

**RESOLUTION 2011-38**

**A RESOLUTION AUTHORIZING THE CITY OF FRANKLIN, TENNESSEE 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 Franklin, Tennessee is of the greatest importance; and

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

**THEREFORE**, BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN OF THE CITY OF FRANKLIN, TENNESSEE the following:

**SECTION 1.** That the City of Franklin, Tennessee 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 Franklin, Tennessee is further authorized to provide a matching sum to serve as a match for any monies provided by this grant.

Approved this 9<sup>TH</sup> day of August, 2011

ATTEST:

CITY OF FRANKLIN, TENNESSEE

BY: \_\_\_\_\_  
ERIC S. STUCKEY  
City Recorder/Administrator

BY: \_\_\_\_\_  
DR. KEN MOORE  
Mayor

THE  
**POOL**  
Tennessee's Leader in Risk Management Services

E-mail application to [LScoobe@thepool-tn.org](mailto:LScoobe@thepool-tn.org) OR Fax to 615-371-9212

**2011-12 "Safety Partners" Loss Control Matching Safety Grant Program**

THE POOL GRANT APPLICATION - DATE SENSITIVE  
PROGRAM CLOSED AFTER AUGUST 5, 2011

- 1) DATE OF THIS APPLICATION: 7-7-2011
- 2) PARTICIPANT CITY (OR AGENCY) NAME: City of Franklin
- 3) STREET OR P.O. BOX ADDRESS: 109 3rd Avenue South Suite 102
- 4) CITY, AND ZIP CODE: Franklin TN 37064
- 5) PRINT NAME OF CONTACT PERSON: Rodney Escobar  
*This is the person we contact with questions.*
- 6) CONTACT PERSON'S TITLE: Risk Manager
- 7) CONTACT PERSON'S PHONE NUMBER: 615-791-3297 EXTENSION: \_\_\_\_\_
- 8) CONTACT PERSON'S FAX NUMBER: 615-791-3278
- 9) CONTACT PERSON'S E-MAIL ADDRESS: (PRINT CLEARLY) rodney.escobar@franklintn.gov  
*Approval notices will be sent via e-mail to the above listed contact person's e-mail.*
- 10) NO. OF FULL TIME EMPLOYEES IN CITY/AGENCY: 1250
- 11) NO. OF EMPLOYEES AFFECTED BY THIS PURCHASE: 200
- 12) THE CITY/AGENCY DESIRES TO PURCHASE THE FOLLOWING: Safety boots

13) 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.  
Parks, Water, Street, Solid Waste, Engineering, Building Maintenance, Codes Departments

14) Submit a signed Resolution/Motion, passed by the governing body of the city/agency by the appropriate official (Mayor or Chairman of the Board). If resolution won't be signed until after your next Council/Board meeting, send in your application and submit signed resolution later.

→ Date of upcoming Board or Council meeting: August 9, 2011

15) Provide two estimates (if possible) for purchase of equipment/training. Be sure to calculate the TOTAL of each.  
Estimate #1 CALCULATED TOTAL: 4,000  
Estimate #2 CALCULATED TOTAL: 4,500

16) NAME OR SIGNATURE of SUPERVISOR'S APPROVAL: [Signature]  
*(As designated by resolution/motion)*

**NOTE: YOU WILL RECEIVE NOTIFICATION OF GRANT STATUS THE WEEK OF AUGUST 22, 2011**

*(DO NOT Write Below This Line -- To Be Completed by The Pool staff)*

Complete Application?	Yes ___ No ___	Class Ranking	_____	Approved <input type="checkbox"/>	
Resolution Attached?	Yes ___ No ___	Grant Amount Eligibility	_____		Not Approved <input type="checkbox"/>
Estimates?	Yes ___ No ___	Total Amount of Purchases	_____		Pending <input type="checkbox"/>
Proof of Payment Attached?	Yes ___ No ___	Check Amount	<input type="text"/>		

Earned Workers' Compensation Premium from Previous Year: \$ \_\_\_\_\_

LocCode: \_\_\_\_\_  
Const: \_\_\_\_\_

Date Application Received at The Pool: \_\_\_\_\_ Time: \_\_\_\_\_



HISTORIC  
FRANKLIN  
TENNESSEE

## MEMORANDUM

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August 2, 2011

TO: Board of Mayor and Aldermen

FROM: Eric Stuckey, City Administrator  
Shirley Harmon, Human Resources Director  
Rodney Escobar, Risk Manager

SUBJECT: TML Risk Management Pool, "Safety Partners" Loss Control Matching Grant

### **Purpose**

The purpose of this memorandum is to submit for approval by the Board of Mayor and Aldermen (BOMA) a grant to provide safety boots for City of Franklin employees.

### **Background**

The TML Risk Management Pool has had this program for 13 years. Many times employee safety devices, equipment and safety education/training are cost prohibitive. To help address this concern, the TML Pool offers the "Safety Partners" Loss Control Matching Grant Program. The TML Pool will reimburse up to 50% of the cost of the approved items with a maximum reimbursement based on the Priority Classification matrix rating. The classification ratings are based on our premiums. This makes the City of Franklin a Class I, so we could be reimbursed \$2,000.

### **Financial Impact**

This grant reduces the overall cost of safety boots for those departments that require safety boots and will assist the City of Franklin by providing safety footwear to our employees, which will prevent and reduce foot related workers' compensation injuries, and potential financial loss.

### **Options**

The options are to participate in this grant or opt out of the Safety Grant.

### **Recommendation**

Approval of this resolution is recommended.