

**FAIRFIELD TOWNSHIP
RESOLUTION NO. 19-105**

RESOLUTION TO ACCEPT THE FIREFIGHTER EXPOSURE TO ENVIRONMENTAL ELEMENTS AND GRANT (FEEEG) PROJECT IN THE AMOUNT OF \$12,466.67 AND AUTHORIZING PAYMENT OF \$14,960.00 TO PHOENIX SAFETY OUTFITTERS FOR THE LION PARTICULATE BLOCKING HOODS, FOR THE FIRE DEPARTMENT.

WHEREAS: The Fire Department was awarded the Firefighter Exposure to Environmental Elements Grant (FEEEG) Project Grant in the amount of \$12,466.67 from the Ohio Bureau of Workers' Compensation (Grant); and

WHEREAS: The Grant is intended for the purchase of Lion Particulate Blocking Hoods; and

WHEREAS: The purchase and cost of (145) Lion Particulate Blocking Hoods, Nomex Sahara is \$14,960.00 which leaves a balance owed of \$2,493.33; and

WHEREAS: This will be paid out of Fund No. 2111;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Trustees of Fairfield Township, Butler County, Ohio, as follows;

SECTION 1: The Board hereby accepts the Firefighter Exposure to Environmental Elements and Grant (FEEEG) Project in the amount of \$12,466.67 and authorizes the payment balance of \$14,960.00 to Phoenix Safety Outfitters as set forth on the attached Exhibit "A".

SECTION 2: The Board hereby dispenses with the requirement that this resolution be read on two separate days, pursuant to RC 504.10, and authorizes the adoption of this resolution upon its first reading.

SECTION 3 This resolution is the subject of the general authority granted to the Board of Trustees through the Ohio Revised Code and not the specific authority granted to the Board of Trustees through the status as a Limited Home Rule Township.

SECTION 4: That it is hereby found and determined that all formal actions of this Board concerning and relating to the passage of this Resolution were taken in meetings open to the public, in compliance with all legal requirements including §121.22 of the Ohio Revised Code.

SECTION 5: This resolution shall take effect at the earliest period allowed by law.

Adopted: September 11, 2019

Board of Trustees

Shannon Hartkemeyer:

Shannon Hartkemeyer

Joe McAbee:

Joe McAbee

Susan Berding

Susan Berding

Vote of Trustees

yes

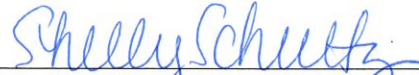
yes

yes

AUTHENTICATION

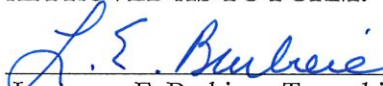
This is to certify that this is a resolution which was duly passed, and filed with the Fairfield Township Fiscal Officer this 11~~th~~ day of September, 2019.

ATTEST:



Shelly Schultz, Fairfield Township Fiscal Officer

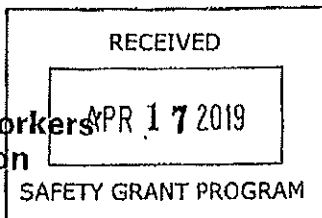
APPROVED AS TO FORM:



Lawrence E. Barbieri, Township Law Director



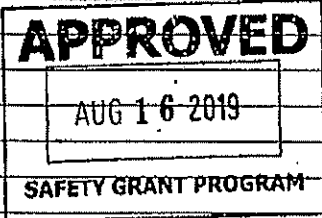
Bureau of Workers Compensation



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.

Item	Quantity	Cost	Total
Lion Particulate Blocking Hood, Nomex Sahara	145	\$ 103.00	\$ 14,935.00
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Freight	1	\$ 25.00	\$ 25.00
Tax		\$	\$



Employers must list all discounts and/or trade-in amounts and subtract them from the project total prior to determining the grant match. These must be included on the vendor price quote.

Total project (A) \$ 14,960.00

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

Total amount of project (from Step 1b) _____ A \$ 14,960.00

Total amount supplied by BWC, (either \$15,000 or less, or remaining funds available) _____ B \$ 12,466.67

Total amount supplied by the employer for equipment _____ A-B \$ 2,493.33

(A x 5) / 5 = B (multiply A by 5, then divide by 5)

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 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. The signer's authority shall continue until the employer notifies BWC of the name of the successor.

