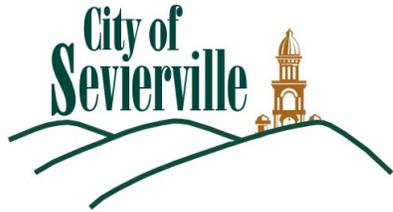


**AGENDA**  
**BOARD OF MAYOR & ALDERMEN**  
December 5, 2016 Meeting  
Sevierville Civic Center  
6:00 P.M.



*The City of Sevierville Board of Mayor and Aldermen pledge to:*

- **Check our egos at the door.**
- **Present a clear vision, policies and goals.**
- **Provide the necessary information, funds, and means to achieve the goals we have set.**
- **Trust and support City staff on their decision-making.**
- **Not “surprise” City staff at BMA meetings.**
- **Maximize delegation, minimize micro-management.**
- **Make an effort to improve City employees working conditions and quality of life.**
- **Recognize employee achievements.**
- **Make a commitment to improvement.**

*City of Sevierville staff pledge to:*

- **Provide timely responses to citizen’s concerns and problems.**
- **Provide the BMA with information on potential problems before they escalate.**
- **Remember who our customer is – the citizen (our only business is service).**
- **Be team leaders.**
- **Be accessible.**
- **Communicate with the BMA and City employees.**
- **Make recommendations based upon research and facts.**
- **Work with the BMA to provide 100% support after a decision has been made.**
- **Get the job done.**
- **Act as a team along with the BMA, rather than individually.**



**AGENDA**  
**BOARD OF MAYOR & ALDERMEN**  
**December 5, 2016 Meeting**  
**Sevierville Civic Center**  
**6:00 P.M.**

**A. CALL TO ORDER**

1. Pledge of Allegiance
2. Invocation

**B. ROLL CALL**

**C. MINUTES –November 21, 2016**

**D. PUBLIC FORUM**

**E. COMMUNICATION FROM MAYOR & ALDERMEN**

**F. REPORTS - *Announcement of Promotion – Matt Henderson***

**G. OLD BUSINESS**

**H. NEW BUSINESS**

1. Consider approval to **Apply for Federal Emergency Management Agency ninety-five (95%) percent match grant** in the amount of \$39,562 – *Matt Henderson* **1**
2. Consider approval/ratification of **Expenses in Excess of \$5,000** – *Lynn McClurg* **26**

**I. ADJOURNMENT**

**BOARD OF MAYOR AND ALDERMEN  
CITY OF SEVIERVILLE, TENNESSEE**

**November 21, 2016**

A regular meeting of the Board of Mayor and Aldermen of the City of Sevierville, Tennessee, was held at the Sevierville Civic Center, 130 Gary Wade Boulevard, Sevierville, Tennessee, on November 21, 2016 at 6:00 PM.

**There were present and participating at the meeting:**

Bryan C. Atchley, Mayor  
Wayne Helton, Alderman  
Devin Koester, Vice-Mayor  
Travis L. McCroskey, Alderman  
Jim McGill, Alderman

**Absent:**

Robbie Fox, Alderman

**Senior Staff Present:**

Tracy Baker, Asst. City Administrator  
Pamela Caskie, Planning & Development Director  
Steve Flynn, Water & Sewer Director  
Bryon Fortner, Public Works Director  
Matt Henderson, Fire Chief  
Lynn McClurg, Chief Financial Officer & City Recorder  
Don Myers, Police Chief  
Ed Owens, City Attorney  
Bob Parker, Parks & Recreation Director  
Russell Treadway, City Administrator

Mayor Atchley chaired the meeting with Lynn K. McClurg as secretary of the meeting. A motion was made by Vice-Mayor Koester and seconded by Alderman Helton to approve the minutes of the October 17, 2016 meeting and to dispense with the reading. Motion carried.

**PUBLIC FORUM**

Mayor Atchley opened the public forum section of the meeting. There being no comments, the public forum was closed.

**COMMUNICATIONS**

The Board recognized the following community events:

Ribbon Cutting Cheesy Steak	November 23 <sup>rd</sup>	Sevierville
Christmas Parade	December 3 <sup>rd</sup>	Sevierville
Board Workshop	December 5 <sup>th</sup> , 2:00 PM	Civic Center
Chamber Breakfast	December 6 <sup>th</sup>	Sevierville

The Board thanked all involved in the successful WinterFest celebration.

**REPORTS**

Mayor Atchley noted the submission of monthly staff reports.

## **NEW BUSINESS**

Mayor Atchley recognized Bob Parker, who requested waiver of the competitive bid process for light poles for the West Prong Greenway project and approval of the purchase of 23 poles from Stokes Electric in the total amount of \$11,753.00. Parker noted that the poles are compatible with existing fixtures and the purchase will result in overall cost savings. A motion was made by Vice-Mayor Koester and seconded by Alderman McCroskey to waive the bid requirement and approve the purchase as presented. Motion carried.

Mayor Atchley recognized Bob Parker, who requested approval of the official name of "Gazebo on Bruce" for the gazebo in Sevierville Commons. A motion was made by Alderman McGill and seconded by Alderman Helton to approve the name and signage as presented. Motion carried.

Mayor Atchley recognized Bob Parker, who presented a budget and concept plan for the PetSafe Unleashed Dog Park. Parker noted that the plan was reviewed by the Recreation Advisory Committee and the Planning Commission. A motion was made by Alderman Helton and seconded by Alderman McGill to approve the budget and plan as presented. Motion carried.

Mayor Atchley recognized Steve Flynn, who presented bids for a single-axle diesel dump truck and recommended the acceptance of the low bid and award of contract to Ted Russell Ford in the amount of \$83,128.00 for a Ford F-750 chassis and a Godwin dump body. A motion was made by Alderman McCroskey and seconded by Vice-Mayor Koester to approve the bid and purchase as presented. Motion carried.

