




HISTORIC
FRANKLIN
TENNESSEE

ITEM #29
BOMA
07/13/2010

MEMORANDUM

Memorandum

TO: Board Of Mayor and Aldermen

FROM: Eric Stuckey, City Administrator 

DATE: July 7, 2010

RE: Items approved by City Administrator
On behalf of the Board of Mayor and Aldermen

Through the authority granted by the Board of Mayor and Aldermen, the following items of action were approved by me on your behalf:

- a) TML Risk Management Pool, "Safety Partners" Loss Control Matching Grant (\$2,000)

Fax application to: 615-371-9212 or e-mail to: lscobee@tmlrmp.org

2010-11 "Safety Partners" Loss Control Matching Grant Program

TML RISK MANAGEMENT POOL GRANT APPLICATION - DATE SENSITIVE

PROGRAM CLOSED AFTER AUGUST 6, 2010

- 1) DATE OF THIS APPLICATION: 7-6-2010
2) PARTICIPANT CITY (OR AGENCY) NAME: City of Franklin
3) STREET OR P.O. BOX ADDRESS: 109 3rd Avenue South
4) CITY, AND ZIP CODE: Franklin, TN 37064
5) PRINT NAME OF CONTACT PERSON: Rodney Escobar
6) CONTACT PERSON'S TITLE: Risk Manager
7) CONTACT PERSON'S PHONE NUMBER: 615/791-3279 EXTENSION:
8) CONTACT PERSON'S FAX NUMBER: 615/791-3278
9) CONTACT PERSON'S E-MAIL ADDRESS: (PRINT CLEARLY) rodney.escobar@franklinrtn.gov
10) NO. OF FULL TIME EMPLOYEES IN CITY/AGENCY: 648
11) NO. OF EMPLOYEES AFFECTED BY THIS PURCHASE: 239
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.
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.
15) Provide two estimates (if possible) for purchase of equipment/training. Be sure to calculate the TOTAL of each.
16) SIGNATURE of SUPERVISOR'S APPROVAL: [Signature]

NOTE: YOU WILL RECEIVE NOTIFICATION OF GRANT STATUS THE WEEK OF AUGUST 23, 2010

(DO NOT Write Below This Line - To Be Completed by TML Pool staff)
Complete Application? Yes ___ No ___ Class Ranking ___
Resolution Attached? Yes ___ No ___ Grant Amount Eligibility ___
Estimates? Yes ___ No ___ Total Amount of Purchases ___
Proof of Payment Attached? Yes ___ No ___ Check Amount []
Approved []
Not Approved []
Pending []

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

LocCode: _____
Conslt: _____

Date Application Received at TML Pool: _____ Time: _____