

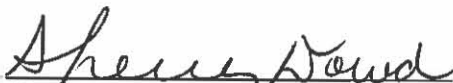
NAVARRO COUNTY COMMISSIONER'S COURT

A Special meeting of the Navarro County Commissioner's Court was held on Thursday, the 30<sup>th</sup> day of June, 2016 at 1:30 p.m., in the County Courtroom of the Navarro County Annex Building 601, North 13<sup>th</sup> Street, in Corsicana, Texas. Commissioners present Jason Grant, David Warren and James Olsen.

1. 3:00 P.M. Motion to convene by Comm. Grant sec by Comm. Warren  
Carried unanimously
2. Opening Prayer-Comm. Olsen
3. Pledge of Allegiance
4. Public Comments-no comments
5. Motion to go approve Application for Risk Control Reimbursement Program with TAC by Comm. Grant sec by Comm. Warren **TO WIT PG 3478-3485**  
Carried unanimously
6. Motion to adjourn by Comm. Grant sec by Comm. Warren  
Carried unanimously

I, Sherry Dowd, Navarro County Clerk, Attest that the Foregoing is a True and accurate accounting of the commissioners Court's authorized proceeding for June 30<sup>th</sup> , 2016.

Signed 30<sup>th</sup>, day of June, 2016

  
Sherry Dowd, County Clerk





# Risk Control Reimbursement Program APPLICATION AND PROJECT REQUEST FORM

**Please complete the Application and Project Request Form for each project requested.**

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Members of the Texas Association of Counties Risk Management Pool enjoy an array of benefits, including coverage tailored to meet the needs of Texas counties, valuable risk control services and excellent customer service.

TAC RMP members wishing to participate in the program must complete this RCRP Application and a Project Request Form for each project. The deadline to apply is July 1, 2016.

### Applicant Information and Agreement

Member Name: Navarro County  
Applicant Name: Brittney T. Simon, County Auditor  
Address: 601 N. 13th Street, Ste. 6  
City/State/ZIP: Corsicana, TX 75110  
Phone: 903-654-3095  
Email: bsimon@navarrocounty.org

More information and forms at [www.county.org/rcrp](http://www.county.org/rcrp).

I verify that all information submitted is true, correct and complete. I understand that any misrepresentation of facts or false statements contained herein may result in a denial of, or request from TAC RMP to return, Project Reimbursement funds. I understand and agree to the following:

- Reimbursement amounts may only be used for the purchase of equipment, services and training for the project(s) approved.
- TAC RMP may not approve reimbursement for every project submitted.
- Applicants must be TAC RMP members and participate in the program line related to the project request.
- Coverage in the related program line must be in effect at the time of application approval and reimbursement request.
- Projects completed prior to project approval are not eligible for reimbursement.
- Reimbursement Form and supporting documents for approved projects (receipts of project-related equipment purchases, training and/or services) must be received no later than Dec. 1 of the program year.
- Funds are limited, applications are approved based on merit.

*James P. ...* County Judge or Executive Director      *County Commissioner ACT 4* Title      *6-30-16* Date

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# Risk Control Reimbursement Program APPLICATION AND PROJECT REQUEST FORM

**Please complete the Application and Project Request Form for each project requested.**

Project Contact Name: Brittney T. Simon

Project Name: Facility Improvements

Reimbursement Amount Requested: \$34,000

**Check all coverage lines to be impacted by this project:**

Workers' Compensation     Law Enforcement     Public Officials     Property     Auto Liability

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Project Description:	Project Start/End Date:
<u>Roof Improvements</u>	<u>07/05/16 - 09/30/16</u>
<u>Install Alarms and Security Camera for Monitoring System</u>	<u>07/05/16 - 09/30/16</u>
<u>Installation of Fire Prevention equipment</u>	<u>07/05/16 - 09/30/16</u>
<u>Facility Management Program</u>	<u>07/05/16 - 09/30/16</u>

More information and forms at [www.county.org/rcrp](http://www.county.org/rcrp).

