



## 2021-2022 “Safety Partners” Matching Grant Program Guidelines

Public Entity Partners is pleased to announce the launch of its 24<sup>th</sup> series of the  
**“Safety Partners” Matching Grant Program**  
for all members who have **workers’ compensation coverage**.

***OBJECTIVE:** To help eligible members purchase safety items designed to reduce workers’ compensation claims.*

### **Safety reimbursable items include:**

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

### **Please read this information in its entirety before completing the application:**

- 1) Public Entity Partners will **reimburse up to 50 percent** of the cost of the safety-related approved item(s) with a maximum reimbursement based on the Priority Classification matrix rating.
- 2) **Matching grant funds must be used for employee safety related items.**
- 3) Entity must be an existing member and must currently have **workers’ compensation coverage** as of **7/1/2021**.
- 4) Entity must be in good standing **and in compliance with previous loss control recommendations.**

**DEADLINE:** Friday, August 20, 2021 (close of business)

**GRANT NOTIFICATION DATE:** Week of September 8, 2021

**ELIGIBILITY:** Available **ONLY** to members with **Workers' Compensation Coverage** as of **July 1, 2021**. Your **expenditure** may be made between **January 1, 2021 and April 1, 2022**.

## RULES FOR PARTICIPATION

1. **Applications must be submitted online.** The application is **DATE SENSITIVE** and is subject to available funds.
2. A signed **Resolution** or **Motion** (by the appropriate official: mayor or chairman of the board) passed by the governing body of the city/agency **MUST BE** provided. For boards of local government agencies that do not pass resolutions, a Motion is attached and may be signed by the appropriate Executive. In addition, also available on our website, please find a "fillable" Model Resolution/Motion, for your convenience.

**NOTE:** If your resolution/motion cannot be approved and signed when your application is ready, you may submit the application only. A calendar is located on the application page for you to select the future date of your signed resolution or motion. Since the application is date sensitive, it is NOT necessary to submit the application and resolution/motion together. Please note that your grant reimbursement check will not be sent to you until we have received this document.

3. Public Entity Partners will reimburse approved grants for one-half of the paid expenditures (50 percent), up to the maximum funding level for the participant's assigned classification.
4. *If* the Grant Committee approves your application, you will be asked to submit proof of payment(s) for your safety-related purchased item(s) before we can process your grant check. Invoices alone will NOT be used as proof of payment. **Please see Page 3 for mandatory checklist of items needed for Grant reimbursement.**

## **GRANT REIMBURSEMENT CHECKLIST:**

- 1. “Notification of Approval” letter**
- 2. Signed Resolution/Motion**
- 3. Cover sheet listing description of items purchased, quantities, and grand total of all purchases. All receipts must follow in order of cover sheet.**
- 4. Two proofs of payment which must include the following:**
  - A. CANCELLED check/bank statement OR credit card receipt/credit card statement**
  - B. Copy of invoice OR purchase order (serving as the backup to the cancelled check or credit card receipt). Submitting invoices alone will not be accepted.**

**Forward all receipts/documentation to:**

**Tahtia Mitchell**

**Grant & Scholarship Program**

**[Tmitchell@PEpartners.org](mailto:Tmitchell@PEpartners.org)**

**Fax: 615-371-9212**

5. The **deadline** for us to receive your application and close this program is Friday, August 20, 2021 (close of business). **Grant notifications will be distributed the week of September 8, 2021.**
6. Only ONE grant application may be approved for each town/city/agency during any given FISCAL YEAR. You may not “roll-over” an application from one fiscal year to another.
7. **If approved for a grant, your proof of payment for expenditures must be received in this office by April 1, 2022, or your grant money WILL be awarded to the next “pending” member’s application.**

**PLEASE NOTE :** The funding for this program is limited and is time-sensitive. It is important that you are diligent in filing for reimbursement. Members who continue to submit late reimbursement receipts may jeopardize their eligibility to receive a grant the following fiscal year. Please do not delay and plan ahead to submit reimbursement items as soon as the Approval Notification letter is received.



**GRANT CONSIDERATIONS:** Consideration of grants will be based on a variety of issues, such as your entity's risk management practices, loss experience, and availability of funding and submission date.

1. The primary consideration will be the amount of available funding for the fiscal year.
2. Priority will be given to risk exposures noted in the loss control site surveys, recommendations and/or loss trends, and a history of sound risk management practices.

Grant funding will depend on the matrix rating (*Priority Classification*) assigned to a 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 July 5, 2021**, at which time you may call to inquire about your classification.

If you need to know about your classification or if you have additional questions, please contact:

**Tahtia Mitchell**  
**Grant & Scholarship Program**  
[Tmitchell@PEpartners.org](mailto:Tmitchell@PEpartners.org)  
1-800-624-9698

### **Rating Classifications Funding Levels**

(based upon earned workers' comp premium  
for previous year 2020-2021)

Class I – Up to \$4,000

Class II – Up to \$3,000

Class III – Up to \$2,000

Class IV – Up to \$1,500

Class V – Up to \$1,000

Class VI – Up to \$500

Class VII – Up to \$250

### **Workers' Compensation Coverage Classification Levels**

Class I – Contributed earned premium for the previous year \$400,000 or more in the requested coverage area.

Class II – Contributed earned premium for the previous year between \$200,000 and \$399,999 in the requested coverage area.

Class III – Contributed earned premium for the previous year between \$100,000 and \$199,999 in the requested coverage area.

Class IV – Contributed earned premium for the previous year between \$25,000 and \$99,999 in the requested coverage area.

Class V – Contributed earned premium for the previous year between \$10,000 and \$24,999 in the requested coverage area.

Class VI – Contributed earned premium for the previous year between \$2,500 and \$9,999 in the requested coverage area.

Class VII - Contributed earned premium for the previous year less than \$2,500

MODEL RESOLUTION  
FOR GOVERNMENTAL ENTITIES

A RESOLUTION AUTHORIZING  
THE CITY OF \_\_\_\_\_  
TO PARTICIPATE IN  
the “*Safety Partners*” Matching Grant Program

\* \* \* \* \*

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

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

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF \_\_\_\_\_, TENNESSEE the following:

SECTION 1. That the City of \_\_\_\_\_ is hereby authorized to submit application for a “*Safety Partners*” Matching Grant Program through Public Entity Partners.

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

Resolved this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_.

\_\_\_\_\_  
Mayor

ATTEST:

\_\_\_\_\_  
City Recorder

**MODEL MOTION**  
**FOR GOVERNMENTAL ENTITIES**  
**THAT DO NOT UTILIZE RESOLUTIONS**

**A MOTION AUTHORIZING**  

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**TO PARTICIPATE IN**  
**the “*Safety Partners*” Matching Grant Program**

\* \* \* \* \*

WHEREAS, the safety and well-being of the employees of \_\_\_\_\_  
\_\_\_\_\_ is of the greatest importance; and

WHEREAS, all efforts shall be made to provide a safe and hazard-free workplace for the  
\_\_\_\_\_ 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 \_\_\_\_\_ now seeks  
to participate in this important program.

I, therefore, move that the \_\_\_\_\_ is hereby  
authorized to submit application for a “*Safety Partners*” Matching Grant Program through  
Public Entity Partners; and that the \_\_\_\_\_ is further authorized  
to provide a matching sum to serve as a match for any monies provided by this grant.

A motion was made by \_\_\_\_\_ and  
properly seconded, and then passed on by the Board on \_\_\_\_\_ day of  
\_\_\_\_\_ in the year of \_\_\_\_\_.

\_\_\_\_\_  
Appropriate Signature