at which time you may call to inquire about your classification. Call 800-624-9698 and ask for Tahtia Mitchell.

New Funding Levels for the various rating classifications are as follows for **Earned WC Premium for 2013-14**

NOTE

<i>Earned Premium from the previous year of 2013-14</i>	<i>Class Ranking</i>	<i>Grant Maximum</i>
100,000 - More	Class I	\$2,000
\$25,000 - \$99,999	Class II	\$1,500
\$10,000 - \$24,999	Class III	\$1,000
\$2,500 - \$9,999	Class IV	\$ 500
\$2,499 or less	Class V	\$ 250

These classification areas are defined as follow for Pool Workers' Compensation participants.

- Class I** Contributed **earned premium** for the **previous year** **\$100,000** or more in the requested coverage area.
- Class II** Contributed **earned premium** for the **previous year** **between \$25,000 but less than \$99,999** in the requested coverage area.
- Class III** Contributed **earned premium** for the **previous year** **between \$10,000 but less than \$24,999** in the requested coverage area.
- Class IV** Contributed **earned premium** for the **previous year** **between \$2,500 and \$9,999** in the requested coverage area.
- Class V** Contributed **less than \$2,499** in **earned premium** for the **previous year** in the requested coverage area.