Item Name: <u>Roof Improvements</u>	Quantity: <u>6200 sq. ft.</u>	Cost: <u>\$18,000</u>
Item Name: <u>Alarms &amp; Security Camera</u>	Quantity: <u>10 Camera/Alarm</u>	Cost: <u>\$11,000</u>
Item Name: <u>Fire Prevention Equipment</u>	Quantity: <u>15 Extinguishers</u>	Cost: <u>\$5,000</u>
Item Name: _____	Quantity: _____	Cost: _____

Location of Project: Navarro County Facilities (Annex, 317 Buildings)

Department Name: Various (Tax, Juvenile Probation, Extension, P&Z, Elections)

Number of Employees Affected: 26

Number of Jail Beds (if applicable) \_\_\_\_\_

Describe in detail how this project will help prevent or minimize claims/losses.

The annual process of preparing buildings, and their surrounding sites, for the onset of inclement weather, form a Time-Based Maintenance Program. Develop a Fire Prevention plan to reduce the risk of potential injuries, death and property damage. To implement a Security/Alarm monitoring system to protect the County employee's and County Properties.

### INTERNAL USE ONLY.

Project No. \_\_\_\_\_  
Assigned by TAC \_\_\_\_\_

Describe the training that will be done in conjunction with this project.

To implement a semi-annual Pro Active and Preventative Maintenance Program on our facilities. Consisting of more than standard housekeeping, an established routine facility maintenance program is a proactive approach. Not only does a consistent maintenance program save our County money, but it also allows us to keep abreast of small problems before they morph into larger ones that can result in suspended or interrupted operations. And to develop various types of Plans, including Monitoring and Fire Prevention, and the Implementation of a site-specific Measures to Protect against various influencing elements, to prevent loss to County Property.

**Please attach any other information regarding this project you would like to be considered.**



Risk Control Reimbursement Program

# APPLICATION AND PROJECT REQUEST FORM

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TAC RMP members wishing to participate in the program must complete this RCRP Application and a Project Request Form for each project. The deadline to apply is July 1, 2016.

### Applicant Information and Agreement

Member Name: Navarro County

Applicant Name: Brittney T. Simon, County Auditor

Address: 601 N. 13th Street, Ste. 6

City/State/ZIP: Corsicana, TX 75110

Phone: 903-654-3095

Email: bsimon@navarrocounty.org

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Camille Owen County Commissioner ACTA 6/30/16  
 County Judge or Executive Director Title Date

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Risk Control Reimbursement Program

# APPLICATION AND PROJECT REQUEST FORM

Please complete the Application and Project Request Form for each project requested.

Project Contact Name: Brittney T. Simon

Project Name: Steps, Ramp, Railing, Lighting and Floor Improvements

Reimbursement Amount Requested: \$15,500

Check all coverage lines to be impacted by this project:

- Workers' Compensation
- Law Enforcement
- Public Officials
- Property
- Auto Liability

**Project Description:**

**Project Start/End Date:**

Improve Floor Surface to a Non Slip Environment 07/05/16 - 09/30/16

Improve and Secure Steps, Ramp and Rails to Non Slip Environment 07/05/16 - 09/30/16

Improve the Lighting in and around the Buildings 07/05/16 - 09/30/16

Item Name: Floor Improvement (leveling & carpet) Quantity: 1600 sq ft Cost: \$9,500.00

Item Name: Ramp, Steps and Railing Quantity: \_\_\_\_\_ Cost: \$3,500.00

Item Name: Lighting Quantity: \_\_\_\_\_ Cost: \$2,500.00

Item Name: \_\_\_\_\_ Quantity: \_\_\_\_\_ Cost: \_\_\_\_\_

Location of Project: Navarro County Facilities (317 Buildings)

Department Name: Various

Number of Employees Affected: 20

Number of Jail Beds (if applicable) \_\_\_\_\_

Describe in detail how this project will help prevent or minimize claims/losses.

**To insure the safety and well begin of the employees and the taxpayers when entering and exiting our facilities. To improve the structure and stability of the floors, steps, ramps, rails and the lighting in and around our facilities which will assist in the prevention of injuries due to slipping and or falling.**

**INTERNAL USE ONLY.**

Project No.  
Assigned by TAC:

Describe the training that will be done in conjunction with this project.

**To train our Employees on the ways to prevent Accidents in the Workplace, and to monitor the areas for potential accidents that can be avoided. Programs include a similar set of commonsense elements that focus on finding all hazards in the workplace and developing a plan for preventing and controlling those hazards.**

Please attach any other information regarding this project you would like to be considered.