Mayor Atchley recognized Steve Flynn, who presented on behalf of WC Whaley, Inc., a request for water and sewer line extensions to the LaFollette Property tax map 72, parcels 154.06 and 154.03. A motion was made by Vice-Mayor Koester and seconded by Alderman McCroskey to approve the extensions on the condition that the plans be substantially completed as presented and construction be underway within 12 months. The Board stated that any substantial delay or change in plans would require secondary approval. Motion carried.

Mayor Atchley recognized Steve Flynn, who presented on behalf of Southview Development, LLC, a request for a sewer line extension to tax map 12, parcels 143.00 and 144.01. A motion was made by Vice-Mayor Koester and seconded by Alderman McGill to defer the item pending workshop discussion of the extension policy. Motion carried.

Mayor Atchley recognized Steve Flynn, who presented on behalf of Heartland Development, LLC, a request for a sewer line extension to Ford Hill Commons. A motion was made by Vice-Mayor Koester and seconded by Alderman McGill to defer the item pending workshop discussion of the extension policy. Motion carried.

Mayor Atchley recognized Don Myers, who requested approval of a Governors Highway Safety Office (GHSO) grant application in the amount of just over \$24,994.00 to pay for overtime and equipment expenditures for traffic related activities. Myers noted that the PACE (Prevention of Accidents/Crashes through Education and Enforcement) grant does not require matching funds. A motion was made by Alderman Helton and seconded by Alderman McCroskey to approve the grant application and accept funding as requested. Motion carried.

Mayor Atchley recognized Don Myers, who requested approval of a child safety seat grant application to the Tennessee Department of Health. A motion was made by Alderman McCroskey and seconded by Alderman McGill to approve the grant application and accept funding as requested. Motion carried.

Mayor Atchley recognized Lynn McClurg, who requested approval and/or ratification of the following expenditure(s) in excess of \$5,000.00:

1. Stowers Machinery	Bobcat engine replacement	\$8,837.22	Prof. services
2. United Rentals	Brush cutter attachment	\$5,484.76	Urgent prchse
3. Precision Products	GPS survey receiver	\$18,519.75	Sole source
4. Smith Turf & Irrigation	Toro vibratory rollers	\$8,960.00	Sole source
5. Brozelco	Immersion heater	\$10,988.00	Sole source
6. Sevier Water Board	Operations & capital	\$17,885.70	Incremental
7. Stanley Hunt Dupree Rhine	GASB OPEB valuation report	\$5,600.00	Prof. servivces

A motion was made by Alderman McGill and seconded by Alderman Helton to approve the expenditure(s) as presented. Motion carried.

The Board expressed condolences to the families of Glenn Caldwell and Alf Newman and noted their tremendous contributions to the community. Mayor Atchley recognized Bill Darden with Congressman Phil Roe's office, who stated that the Congressman and his staff desire to support the City and community and are available when needed. There being no further business to discuss, the meeting adjourned at 6:27 PM.

Approved: \_\_\_\_\_  
Bryan C. Atchley, Mayor

Attest: \_\_\_\_\_  
Lynn K. McClurg, City Recorder



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## Board Memorandum

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**DATE:** December 5, 2016

**AGENDA ITEM:** Consider Approval to Apply for Federal  
Emergency Management Agency (FEMA) 95% Match Grant in the amount  
of \$39,562.00

**RESPONSIBILITY:** Matt Henderson, Fire Chief

**PRESENTATION:** The FEMA Assistance to Firefighters Grant (AFG)  
Program is intended to assist in the purchase of a Total Exhaust Capture and  
Removal System for Station 2 on Collier Drive. The requested amount, not  
to exceed Forty-one thousand five hundred dollars (\$41,500.00) requires the  
City to Match 5% or \$2,075.00. FEMA will reimburse 95% or \$39,425.00.

**REQUESTED ACTION:** Recommend approval of grant application.

# Assistance to Firefighters Grant 2016

## Project Description & Budget

Over the last year, our department performed an informal risk assessment of our equipment and operations and prioritized projects, based on several factors with firefighter health & safety being paramount. After this assessment we came to the conclusion that we need to get a total capture exhaust system for our fire station.

Cancers of the respiratory, digestive, and urinary systems accounted mostly for the higher rates of cancer seen in the study population. The higher rates suggest that firefighters are more likely to develop those cancers. Many studies indicate that breathing vehicle exhaust fumes inside the firehouse can cause or contribute to serious illnesses (emphysema, cancer, heart attack, and stroke) and even death for fire fighters who work and, many times, eat and sleep in the facility.

The exhaust from engines burning diesel fuel is a complex mixture of gases and fine particulates. They contain toxic substances that disperse in the breathing area in a firehouse. Also, exhaust residue adheres to walls and other surfaces, and becomes embedded in clothing, furniture, etc., where it can be absorbed through the skin. More than 40 substances emitted in diesel exhaust are listed as hazardous air pollutants. These pollutants are “likely to be carcinogenic to humans and are shown to be a chronic respiratory hazard to humans.” (EPA)

At the source capture of airborne particles, prior to their spreading in the local environment, is the most efficient method to achieve a safe and healthy working environment. It minimizes the amount of air that needs to be removed, thereby reducing the total investment in air handling equipment and also reducing the total energy consumption.

Based on human and animal studies, it is recommended that diesel exhaust be regarded as an occupational carcinogen (NIOSH). "Workers exposed to diesel exhaust face the risk of adverse health effects ranging from headaches and nausea to cancer and respiratory disease." (OSHA)

These findings underscore the urgency of totally eliminating hazardous exhaust emissions from any facility. The International Mechanical Code (IMC), which serves as a guide for state building codes, requires that all toxic emissions from diesel exhaust be eliminated for the protection of those who occupy the premises.

