

Resolution 2019-06

A RESOLUTION AUTHORIZING THE SUBMISSION AND SUPPORT OF AN APPLICATION TO THE OHIO BUREAU OF WORKERS COMPENSATION THROUGH THE SAFETY INTERVENTION GRANT PROGRAM FOR HOODS AND WASHABLE GLOVES AND DECLARING AN EMERGENCY

WHEREAS, the state of Ohio, through the Ohio Bureau of Workers Compensation, administers financial assistance for firefighters through the Safety Intervention Grant program for Firefighters Exposure to Environmental Elements; and

WHEREAS, the Village of Swanton desires to seek funding assistance through the Safety Intervention Grant program for Firefighters Exposure to Environmental Elements to purchase hoods with barrier protection and washable gloves for firefighters within the Village of Swanton, Fulton County, Ohio.

NOW THEREFORE BE IT RESOLVED, by the Council of the Village of Swanton, Fulton County, Ohio, three-fourths of the members elected thereto concurring and as follows:

Section One. That the Council of the Village of Swanton approves filing an application for financial grant assistance through the Ohio Bureau of Workers Compensation Safety Intervention Grant program for Firefighters Exposure to Environmental Elements and, if funded, entering into the required grant Agreements.

Section Two. The Village Administrator is hereby authorized and directed to execute and file an application with the Ohio Bureau of Workers Compensation and to provide all information and documentation required to become eligible for funding assistance.to execute any and all other documents necessary to effectuate this designation.

Section Three. That this Council agrees to obligate the funds required to satisfactorily complete the proposed project and become eligible for reimbursement under the terms of the Safety Intervention Grant program for Firefighters Exposure to Environmental Elements.

Section Four. That it is found and determined that all formal actions of this Village Council concerning and relating to the adoption of this resolution were adopted in an open meeting of this Village Council, and that all deliberations of this Village Council and of any of its committees that resulted in such formal action, were in meetings open to the public in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

Section Five: That this resolution is hereby declared to be an emergency measure necessary for the preservation of the village peace, health and safety; wherefore this resolution shall be in full force and effective immediately upon passage.

Motion to Suspend the Rules

Moved: Westhoven Second: Dzyak YEAS: 6 NAYS: 0

Vote on Passage

Moved: Dzyak Second: Westhoven YEAS: 6 NAYS: 0

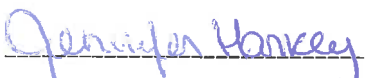
Date of Passage: February 4, 2019



Ann Roth, Mayor

Attest:

I, Jennifer Harkey, Fiscal Officer of the Village of Swanton, do hereby certify that this is a true and accurate copy of Resolution 2019-06, passed on February 4, 2019



Jennifer Harkey, Fiscal Officer



Instructions

This grant, if approved, provides a 5-to-1 match up to \$15,000 for employers with payroll equal or greater than \$500,000. For employers with less than \$500,000 annual payroll, no match is required from the employer.

You must complete all sections of the application. Please type or print clearly. BWC will review your application to approve or deny the grant. Therefore, the information you provide on this application must describe the significance of the problem and the effectiveness of the proposed solution. BWC will return incomplete applications.

For BWC to consider the application complete, you must fill in sections I-VI. This part of the application contains sections I - IV. Sections V and VI include the budget page with vendor quotes(s) and statement of agreement. You complete these sections after downloading them from the BWC webpage.

Mail the completed application, budget page and the statement of agreement to the address below. Include your vendor quote and other supporting documentation. Sections V (budget page) and VI (statement of agreement) requires signatures, employer's legal name and principal business location.

Address: Ohio Bureau of Workers' Compensation
Safety Intervention Grant Program
13430 Yarmouth Drive
Pickerington, Ohio 43147-8310

Contact us

If you have questions about the application process, please contact BWC via:

Phone: 1-800-644-6292 E-mail: DSHSG@bwc.state.oh.us

Section I: Employer information

Name of employer: Village of Swanton

Doing business as (DBA) name:

Address: 219 Chestnut St

City: Swanton State: OH ZIP code: 43558

County: Fulton

Employer BWC policy number: 32611103 Federal tax ID number: 34-6401382

Employer contact name: Jennifer Markay

Title: Fiscal officer

Telephone number: 419-826-9515 Ext.