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) Matt Schumann

Signature of duly authorized representative [Signature] Date 10/25/19

Title Asst. Chief

Employer name Fairfield Township BWC Policy 309 20104



**Bureau of Workers'
Compensation**

13430 Yarmouth Drive
Pickerington, OH 43147

Governor Mike DeWine
Administrator/CEO Stephanie B. McCloud

www.bwc.ohio.gov
1-800-644-8292
Fax: 1-866-336-8352

August 28, 2019

Matt Schumann
Assistant Fire Chief
Fairfield Township of Butler County
6048 Morris Road
Hamilton, Ohio 45011

Policy number: 30920104
Application number: 05-0701

Dear Assistant Chief Schumann:

Congratulations! We have approved Fairfield Township of Butler County's application for the Firefighter Exposure to Environmental Elements Grant (FEEEG) project requesting \$12,466.67. Your obligation of the total project of \$14,960.00 is \$2,493.33. The following equipment is approved under this grant award as detailed in the attached approved grant budget:

- (145) Lion Particulate Blocking Hoods, Nomex Sahara.

You may expect to receive your award within eight weeks from the date of this letter. If you enrolled in electronic funds transfer, you may expect the direct deposit into the account specified on your vendor information form.

When you **receive your grant funds**, you must complete the action steps as listed below

- ◇ **Purchase and implement** the approved intervention equipment within 90 days after the date on the grant check or electronic fund transfer (EFT).
- ◇ Forward itemized invoice(s) pertaining to all **approved equipment purchased** showing either "Stamped" Paid in Full or "Typed-Written" Paid in Full within 120 days of receiving BWC grant check or electronic fund transfer (EFT).

Please see the enclosed *Employer Action Steps* for details on the above items.

BWC stands ready to assist you with your safety needs. If you would like to speak with a Division of Safety & Hygiene consultant or have questions about the SIG program, please call 1-800-644-6292, and listen to the options.

Sincerely,

Bernard J. Silkowski
Superintendent (Interim)
Division of Safety & Hygiene

Enclosure

cc: BWC Finance Division
BWC Field Operations
File

Employer Action Steps

Steps	Action steps	Date completed
1	<p>Purchase and Implement the approved intervention <u>only</u> after receiving grant funds. You must make the <u>intervention purchase and implement the intervention equipment</u> within 90 days after the date on the grant check or EFT. Your participation in the FEEEG program commences on the date of the grant check or EFT.</p>	
2	<p>Within 120 days after the date of the grant check or EFT, you must provide BWC with the following:</p> <ul style="list-style-type: none"> ◇ A copy of the original approved budget; ◇ Itemized invoice(s) pertaining to all approved equipment purchased showing either "Stamped" Paid in Full or "Typed-Written" Paid in Full within 90 days of receiving BWC grant check or electronic fund transfer (EFT). ◇ Copies of the front and back of all canceled check(s) or online bank statements issued that demonstrate that you paid all invoices associated with the intervention in full, and all BWC and employer contributions were fully used in the manner intended. <p>Forward the aforementioned documentation to BWC Safety Intervention Grants Program, 13430 Yarmouth Drive, Pickerington, Ohio 43147-8310 c/o Safety Intervention Grants program coordinator.</p> <p><i>IRS 1099 requirement – All grant recipients will be issued a 1099 for their BWC paid grant funds. This does not preclude employers from providing BWC proof of spending verification for the use of the grant funds within 120 days after the date of the grant check as described above.</i></p> <p><i>Note: The issuance of a 1099 does not preclude BWC from seeking administrative, civil and/or criminal sanctions if you do not reimburse the bureau all unused grant money and/or funds deemed misappropriated.</i></p>	
3	<p>Submit one-year case study. You must provide a case study one year from the intervention date. Submit this within 30 days of the one-year reporting period. BWC will require employers who fail to adhere to the reporting requirements to reimburse the full amount of the grant.</p> <p>Case study – Please go to the BWC Website (www.bwc.ohio.gov) for additional information and the link to one-year case study.</p>	
4	<p>Program completed upon submission of one-year case study.</p>	

(Note: Employers who fail to adhere to the regulations, terms and/or conditions of the FEEEG program may be required to reimburse us, up to the full amount of the grant, and may face civil and/or criminal sanctions.)