The National Fire Protection Association (NFPA) suggests: “the most effective means is to connect a hose (to the exhaust pipe of all vehicles) that ventilates exhaust to the outside.” That’s what we want to achieve at Sevierville Fire Department by obtaining this grant.

The equipment we propose is:

Total capture exhaust removal system	\$ 41,500
Less 5% match	<u>- \$ 2,075</u>
Total grant request	\$ 39,425

**Cost/Benefit**

We cannot place an exact dollar amount on the cost benefit to our firefighters, but as our greatest resource, we need to do everything in our power to protect them. We formed a cancer committee at SFD to examine our practices and risks and provide ideas on how to reduce everyone's cancer risk. They have gotten speakers to come talk to SFD about cancer and have provided guidance on reducing cancer risks and developed an SOG to guide us in reducing our risk of cancer through such actions as: gross decontamination after fires, issuing each firefighter 2 protective hoods, and requiring everyone to wash their gear after a fire.

We have been diligent and deliberate in our response to reducing cancer risks in our department by gathering enormous amounts of information in order to make smart, data-driven decisions. We really need AFG assistance to further our cause.

## Entire Application

### Applicant's Acknowledgements

- I certify the DUNS number in this application is our only DUNS number and we have confirmed it is active in SAM.gov as the correct number.
- As required per 2 CFR 201.25, I certify that prior to submission of this application I have checked the DUNS number listed in this application against the SAM.gov website and it is valid and active at time of submission.
- I certify that the applicant organization has consulted the appropriate Notice of Funding Opportunity and that all requested activities are programmatically allowable, technically feasible and can be completed within the award's one (1) year Period of Performance (POP).
- I certify that the applicant organization is aware that this application period is open from 10/11 to 11/18/2016 and will close at 5 PM EST; further that the applicant organization is aware that once an application is submitted, even if the application period is still open, a submitted application cannot be changed or released back to the applicant for modification.
- I certify that the applicant organization is aware that it is solely the applicant organization's responsibility to ensure that all activities funded by this award(s) comply with Federal Environmental planning and Historic Preservation (EHP) regulations, laws, and Executive Orders as applicable. The EHP Screening Form designed to initiate and facilitate the EHP Review is available at: [http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd\\_ehp\\_screening\\_form\\_51815.pdf](http://www.fema.gov/media-library-data/1431970163011-80ce3cd907072a91295b1627c56d8fd2/gpd_ehp_screening_form_51815.pdf)
- I certify that the applicant organization is aware that the applicant organization is ultimately responsible for the accuracy of all application information submitted. Regardless of the applicant's intent, the submission of information that is false or misleading may result in actions by FEMA that include, but are not limited to: the submitted application not being considered for award, an existing award being locked pending investigation, or referral to the Office of the Inspector General.

Signed by Donnie Shular on 2016-11-09 23:11:58.0

### Overview

<p>• Did you attend one of the workshops conducted by an AFG regional fire program specialist?</p> <p>No, I have not attended workshop</p>
<p>• Did you participate in a webinar that was conducted by AFG?</p> <p>No</p>
<p>• Are you a member, or are you currently involved in the management, of the fire department or nonaffiliated EMS organization or a State Fire Training Academy applying for this grant with this application?</p> <p>Yes, I am a member/officer of this applicant</p>

If you answered "No", please complete the information below. If you answered "Yes", please skip the Preparer Information section.

Fields marked with an \* are required.

### Preparer Information

Preparer's Name

Address 1

Address 2

City

State

Zip

-  
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In the space below please list the person your organization has selected to be the primary point of contact for this grant. This should be a department officer or member of the organization who will see this grant through completion, including closeout. Reminder: if this person changes at any time during the period of performance please update this information. Please list only phone numbers where we can get in direct contact with the POC.

## Primary Point of Contact

• Title Captain  
 Prefix (select one) Mr.  
 • First Name Donnie  
 Middle Initial  
 • Last Name Shular  
 • Primary Phone 865-368-2635 Ext. Type cell  
 • Secondary Phone 865-453-9276 Ext. Type work  
 Optional Phone Type  
 Fax  
 • Email dshular@sevierville.org

## Contact Information

## Alternate Contact Information Number 1

• Title Chief  
 Prefix (select one) Mr.  
 • First Name Matt  
 Middle Initial  
 • Last Name Henderson  
 • Primary Phone 865-604-5309 Ext. Type cell  
 • Secondary Phone 865-453-8778 Ext. Type work  
 Optional Phone Type  
 Fax  
 • Email mhenderson@sevierville.org

## Alternate Contact Information Number 2

• Title Captain  
 Prefix (select one) Mr.  
 • First Name Fred  
 Middle Initial  
 • Last Name Atchley  
 • Primary Phone 865-712-3326 Ext. Type cell  
 • Secondary Phone 865-453-9276 Ext. Type work  
 Optional Phone Type  
 Fax

• Email

[fatchley@sevierville.tn.org](mailto:fatchley@sevierville.tn.org)

**Applicant Information**

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EMW-2016-FO-06236

Originally submitted on 11/18/2016 by Donnie Shular (Userid: mrawlings)

**Contact Information:**

Address: 122 Prince Street

City: Sevierville

State: Sevierville

Zip: 37862

Day Phone: 8654538778

Evening Phone: 8654539276

Cell Phone: 8653682635

Email: d\_shular@bellsouth.net

Application number is EMW-2016-FO-06236

• Organization Name

Sevierville Fire Department

• Type of Applicant

Fire Department/Fire District

• Fire Department/District, nonaffiliated EMS, and Regional applicants, select type of Jurisdiction Served :  
If "Other", please enter the type of Jurisdiction

City

**SAM.gov (System For Award Management)**

• What is the legal name of your Entity as it appears in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.