E-mail address: fiscal@villageofswantonohio.us

Employer website: www.villageofswantonohio.us

Section II: Description of the problem

Overview

1. How many active fire fighters do you have?

26

2. How many are career firefighters?

9

Application for Safety Intervention Grant for Firefighters Exposure to Environmental Elements

3. How many are volunteer firefighters?

0

4. Do you already have a diesel exhaust system?

Yes

5. Do you already have an extractor?

Yes

6. How many total calls did you make last calendar year?

938

7. How many EMS calls did you make last calendar year?

857

8. How many fire calls did you make last calendar year?

87

9. How many HazMat calls did you make last calendar year?

0



Application for Safety Intervention Grant for Firefighters Exposure to Environmental Elements

Section III: Description of solution

- 1. Please identify the item(s) below that you are applying for.
 - Diesel exhaust systems: Source capture systems
 - Extractors/washing machines: Gear cleaning machines.
 - Hoods with barrier protection
 - Washable gloves

2. Describe the equipment you will purchase.

- 1) Innotex Gray Hoods (50 qty)
20% Nomex
80% Lenzing int. layer
Stedair Prevent.
- 2) Mix Fire Fit Red/Black Gloves (50 qty)

3. Describe how you will implement the equipment.

Issue one set per person and we will Issue second set after a fire so the first set can be washed by on shift officers.

Section IV: Implementation timeline

1. Provide the name and the title of the person responsible for implementation.

Ed Dziengelowski
Lieutenant.

(Edward Dziengelowski)

2. Provide the name and the title of the person responsible for training staff on the use of the equipment.

Lieutenant Dziengelowski

3. Provide the time it will take to order and deploy the equipment or training. The time should begin with the date of the grant warrant or EFT. (Note: You should not order the intervention until BWC approves the application and you receive the grant funds.)

Order will be placed within 14 days of receipt of grant and training will be completed within 60 days of receipt of order.

4. Provide the name and title of the person responsible for completion of BWC-required one-year follow-up report.

Jennifer Harkey, CPA
Village of Swanton
Fiscal officer
419-826-9515



Bureau of Workers' Compensation

Application for Safety Intervention Grant for Firefighters Exposure to Environmental Elements

Step 1b - Employers with payroll greater than or equal to \$500,000 are to complete the table under Step 1b. This requires a 5-to-1 match.

Table with 4 columns: Item, Quantity, Cost, Total. Rows include various fire gear items like gloves and helmets with handwritten quantities and costs.

Employers must list all discounts and/or trade-in amounts and subtract them from the project total prior to determining the grant match. Total project (A) \$8,774.00

To determine the grant amount you are requesting for equipment, please complete the formula below.

Total amount of project (from Step 1b) A \$ 8774.00
Total amount supplied by BWC, (either \$15,000 or less, or remaining funds available) B \$ 7019.25
Total amount supplied by the employer for equipment A-B \$ 1754.80

Step 2: Complete the questions below and sign.

Do you have ownership, partnership or any other affiliation with the vendor of the equipment you are purchasing? If yes, please explain NO

Are you planning to finance your portion of the grant project? Yes [] No [X] If yes, you must provide us with a copy of the loan agreement with your receipt documentation once you receive the grants funds and make your purchase.

Authority - The person signing below for the employer state that he or she is either the owner, chief executive officer, chief financial officer, plant manager or other person having fiduciary responsibilities with the employer; and the employer agrees that the signer or his, or her successor, will have the authority to oversee the carrying out the employer's responsibilities for two years after BWC issues the grant check.

By my signature, I agree to comply fully with the terms and conditions of the program and to use all monies solely for the purposes intended. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and/or, misleading or fraudulent statements made and/or if funds are not used, or are misused, misapplied, or misappropriated in any way and/or are used for purchases and/or services not associated with the approved budget and/or itemized proposal submitted.

Name of duly authorized representative (please print) Jennifer Harkney
Signature of duly authorized representative Jennifer Harkney Date 10/10/19
Title Fiscal officer
Employer name Village of Swanton BWC Policy 3261103



Section VI. AGREEMENT between OHIO BUREAU OF WORKERS' COMPENSATION

and Village of Swanton Employer's Full Legal Name

Agreement between the Ohio Bureau of Workers' Compensation and Employer

This is an agreement by and between Village of Swanton (hereinafter, "Village of Swanton"), with its principal place of business located at 219 Chestnut St, Ohio 43558, and the State of Ohio, Bureau of Workers' Compensation (hereinafter, the "BWC"), having offices at 30 W. Spring St., Columbus, OH 43215-2256, entered into the day, month and year set out below.

Whereas, the administrator of workers' compensation may issue a grant to defray the costs incurred by an employer who elects to participate in the safety intervention grant program, pursuant to Ohio Administrative Code Rule (OAC) 4123-17-56, wherein an employer may receive grant monies for projects which substantially reduce or eliminate the risk of workplace injuries and illnesses, called herein safety intervention grant program.

Therefore, for good and valuable consideration, the sufficiency of which is acknowledged, the parties mutually agree to the following conditions.

Eligibility - Acceptance of the employer into the safety intervention grant program is contingent upon the employer's: (a) submission and approval of an application, (b) demonstrated need for intervention, e.g. completion of a risk assessment, and (c) being an active, timely premium payroll customer of the Ohio State Insurance Fund as of the date of execution of this agreement and for its duration.