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# Risk Control Reimbursement Program APPLICATION AND PROJECT REQUEST FORM

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*Jane Olson* County Commissioner M.T.4 6-30-16  
 County Judge or Executive Director Title Date



# Risk Control Reimbursement Program APPLICATION AND PROJECT REQUEST FORM

**Please complete the Application and Project Request Form for each project requested.**

Project Contact Name: Brittney T. Simon  
Project Name: Personal Protective Equipment  
Reimbursement Amount Requested \$ 11,712.82

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**Check all coverage lines to be impacted by this project:**

Workers' Compensation     Law Enforcement     Public Officials     Property     Auto Liability

Project Description:	Project Start/End Date:
<u>Proper PPE for the Job.</u>	<u>07/18/16-09/30/16</u>
<u>Safety in the Workplace</u>	<u>07/18/16-09/30/16</u>
<u>PPE for Road &amp; Bridge Employees</u>	<u>07/18/16-09/30/16</u>
<u>Proper care and maintenance of Equipment</u>	<u>07/18/16-09/30/16</u>

Item Name:	Quantity:	Cost:
<u>Safety Combo Kit glasses,</u>		
<u>Earplugs, Hard Hats</u>	<u>35</u>	<u>874.30</u>
<u>Combo Jacket, Vest &amp; Gloves</u>	<u>35</u>	<u>3,704.75</u>
<u>Steel Toe Boots</u>	<u>35</u>	<u>4,366.25</u>
<u>Welding Gear</u>	<u>4</u>	<u>1,832.72</u>
<u>Training Videos</u>	<u>4</u>	<u>350.00</u>
<u>First Aid Kits</u>	<u>4</u>	<u>584.80</u>

Location of Project: Navarro County Precincts  
Department Name: Precincts 1, 2, 3, and 4  
Number of Employees Affected: 35  
Number of Jail Beds (if applicable) \_\_\_\_\_

Describe in detail how this project will help prevent or minimize claims/losses.  
To implement a PPE safety program for the Road & Bridge employees and how to put Safety First in the Workplace. This program will entail the proper way the attire should be worn and utilized around their equipment to reduce future injuries on the job.

**INTERNAL USE ONLY.**

Project No. \_\_\_\_\_  
Assigned by TAC: \_\_\_\_\_

Describe the training that will be done in conjunction with this project.  
A series of videos detailing Safety in the Workplace.  
1) PPE, 2) General Environmental Controls, 3) Medical Service & First Aid, 4) Machinery and Machine Guarding, 5) Welding and Cutting, 6) Commercial Driving.

**Please attach any other information regarding this project you would like to be considered.**

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*Janie Olson* County Judge or Executive Director      *Brittney T. Simon* County Commissioner P.T.C.      6-30-16 Date





# Risk Control Reimbursement Program APPLICATION AND PROJECT REQUEST FORM

**Please complete the Application and Project Request Form for each project requested.**

Project Contact Name: Brittney T. Simon  
Project Name: Traffic Control Devices  
Reimbursement Amount Requested: \$7,949.00

**Check all coverage lines to be impacted by this project:**

- Workers' Compensation     Law Enforcement     Public Officials     Property     Auto Liability

Project Description:	Project Start/End Date:
<u>Training of Signs, Signals and Barricades</u>	<u>08/01/16 - 09/30/16</u>
<u>Training on emergency preparedness</u>	<u>08/01/16 - 09/30/16</u>

Item Name: <u>Barricades</u>	Quantity: <u>40</u>	Cost: <u>1,730.00</u>
Item Name: <u>Cones 28"</u>	Quantity: <u>80</u>	Cost: <u>1,456.00</u>
Item Name: <u>Signal Lights</u>	Quantity: <u>40</u>	Cost: <u>770.00</u>
Item Name: <u>Signs &amp; Stands</u>	Quantity: <u>60</u>	Cost: <u>3,993.00</u>

Location of Project: Navarro County Precincts  
Department Name: Precincts 1, 2, 3, and 4  
Number of Employees Affected: 35  
Number of Jail Beds (if applicable) \_\_\_\_\_

Describe in detail how this project will help prevent or minimize claims/losses.  
  
The prevention of accidents between residents and county equipment during road construction, repairs, and emergency detours.

Describe the training that will be done in conjunction with this project.  
Train County employee on the proper placements for signage during emergency closures, detours, and road construction.

**INTERNAL USE ONLY.**  
Project No. \_\_\_\_\_  
Assigned by TAC: \_\_\_\_\_

**Please attach any other information regarding this project you would like to be considered.**