City of Sevierville

• What is the legal business address of your Entity as it appears in SAM.gov?

Note: This information must match your SAM.gov profile if your organization is using the DUNS number of your Jurisdiction.

• Mailing Address 1

PO Box 5500

Mailing Address 2

• City

Sevierville

• State

Tennessee

• Zip

37864 - 5500

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• Employer Identification Number (e.g. 12-3456789)

Note: This information must match your SAM.gov profile.

62-6000405

• Is your organization using the DUNS number of your Jurisdiction?

Yes

I certify that my organization is authorized to use the DUNS number of my Jurisdiction provided in this application.

(Required if you selected Yes above)

• What is your 9 digit DUNS number?

111902888

(call 1-866-705-5711 to get a DUNS number)

If you were issued a 4 digit number (DUNS plus 4) by your Jurisdiction in addition to your 9 digit number please enter it here.

Note: This is only required if you are using your

Jurisdiction's DUNS number and have a separate bank account from your Jurisdiction. Leave the field blank if you are using your Jurisdiction's bank account or have your own DUNS number and bank account separate from your Jurisdiction.

• Is your DUNS Number registered in SAM.gov (System for Award Management previously CCR.gov)?

Yes

• I certify that my organization/entity is registered and active at SAM.gov and registration will be renewed annually in compliance with Federal regulations. I acknowledge that the information submitted in this application is accurate, current and consistent with my organization's/entity's SAM.gov record.

**Headquarters or Main Station Physical Address**

• Physical Address 1

122 Prince Street

Physical Address 2

• City

Sevierville

• State

Tennessee

• Zip

37862 - 3432

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**Mailing Address**

• Mailing Address 1

122 Prince Street

Mailing Address 2

• City

Sevierville

• State

Tennessee

• Zip

37862 - 3432

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**Bank Account Information**

• The bank account being used is: (Please select one from right)

Maintained by my Jurisdiction

Note: The following banking information must match your SAM.gov profile.

• Type of bank account

Checking

• Bank routing number - 9 digit number on the bottom left hand corner of your check

064201968

• Your account number

1178356

**Additional Information**

• For this fiscal year (Federal) is your organization receiving Federal funding from any other grant program that may duplicate the purpose and/or scope of this grant request?

No

• If awarded, will your organization expend more than \$750,000 in Federal funds during your organization's fiscal year? If "Yes", your organization will be required to undergo an A-133 audit. Reasonable costs incurred for an A-133 audit are an eligible expenditure and should be included in the applicant's proposed budget. Please enter audit costs only once under any "Additional Funding" in the "Request

No

Details" section of the application.

• Is the applicant delinquent on any Federal debt?

No

If you answered yes to any of the additional questions above, please provide an explanation in the space provided below:

**Fire Department/Fire District Department Characteristics (Part I)**

• Is this application being submitted on behalf of a Federal Fire Department or organization contracted by the Federal government which is solely responsible for the suppression of fires on Federal property?

No

• What kind of organization do you represent?

All Paid/Career

If you answered "Combination", above, how many career members in your organization? (whole numbers only)

If you answered "Volunteer" or "Combination" or "Paid on-call", how many of your volunteer Firefighters are paid members from another career department? (whole numbers only)

• What type of community does your organization serve?

Suburban

• Is your Organization considered a Metro Department? (Over 350 paid career Firefighters)

No

• What is the square mileage of your first-due response area? (whole number only)

22

• What percentage of your response area is protected by hydrants? (whole number only)

90 %

• In what county/parish is your organization physically located? If you have more than one station, in what county/parish is your main station located?

Sevier

• Does your organization protect critical infrastructure?

Yes

If "Yes", please describe the critical infrastructure protected below:

Our department is now responsible for the following critical infrastructure:

- ¿ Natural Gas pipeline of Spectra Energy (runs from El Paso, TX through our area and up to New England)
- ¿ Interstate 40 with 64,809 vehicles per day (TDOT)
- ¿ US 441 with 37,198 vehicles per day (TDOT)
- ¿ US 411 with 36,443 vehicles per day (TDOT)
- ¿ TN 66 with 40,754 vehicles per day (TDOT)
- ¿ Walters State Community College - Sevier County Campus
- ¿ East Tennessee State University - Sevier County Campus
- ¿ Gatlinburg-Pigeon Forge Regional Airport
- ¿ LeConte Medical Center (recently named a Top 100 hospital)
- ¿ Smokies Ball Park (Chicago Cubs double A baseball team)
- ¿ 2 jails (that house state and federal inmates also)
- ¿ Sevier County Courthouse (built in 1896)

On mutual aid calls, the critical infrastructure we respond to is:

- ¿ Natural gas pumping station that serves the Spectra Energy Pipeline
- ¿ Microwave relay tower for AT&T that is part of the network for phone communications in the southeastern U.S.
- ¿ Dollywood with 25,000+ guests per day
- ¿ Pigeon Forge, TN with 12,817 hotel rooms

- ¿ US 321 with 21,384 vehicles per day (TDOT)
- ¿ Ripley¿s Aquarium of the Smokies with an annual attendance of over 2 million people
- ¿ Great Smoky Mountains National Park with 11.2 million average visitors

• What percentage of your primary response area is for agriculture, wildland, open space, or undeveloped properties? ¿ 30 %

• What percentage of your primary response area is for commercial and industrial purposes? 30 %

• What percentage of your primary response area is used for residential purposes? 40 %

• What is the permanent resident population of your Primary/First-Due Response Area or jurisdiction served? (whole numbers only) 17500

• Do you have a seasonal increase in population?

