

RESOLUTION NO. 171

**A RESOLUTION AUTHORIZING THE TOWN OF MOUNT CARMEL TO PARTICIPATE IN THE TML RISK MANAGEMENT POOL LOSS CONTROL MATCHING GRANT PROGRAM**

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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 Loss Control Matching Grant Program: and

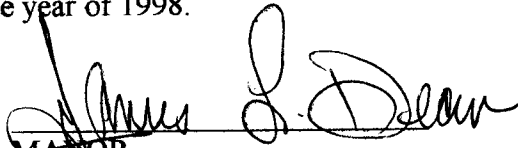
WEREAS, the Town of Mount Carmel now seeks to participate in this important program.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE TOWN OF MOUNT CARMEL, TENNESSEE the following:

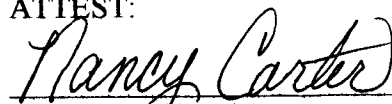
SECTION 1. That the Town of Mount Carmel is hereby authorized to provide application for a Loss Control Matching Grant through the TML Risk Management Pool.

SECTION 2. That the Town of Mount Carmel is further authorized to provide a matching sum not to exceed the amount of \$2000.00 to serve as a match for any monies provided by this grant.

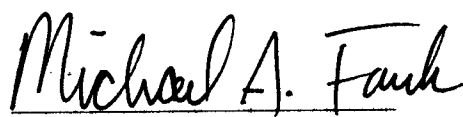
Resolved this 27th day of August in the year of 1998.

  
MAYOR

ATTEST:

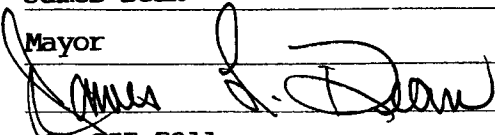
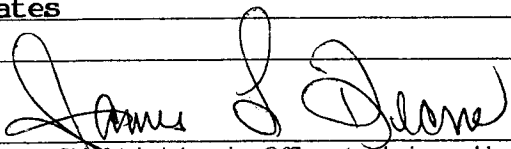
  
CITY RECORDER

APPROVED AS TO FORM:

  
CITY ATTORNEY

# "Safety Partners" Loss Control Matching Grant Program

## Grant Application

- 1) Participant city (or agency) name Town of Mount Carmel
- 2) Address: 100 E. Main St. P.O. Box 1421  
Mount Carmel TN 37645
- 3) Name of person submitting request James Dean
- 4) Title: Mayor
- 5) Signature: 
- 6) Phone number: 423-357-7311
- 7) No. of full time employees in city/agency: 23
- 7) No. of employees affected by this purchase: 8
- 8) The city/agency desires to purchase the following: Uniform weapons for officers  
of the Police Department
- 9) This purchase will impact (check 1): employee safety\_\_ municipal liability\_\_ or both x.
- 10) Please provide justification for the needed purchase. Please indicate the departments or function areas that will be affected. Feel free to include loss data, pictures, or any other information that describes how this equipment will reduce the liability or safety exposures noted:  
Currently all officers provide their own weapons. Many are different  
calibers. With uniform weapons, ammo, clips, holsters and training  
can be interactive. In worst case ammo and clips could be interchanged  
between officers.
- 11) Please attach a copy of the Resolution passed by the governing body of the city/agency signed by the appropriate official (Mayor or Chairman of the Board).
- 12) Provide at least two (2) estimates for purchase of this equipment (please list manufacturer, sales vendor or store, and purchase price).  
See attached estimates
- 13) Approved by (signature)   
Chief Administrative Officer (as designated by resolution)

(Do Not Write Below This Line -- To Be Completed by TML Pool staff)

Complete Application? Yes\_\_ No\_\_  
Resolution Attached? Yes\_\_ No\_\_  
Estimates? Yes\_\_ No\_\_  
Earned Premium:  
WC\_\_ L\_\_

Class Ranking\_\_  
Grant Amount Eligibility\_\_  
Total Amount of Purchases\_\_  
Approved \$ Amount\_\_  
Approved\_\_ Not Approved\_\_

LocCode\_\_

Grant 98/99-Sep