

RESOLUTION 20-R-20 authorizing the City of Murfreesboro to participate in Public Entity Partners "Safety Partners" Matching Grant Program

WHEREAS, the safety and well-being of the employees of the City of Murfreesboro is of the greatest importance; and

WHEREAS, all efforts shall be made to provide a safe and hazard-free workplace for the City of Murfreesboro employees; and

WHEREAS, Public Entity Partners seeks to encourage the establishment of a safe workplace by offering a "*Safety Partners*" Matching Grant Program; and

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

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MURFREESBORO, TENNESSEE, AS FOLLOWS:

SECTION 1. That the City of Murfreesboro is hereby authorized to submit application for a "*Safety Partners*" Matching Grant Program through Public Entity Partners attached hereto as "Exhibit A".

SECTION 2. That the City of Murfreesboro is further authorized to provide a matching sum to serve as a match for any monies provided by this grant.

SECTION 3. This Resolution shall be effective immediately, the public welfare and the welfare of the City requiring it.

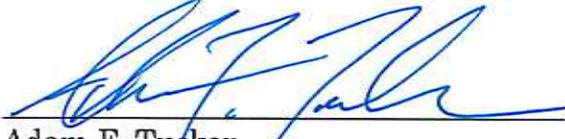
Passed: July 23, 2020


Shane McFarland, Mayor

ATTEST:


Melissa B. Wright
City Recorder

APPROVED AS TO FORM:


Adam F. Tucker
City Attorney





2020 - 2021 "Safety Partners" Grant Program

Public Entity Partners GRANT APPLICATION

DATE SENSITIVE
THE PROGRAM DEADLINE IS AUGUST 7TH, 2020

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.

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Click to download/print the RESOLUTION form

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1.	Application Date:	Monday 29 June 2020
2.	Participant city (or Agency) Name:	MURFREESBORO
3.	P.O. Box Address or Street:	111 WEST VINE STREET
4.	City:	MURFREESBORO
4.	Zip Code:	37133
5.	Contact Person:	LISA LUGOS
6.	Contact Person - Title:	SAFETY OFFICER
7.	Contact Person - Telephone:	(615) 648-9983
8.	Contact Person - Fax:	(615) 217-3029
9.	Contact Person - Email:	llugos@murfreeshborotn.gov
10.	No of Full Time Employees in City/Agency"	1,500
11.	No. Employees Affected by this Purchase:	80
12.	City/Agency Desires to Purchase the Following:	The City of Murfreesboro has purchased 86 First Aid kits and 248 Personal Eyewash Bottles for vehicles in the Water Department as recommended by the PEP Risk Survey in October 2019.
13.	Justification for the Needed Purchase:	The City of Murfreesboro will use First Aid kits and Personal Eyewash Bottles as needed in an emergency on the Water worksite or near a vehicle in the Water Department. Safety supplies in the Water Department main building are too far away to be quickly used by employees out in the field. Supplies designated for the Water Department vehicles allows safety supplies to be close at hand regardless of location. This purchase was recommended by the PEP Risk Survey in October 2019.
14.	Resolution	You have selected to submit your application at a later time. Your next meeting is schedule for <u>07/23/2020</u> . Once you have the completed form you may email the completed form to <u>Tahtia Mitchell</u> or you may fax a copy to Tahtia Mitchell at (615) 371-9212.
15.	Estimate #1 - Calculated Total	\$1,559
15.	Estimate #2 - Calculated Total	\$1,559
16.	Approving Supervisor - Name	Darren Gore
17.	Approving Supervisor - Email	dgore@murfreeshborotn.gov

We HIGHLY recommend you Print a copy for your records.