If "Yes" what is your seasonal increase in population? 60000

• How many active firefighters does your department have who perform firefighting duties? (whole numbers only) 30

• How many members in your department/organization are trained to the level of EMR or EMT, Advanced EMT or Paramedic? (whole numbers only) 34

Does your department have a Community Paramedic program?

How many personnel are trained to the Community Paramedic level? (whole numbers only)

• How many stations are operated by your organization? (whole numbers only) 2

• Is your department compliant to your local Emergency Management standard for the National Incident Management System (NIMS)?

• Do you currently report to the National Fire Incident Reporting System (NFIRS)?   
 Note: You will be required to report to NFIRS for the entire period of the grant. AFG does not require NFIRS reporting for Nonaffiliated EMS Organizations and State Fire Training Academy.

If you answered "Yes" above, please enter your FDIN/FDID 78143

• How many of your active firefighters are trained to the level of Firefighter I (or equivalent)? (whole numbers only) 30

• How many of your active firefighters are trained to the level of Firefighter II (or equivalent)? (whole numbers only, include all personnel who have attained Firefighter I) 30

Are you requesting training funds in this application to bring 100% of your firefighters into compliance with NFPA 1001?

If you indicated that less than 100% of your firefighters are trained to the Firefighter II level and you are not asking for training funds to bring everyone to the Firefighter II level in this application, please describe in the box below your training program and your plans to bring your membership up to Firefighter II.

• What services does your organization provide?

Advanced Life Support		
	Haz-Mat Technical Level	
		Rescue Technical Level Structural Fire Suppression Wildland Fire Suppression

• Please describe your organization and/or community that you serve.

The City of Sevierville, Tennessee, is located 25 miles from Knoxville and is the gateway to the Great Smoky Mountains National Park and the popular destinations of Pigeon Forge and Gatlinburg. Last year 11.2 million visitors passed through our city on their way to those destinations. Sevierville is the county seat and has a resident population of 17,297 (US Census). Our service population, which is composed of residents and visitors, is estimated at 60,000 per day.

Sevierville Fire Department is an all career agency consisting of 30 full-time firefighters, 2 fire inspectors, training officer, and a Chief. All SFD personnel are certified at the Firefighter 2 level or higher. All personnel are also EMT-Advanced or paramedics. We operate 4 engines, a heavy rescue, 102, aerial platform, and a command vehicle.

In addition to fire suppression and fire prevention activities, SFD personnel provide ALS medical service, haz-mat response, vehicle extrication, high angle rope, confined space, and swiftwater rescue. Currently, we have 30 personnel certified as rope rescue technicians and as advanced swiftwater rescue technicians. SFD has either automatic or mutual aid agreements with the other 10 fire departments in Sevier County, local EMA, the Tennessee Division of Forestry, and Sevier County Rescue Squad. We also provide technical rescue mutual aid to the Great Smoky Mountains National Park.

**Fire Department Characteristics (Part II)**

	2015	2014	2013
• What is the total number of fire-related civilian fatalities in your jurisdiction over the last three calendar years?	0	0	0
• What is the total number of fire-related civilian injuries in your jurisdiction over the last three calendar years?	0	0	0
• What is the total number of line of duty member fatalities in your jurisdiction over the last three calendar years?	1	0	0
• What is the total number of line of duty member injuries in your jurisdiction over the last three calendar years?	0	0	0
• Over the last three years, what was your organization's operating budget?	3700000		
• How much of your TOTAL budget is dedicated to personnel costs (salary, overtime and fringe benefits)?	550000		

Does your department have any rainy day reserves, emergency funds, or capital outlay?

No

If yes, what is the total amount currently set aside?

• What percentage of your annual operating budget is derived from: Enter numbers only, percentages must sum up to 100%	2015	2014	2013
<u>Taxes?</u>	100 %	100 %	100 %
Bond Issues?	0 %	0 %	0 %
<u>EMS Billing?</u>	0 %	0 %	0 %
Grants?	0 %	0 %	0 %
Donations?	0 %	0 %	0 %
Fund drives?	0 %	0 %	0 %
<u>Fee for Service?</u>	0 %	0 %	0 %

\* Applicants should describe their financial need and how consistent it is with the intent of the AFG Program. This statement should include details describing the applicant's financial distress, including summarizing budget constraints, unsuccessful attempts to obtain vehicle and outside funding, and proving the trouble is out of their control.

About 85% of our budget is dedicated to salary and benefits. The balance is used for other operating costs and equipment. These funds are 100% tax generated. Our city operates a zero balance budget. This year, just as last, there are no promotions and purchases are being delayed until later in the fiscal year. Funds for normal equipment such as extrication tool replacement have been used to cover increases in health insurance, retirement funding, and to maintain services at current levels. The budget has been cut due to income shortfalls during the economic downturn. Also, our city's reserves are low due to our city council having to use the reserve money to balance the budget for the past several years. Since the economy has faltered, our fire department budget funding has plateaued even as costs for fuel and benefits, such as health insurance premiums, have gone up. Just like many fire departments across the United States, we are trying to do more with less. With the news that the economy may not improve or have stagnant growth for at least 2 to 3 more years, our situation has become a dire need. We need this grant in order to ensure that all of our firefighters can operate as safely as possible.

Most of our operating funds are generated by sales taxes. The city has tried to maintain services without raising taxes, and so far that has worked. Since we are primarily a tourism based economy, the jobs are mostly in retail, amusement, and lodging with hourly wages that are lower than the national average. Also, the majority of tourism jobs are seasonal employment with employees being laid off during the winter season. Most people do well just to get by.