Distribution of grant monies - Subject to the conditions precedent in this agreement and subject to available BWC resources, the employer and BWC mutually understand and agree that the total sum of the Firefighters Exposure to Environmental Elements grant to be issued by BWC shall not exceed \$15,000. For employers with payroll greater than or equal to \$500,000, BWC shall provide a matching grant, a 5-to-1 ratio of the monies contributed by the employer, whether a public or private employer, and that the maximum grant amount shall not exceed \$15,000. The employer must contribute \$3,000 in order to receive the maximum grant amount of \$15,000. The employer understands and acknowledges that BWC will not issue a grant matching any expenditures that exceed \$3,000. For employers with payroll less than \$500,000, BWC shall not require a match. The employer, whether a public or private employer, shall not receive a grant that exceeds \$15,000.

Employer responsibilities - The employer participating in the safety intervention grant program, in consideration of a grant given to it, promises to fully comply with the program requirements as outlined in the Application and Instructions and OAC 4123-17-56, all of which are fully incorporated herein by reference. The employer will be responsible for using the awarded grant in the manner for which it is intended, and will be required to provide BWC with documentation. This documentation may include, but is not limited to, original invoices, canceled checks, and periodic reports to confirm that all funds were spent and applied toward the approved intervention. The employer understands that approved safety intervention equipment may not be rented or leased. The employer agrees to allow a BWC safety consultant to conduct a comprehensive safety evaluation of their overall safety practices. If a conditional approval is granted, the employer agrees to satisfy the stated conditions by the specified date. Further, the employer agrees not to eliminate jobs due to participation in the safety intervention grant program.

The employer agrees to allow BWC to visit the employer and complete a Pre report and assessment before approval of the application, and/or a Post report and assessment after the approval of the grant application, based on the information provided in the application. BWC reserves the right to randomly sample for environmental elements during the worksite visits. All interventions must receive approval prior to purchase in order to qualify for the grant, and any proposed changes must be agreed to by BWC prior to making the change. The employer agrees to allow BWC to publish safety intervention grant results including, but not limited to, data, videos, specifications, and/or photos for the purposes of illustrating, educating, and training employers and employees.

Time of performance - Employers must make all equipment purchases and implement the approved intervention equipment within 90 days of BWC issuing the grant check or electronic fund transfer. BWC will consider allowing additional time, up to a maximum of 90 days, upon the request of the employer. However, the extension must be made within the initial 90 day period. Within 30 days of the 90 day purchase period, the employer will be required to provide BWC with a check for all unused grant monies, a copy of the approved budget and itemized expense report, original paid invoices/receipts pertaining to all equipment and/or services purchases, and copies of all cancelled checks to support that all invoices associated with the intervention were paid in full.

The employer shall provide BWC a one year case study after the equipment implementation date. The employer shall complete and submit the one year case study report via the grant web page case study link. If the report is not filed, or if the report is not completely filled out, the employer shall be liable to repay the full amount of the grant.

Disqualification - If for any reason the employer participating in the Firefighters Exposure to Environmental Elements grant program fails to satisfy one or more of the criteria established in the Application and Instructions, OAC 4123-17-56, and this agreement, including, but not limited to, the requirement of maintaining active coverage, timely payments thereof, and the obligations described in the Employer Responsibilities and Time for Performance sections, the employer may be disqualified from the program. Disqualification will result in the termination of BWC's obligations under this agreement. BWC reserves the right to recover grant monies by one or more of the following methods: billing the employer for the grant money received, forwarding the employer's information to the Office of the Attorney General of Ohio for collection, set-off, recoupment, or other administrative, civil and/or legal remedy.

If the employer merges or combines its business after receiving a grant, but before completing the one year case study report, the BWC Successorship Liability Policy will go into effect. The grant/predecessor employer is responsible for notifying the successor employer of the obligations under the Safety Intervention Grant program. The successor employer may be liable to repay any and all previously paid grant monies if these obligations are not met.



Application for Safety Intervention Grant for Firefighters Exposure to Environmental Elements

Disclaimer - If implemented correctly by the employer, the goal of the safety intervention grant program is to substantially reduce or eliminate injury and illness in the workplace and, hence, claims associated with the affected processes. BWC does not guarantee or warrant that the implementation of such a plan will result in a substantial reduction or elimination of injuries and illnesses in the workplace. In the event of an injury or occupational disease arising from the implementation of the program, the employer and the employee's sole and exclusive remedy shall be pursuant to workers' compensation laws of the appropriate jurisdiction. In no event, shall BWC be liable for any damages in contract or in tort.