We have been awarded a BWC Grant for the purchase of additional Particulate Blocking Hoods as a part of the efforts to prevent firefighter cancer. The total project cost is \$14,960.00. The BWC grant share is \$12,466.67 and the Fire Department share is \$2,493.33.

We anticipate receiving the funds from BWC on Friday August 30th.

We will need authorization from the Board to spend the \$12,466.67 or approval for the full amount at \$14,960.00.

Purchase will be through Phoenix Safety Outfitters.

I have attached the documentation for you as well. I am sending a copy of the email notification as well.

If needed we can put this on the next meeting.

Chief Timothy J. Thomas Sr. OFE OFC

Fairfield Township Fire Department

6048 Morris Road

Fairfield Township, OH 45011

Office 513-785-2240



QUOTATION: 127297

(THIS IS NOT AN INVOICE)

PHOENIX Safety Outfitters,
PO Box 20445
Upper Arlington, Ohio 43220

Bill to:

RYAN BERTER
FAIRFIELD TOWNSHIP FIRE DEPARTMENT
6048 MORRIS ROAD
HAMILTON OH 45011
UNITED STATES
Customer Phone: 513 785 2242
Customer Email: tthomas@fairfieldtwp.org

Ship to:

RYAN BERTER
FAIRFIELD TOWNSHIP FIRE DEPARTMENT
6048 MORRIS ROAD
HAMILTON OH 45011
UNITED STATES
Customer Phone: 513 785 2242
Customer Email: tthomas@fairfieldtwp.org

Date: 23 Jan 2019

Terms: Reference Terms in Body of Quote

Accounting Questions cgrogan@phoenixoutfitters.com

Account Owner: Tony Travis

Bin Reference Number:

Sent By: Tony Travis

Shipping Method: Best Way

Web Address: www.phoenixoutfitters.com

Qty	Item ID	Item name	Item \$	Extended \$
1.0000	INTERNAL NOTES	INTERNAL NOTES:	\$0.00	\$0.00
		THIS PRICING TO BE HELD UNTIL 12-31-2019		
145	HD395146	Lion Particulate Blocking Hood (Head Cover), Nomex Sahara Color: SAHARA HOODS: UNIV Verified: [0718] Valid Thru: [022818]	\$103.00	\$14,935.00
1.0000	DROP-FRTTBD	Freight FOB Mfg. to include Shipping, Handling TBDATOS // Reference Date Shipped in Header:	\$25.00	\$25.00
Subtotal			\$14,960.00	
OH-ST TAX EXEMPT @ 0%				\$0.00
Total			\$14,960.00	
Paid to date				\$0.00

Physical Address:
PHOENIX Safety Outfitters
1619 Commerce Road
Springfield, Ohio 45504
(937) 324-2537

Sales Tax Certificates:
Ohio (91-050790)
Michigan (41-2241348)
Indiana (0158424336)

EIN:41-224134



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. Row 1: Lion Particulate Blocking Hood, Nomex Sahara, 145, \$ 103.00, \$14,935.00. Row 2: Freight, 1, \$ 25.00, \$ 25.00. Row 3: Tax, \$, \$.

Employers must list all discounts and/or trade-in amounts and subtract them from the project total prior to determining the grant match. These must be included on the vendor price quote.

Total project (A) \$ 14,960.00

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

Formulas for grant calculation: Total amount of project (from Step 1b) A \$ 14,960.00; Total amount supplied by BWC, (either \$15,000 or less, or remaining funds available) B \$12,466.67; Total amount supplied by the employer for equipment A-B \$ 2,493.33.

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. The signer's authority shall continue until the employer notifies BWC of the name of the successor.

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)

Signature of duly authorized representative Date MM/DD/YY

Title

Employer name BWC Policy