According to the US Census, the average median household income in our community is \$35,517 per year, which is far below the US average of \$ 51,425 (US Census). Our poverty rate is 19.3%, much higher than the national average of 9.9% (US Census). The City raising taxes would present an extreme hardship for a large percentage of our citizens.

\* How many vehicles does your organization have in each type or class of vehicle listed below? You must include vehicles that are leased or on long-term loan as well as any vehicles that have been ordered or otherwise currently under contract for purchase or lease by your organization but not yet in your possession. ( Enter numbers only and enter 0 if you do not have any of the vehicles below. )

Type or Class of Vehicle	Number of Front Line Apparatus	Number of Reserve Apparatus	Number of Seated Riding Positions
Engines or Pumpers (pumping capacity of 750 gpm or greater and water capacity of 300 gallons or more): Pumper, Pumper/Tanker, Rescue/Pumper, Foam Pumper, CAFS Pumper, Type I or Type II Engine Urban Interface	3	1	27
Ambulances for transport and/or emergency response:	0	0	0
Tankers or Tenders (pumping capacity of less than 750 gallons per minute (gpm) and water capacity of 1,000 gallons or more):	0	0	0
Aerial Apparatus: Aerial Ladder Truck, Telescoping, Articulating, Ladder Towers, Platform, Tiller Ladder Truck, Quint	1	0	7
Brush/Quick attack (pumping capacity of less than 750 gpm and water carrying capacity of at least 300 gallons): Brush Truck, Patrol Unit (Pickup w/ Skid Unit), Quick Attack Unit, Mini-Pumper, Type III Engine, Type IV Engine, Type V Engine, Type VI Engine, Type VII Engine	0	0	0
Rescue Vehicles: Rescue Squad, Rescue (Light, Medium, Heavy), Technical Rescue Vehicle, Hazardous Materials Unit	1	0	6
Additional Vehicles: EMS Chase Vehicle, Air/Light Unit, Rehab Units, Bomb Unit, Technical Support (Command, Operational Support/Supply), Hose Tender, Salvage Truck, ARFF (Aircraft Rescue Firefighting), Command/Mobile Communications Vehicle	1	0	5

**Fire Department Call Volume**

	2015	2014	2013
* Summary of responses per year by category (Enter whole number only. If you have no calls for any of the categories, Enter 0)			

Fire - NFIRS Series 100	79	100	63
Overpressure Rupture, Explosion, Overheat (No Fire) - NFIRS Series 200	4	0	0
Rescue & Emergency Medical Service Incident - NFIRS Series 300	1237	1209	1141
Hazardous Condition (No Fire) - NFIRS Series 400	36	36	27
Service Call - NFIRS Series 500	211	179	181
Good Intent Call - NFIRS Series 600	200	161	309
False Alarm & False Call - NFIRS Series 700	182	249	0
Severe Weather & Natural Disaster - NFIRS Series 800	3	0	0
Special Incident Type - NFIRS Series 900	0	13	16

**FIRES**

• How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 100 calls, how many are "Structure Fire" (NFIRS Codes 111-120)	35	22	18
Of the NFIRS Series 100 calls, how many are "Vehicle Fire" (NFIRS Codes 130-138)	12	19	24
Of the NFIRS Series 100 calls, how many are "Vegetation Fire" (NFIRS Codes 140-143)	31	43	21
What is the total acreage of all vegetation fires?	10	15	30

**RESCUE AND EMERGENCY MEDICAL SERVICE INCIDENTS**

• How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

Of the NFIRS Series 300 calls, how many are "Motor Vehicle Accidents" (NFIRS Codes 322-324)	120	150	124
Of the NFIRS Series 300 calls, how many are "Extractions from Vehicles" (NFIRS Code 352)	17	10	9
Of the NFIRS Series 300 calls, how many are "Rescues" (NFIRS Codes 300, 351, 353-381)	12	13	4
How many EMS-BLS Response Calls	488	315	1004
How many EMS-ALS Response Calls	600	734	0
How many EMS-BLS Scheduled Transports	0	0	0
How many EMS-ALS Scheduled Transports	0	0	0
How many Community Paramedic Response Calls	0	0	0

**MUTUAL AND AUTOMATIC AID**

• How many responses per year by category? (Enter whole number only. If you have no calls for any of the categories, Enter 0)

How many times did your organization receive Mutual Aid?	8	4	8
How many times did your organization receive Automatic Aid?	12	20	16
How many times did your organization provide Mutual Aid?	5	5	6
How many times did your organization provide Automatic Aid?	10	10	0
Of the Mutual and Automatic Aid responses, how many were structure fires?	12	30	16

**Request Information**

1. Select a program for which you are applying. If you are interested in applying under both Vehicle Acquisition and Operations and Safety, and/or regional application you will need to submit separate applications..

Program Name

Operations and Safety

2. Will this grant benefit more than one organization?

No

3. Enter grant-writing fee associated with the preparation of this request. Enter 0 if there is no fee.

\$0

\* 4. Are you requesting a Micro Grant?  
A Micro Grant is limited to \$25,000 Federal share. Modification to Facilities activity is ineligible for Micro Grants.

No

**Request Details**

The activities for program Operations and Safety are listed in the table below.

Activity	Number of Entries	Total Cost	Additional Funding
Equipment	0	\$ 0	\$ 0
Modify Facilities	1	\$ 41,500	\$ 0
Personal Protective Equipment	0	\$ 0	\$ 0
Training	0	\$ 0	\$ 0
Wellness and Fitness Programs	0	\$ 0	\$ 0

Grant-writing fee associated with the preparation of this request. \$0

**View Operations and Firefighter Safety - Modify Facilities**

**Modify Facilities Details**

1. On what type of modification will the funds be spent?(Add one line-item request per facility being modified)

Source Capture Exhaust System(s)

Please provide a detailed description of the modification selected above.