Ohio elections law: Grantee hereby certifies that no applicable party listed in Divisions (I), (J), (Y) and (Z) of O.R.C. Section 3517.13 has made contributions in excess of the limitations specified under Divisions (I), (J), (Y) and (Z) of O.R.C. Section 3517.13

Conflicts of interest and ethics compliance certification: Grantee affirms that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict, in any manner or degree, with the performance of services which are required to be performed under any resulting Contract. In addition, Grantee affirms that a person who is or may become an agent of Grantee, not having such interest upon execution of this Contract shall likewise advise the Bureau in the event it acquires such interest during the course of this Contract.



Authority - By initializing this box, the person signing below for the employer state that he or she is either the owner, chief executive officer, chief financial officer, plant manager or other person having fiduciary responsibilities with the employer; and the employer agrees that the signer or his, or her successor, will have the authority to oversee the carrying out the employer's responsibilities for two years after BWC issues the grant check. The signer's authority shall continue until the employer notifies BWC of the name of the successor.

By my signature, I agree to fully comply with the terms and conditions of this agreement and the program and to use all monies solely for the purposes intended. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and misleading or fraudulent statements made and/or if funds are not used, or are misused, misapplied, or misappropriated in any way and/or are used for purchases and/or services not associated with the approved budget and/or itemized proposal submitted.

Modifications: The parties may, in writing and by mutual agreement, amend, modify, supplement or rescind the terms of this agreement.

In witness whereof, the parties hereunto affix their signatures this day of 2 Month, 1 Day, 2019.

Employer's full legal name Village of Swanton

Federal tax I.D. 346401382

Title Fiscal officer

Name (please print) Jennifer Hankey

Signature Jennifer Hankey



By initializing this box, the employer agrees that prior purchases have not been made. The employer also confirms understanding that all grant approved purchases are to be purchased and implemented within 90 days after the date on the BWC grant check or the date of the electronic fund transfer. Additionally any changes to the original intervention must receive prior approval by BWC.

Non-Discrimination and Equal Employment Opportunity: The Grantee will comply with all state and federal laws regarding equal employment opportunity and fair labor and employment practices, including Ohio Revised Code Section 125.111 and all related Executive Orders. The State encourages the Grantee to purchase goods and services from Minority Business Enterprise (MBE) and Encouraging Diversity, Growth and Equity (EDGE) vendors.

State of Ohio, Bureau of Workers' Compensation SafetyGrant Safety Intervention RSP June 2017

**WARREN FIRE
EQUIPMENT**

Quote

6880 Tod Avenue SW
Warren, OH 44481

Date 10/15/2018
Quote # QT1212302
Expires 11/14/2018
Sales Rep Schaffer, Tony
PO # BWC Grant
Shipping Method FedEx Ground
Shipping Code (2)

Bill To
SWANTON FIRE DEPARTMENT
ATTN: Fire Chief Mike Wolever
432 CHURCH STREET
SWANTON OH 43558
United States

Ship To
SWANTON FIRE DEPARTMENT
ATTN: Fire Chief Mike Wolever
432 CHURCH STREET
SWANTON OH 43558
United States

Item	All Item	Units	Description	Qty	Unit Sales	Amount
M1x-G-XS			M1x FireFit - Gauntlet - Black/Red - Size: X-Small	2	72.00	144.00
M1x-G-S			M1x FireFit - Gauntlet - Black/Red - Size: Small	5	72.00	360.00
M1x-G-M			M1x FireFit - Gauntlet - Black/Red - Size: Medium	15	72.00	1,080.00
M1x-G-L			M1x FireFit - Gauntlet - Black/Red - Size: Large	15	72.00	1,080.00
M1x-G-XL			M1x FireFit - Gauntlet - Black/Red - Size: X-Large	10	72.00	720.00
M1x-G-2XL			M1x FireFit - Gauntlet - Black/Red - Size: 2X-Large	5	72.00	360.00
INNOTEXGRAY2 5-Medium/Large			INNOTEX GRAY™ hood 25, ext layer. 20% Nomex® / 80% Lenzing; int. layer. Stedair® Prevent	50	95.00	4,750.00
INNOTEXGRAY2 5-XLarge			INNOTEX GRAY™ hood 25, ext layer. 20% Nomex® / 80% Lenzing; int. layer. Stedair® Prevent	2	95.00	190.00

Shipping is not included for Veridian Gloves. Shipping is an estimate. Tony Schaffer - 330-314.0803

Subtotal 8,684.00
Shipping Cost (FedEx Ground) 90.00
Total \$8,774.00

This Quotation is subject to any applicable sales tax and shipping & handling charges that may apply. Tax and shipping charges are considered estimated and will be recalculated at the time of shipment to ensure they take into account the most current local tax information.

All returns must be processed within 30 days of receipt and require a return authorization number and are subject to a restocking fee.

Custom orders are not returnable. Effective tax rate will be applicable at the time of invoice.



QT1212302