Total source capture vehicle exhaust system that attaches to each apparatus. The system will also include ceiling mounted air filtration units to capture any other contaminants.

2. What is the square footage of the area that your modification will directly affect? (number only)

3097

3. If you are installing an exhaust system, how many vehicles do you plan on attaching to the system (only include currently owned vehicles or vehicles on order - do not include equipment for future capacity)? (whole number only)

2

4. Does the facility you wish to modify have a drive through bay?

Yes

5. Number of units: (whole number only)

1

- 6. Cost per unit: (whole dollar amounts only; this amount should reflect any volume discounts, rebates, etc.) 41500
- 7. What is the age of the facility that is being modified? (whole number only) 9
- 8. What type of facility will be modified? Station(s) with sleeping quarters (to include marine fire facilities)
- 9. What is the level of occupancy for the facility you wish to modify?  
 Note: The occupancy is defined by the number of hours the facility is used within a single 24 hour time period. Full-Time (24/7)

**Firefighting Modify Facilities - Narrative**

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\* Section # 1 Project Description: In the space provided below, include clear and concise details regarding your organization's project's description and budget. This includes providing local statistics to justify the needs of your department and a detailed plan for how your department will implement the proposed project. Further, please describe what you are requesting funding for, including budget descriptions of the major budget items, i.e., personnel, equipment, contracts, etc. \*4000 characters

Over the last year, our department performed an informal risk assessment of our equipment and operations and prioritized projects, based on several factors with firefighter health & safety being paramount. After this assessment we came to the conclusion that we need to get a total capture exhaust system for our fire station.

Cancers of the respiratory, digestive, and urinary systems accounted mostly for the higher rates of cancer seen in the study population. The higher rates suggest that firefighters are more likely to develop those cancers. Many studies indicate that breathing vehicle exhaust fumes inside the firehouse can cause or contribute to serious illnesses (emphysema, cancer, heart attack, and stroke) and even death for fire fighters who work and, many times, eat and sleep in the facility.

The exhaust from engines burning diesel fuel is a complex mixture of gases and fine particulates. They contain toxic substances that disperse in the breathing area in a firehouse. Also, exhaust residue adheres to walls and other surfaces, and becomes embedded in clothing, furniture, etc., where it can be absorbed through the skin. More than 40 substances emitted in diesel exhaust are listed as hazardous air pollutants. These pollutants are likely to be carcinogenic to humans and are shown to be a chronic respiratory hazard to humans. (EPA)

At the source capture of airborne particles, prior to their spreading in the local environment, is the most efficient method to achieve a safe and healthy working environment. It minimizes the amount of air that needs to be removed, thereby reducing the total investment in air handling equipment and also reducing the total energy consumption.

Based on human and animal studies, it is recommended that diesel exhaust be regarded as an occupational carcinogen (NIOSH). "Workers exposed to diesel exhaust face the risk of adverse health effects ranging from headaches and nausea to cancer and respiratory disease." (OSHA). These findings underscore the urgency of totally eliminating hazardous exhaust emissions from any facility. The International Mechanical Code (IMC), which serves as a guide for state building codes, requires that all toxic emissions from diesel exhaust be eliminated for the protection of those who occupy the premises.

The National Fire Protection Association (NFPA) suggests: the most effective means is to connect a hose (to the exhaust pipe of all vehicles) that ventilates exhaust to the outside. That's what we want to achieve at Sevierville Fire Department by obtaining this grant.

The equipment we propose is:

Total capture exhaust removal system \$41,500  
 Less %5 match - \$ 2,075

Total grant request \$ 39,425

\* Section # 2 Cost/Benefit: In the space provided below please explain, as clearly as possible, what will be the benefits your department or your community will realize if the project described is funded (i.e. anticipated savings and/or efficiencies)? Is

there a high benefit for the cost incurred? Are the costs reasonable? Provide justification for the budget items relating to the cost of the requested items. \*4000 characters

We cannot place an exact dollar amount on the cost benefit to our firefighters, but as our greatest resource, we need to do everything in our power to protect them. We formed a cancer committee at SFD to examine our practices and risks and provide ideas on how to reduce everyone's cancer risk. They have gotten speakers to come talk to SFD about cancer and have provided guidance on reducing cancer risks and developed a Standard Operating Guideline (SOG) to guide us in reducing our risk of cancer through such actions as: gross decontamination after fires, issuing each firefighter 2 protective hoods, requiring everyone to wash their gear after a fire, and performing deep cleaning of the apparatus.

We have been diligent and deliberate in our response to reducing cancer risks in our department by gathering enormous amounts of information in order to make smart, data-driven decisions. We really need AFG assistance to further our cause.

\* Section # 3 Statement of Effect: How would this award impact the daily operations of your department? How would this award impact your department's ability to protect lives and property in your community? \*4000 characters

We like to use the 16 Life Safety Initiatives as a guide to better and safer daily operations. A prevailing philosophy at our department is Everybody Goes Home. Initiative #8 says to utilize available technology wherever it can to produce higher levels of health and safety. With this grant, we hope to better protect our firefighters through the technological advances afforded us by this equipment. Receiving this grant will help us ensure that our firefighters have the best chance possible to go home.

On December 31, 2011, our fire chief died of brain cancer. He was a 38 year fire service veteran, and had been exposed through the years to probably all sorts of stuff on fires and at the station. His death hit us very hard and he was one of several reasons we have started this endeavor.

**Budget**

Budget Object Class

a. Personnel	\$ 0
b. Fringe Benefits	\$ 0
c. Travel	\$ 0
d. Equipment	\$ 41,500
e. Supplies	\$ 0
f. Contractual	\$ 0
g. Construction	\$ 0
h. Other	\$ 0
i. Indirect Charges	\$ 0
j. State Taxes	\$ 0
<b>Federal and Applicant Share</b>	
Federal Share	\$ 39,524
Applicant Share	\$ 1,976
Applicant Share of Award (%)	5

\* Non-Federal Resources (The combined Non-Federal Resources must equal the Applicant Share of \$ 1,976)

a. Applicant	\$ 1,976
b. State	\$ 0
c. Local	\$ 0
d. Other Sources	\$ 0

If you entered a value in Other Sources other than zero (0), include your explanation below. You can use this space to provide information on the project, cost share match, or if you have an indirect cost agreement with a federal agency.

**Total Budget**

**\$ 41,500**

### **Narrative Statement**

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**For 2011 and on, the Narrative section of the AFG application has been modified. You will enter individual narratives for the Project Description, Cost-Benefit, Statement of Effect, and Additional Information in the Request Details section for each Activity for which you are requesting funds. Please return to the Request Details section for further instructions. You will address the Financial Need in Applicant Characteristics II section of the application. We recommend that you type each response in a Word Document outside of the grant application and then copy and paste it into the spaces provided within the application.**

**Assurances and Certifications**

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**FEMA Form SF 424B**

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**You must read and sign these assurances. These documents contain the Federal requirements attached to all Federal grants including the right of the Federal government to review the grant activity. You should read over the documents to become aware of the requirements. The Assurances and Certifications must be read, signed, and submitted as a part of the application.**

**Note: Fields marked with an \* are required.**

**O.M.B Control Number 4040-0007**

**Assurances Non-Construction Programs**

**Note: Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.**

**As the duly authorized representative of the applicant I certify that the applicant:**

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signed by Donnie Shular on 11/15/2016

**Form 20-16C**

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**You must read and sign these assurances.**

**Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements.**

**Note: Fields marked with an \* are required.**

**O.M.B Control Number 1660-0025**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 44 CFR Part 17, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Homeland Security (DHS) determines to award the covered transaction, grant, or cooperative agreement.

**1. Lobbying**

A. As required by the section 1352, Title 31 of the US Code, and implemented at 44 CFR Part 18 for persons (entering) into a grant or cooperative agreement over \$100,000, as defined at 44CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement and extension, continuation, renewal amendment or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all the sub awards at all tiers (including sub grants, contracts under grants and cooperative agreements and sub contract(s)) and that all sub recipients shall certify and disclose accordingly.

**2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)**

A. As required by Executive Order 12549, Debarment and Suspension, and implemented at 44CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A, the applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency.

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification: and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. Drug-Free Workplace (Grantees other than individuals)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 44CFR Part 17, Subpart F, for grantees, as defined at 44 CFR part 17, Sections 17.615 and 17.620:

(A) The applicant certifies that it will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantees policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable DHS awarding office, i.e. regional office or DHS office.

(f) Taking one of the following actions, against such an employee, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

**Place of Performance**

Street	City	State	Zip	Action
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If your place of performance is different from the physical address provided by you in the Applicant Information, press **Add Place of Performance** button above to ensure that the correct place of performance has been specified. You can add multiple addresses by repeating this process multiple times.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for DHS funding. States and State agencies may elect to use a Statewide certification.

Signed by Donnie Shular on 11/15/2016

**FEMA Standard Form LLL**

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**Only complete if applying for a grant for more than \$100,000 and have lobbying activities. See Form 20-16C for lobbying activities definition.**

## Submit Application

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### Application 100% complete, Submitted

Please click on any of the following links to visit a particular section of your application. Once all areas of your application are complete, you may submit your application.

Application Area	Status
Applicant's Acknowledgements	<a href="#">Complete</a>
Overview	<a href="#">Complete</a>
Contact Information	<a href="#">Complete</a>
Applicant Information	<a href="#">Complete</a>
Applicant Characteristics (I)	<a href="#">Complete</a>
Applicant Characteristics (II)	<a href="#">Complete</a>
Department Call Volume	<a href="#">Complete</a>
Request Information	<a href="#">Complete</a>
Request Details	<a href="#">Complete</a>
Budget	<a href="#">Complete</a>
Assurances and Certifications	<a href="#">Complete</a>

**PLEASE READ THE FOLLOWING STATEMENTS BEFORE YOU SUBMIT.**

- o **YOU WILL NOT BE ALLOWED TO EDIT THIS APPLICATION ONCE IT HAS BEEN SUBMITTED.** If you are not yet ready to submit this application, save it, and log out until you feel that you have no more changes.
- o **When you submit this application, you, as an authorized representative of the organization applying for this grant, are certifying that the following statements are true:**

**To the best of my knowledge and belief, all data submitted in this application are true and correct.**

**This application has been duly authorized by the governing body of the applicant and the applicant will comply to the Assurances and Certifications if assistance is awarded.**

**To sign your application, check the box below and enter your password in the space provided. To submit your application, click the Submit Application button below to officially submit your application to FEMA.**

**Note: The primary contact will be responsible for signing and submitting the application. Fields marked with an \* are required.**

**I, Donnie Shular, am hereby providing my signature for this application as of 18-Nov-2016.**



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## Board Memorandum

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**DATE:** December 5, 2016

**AGENDA ITEM:** Consider approval and/or ratification of the following expenses in excess of \$5,000.00.

**RESPONSIBILITY:** Lynn McClurg, Chief Financial Officer

**PRESENTATION:**

1. John Bouchard & Sons – Repair of Ball Pump Control Valve - \$7063.29 + \$317.85 service charges
2. National Research Center Inc – Citizen Survey - \$9,500.00 professional services
3. Trane – Annual Service Agreement - \$6,671.13 sole source

**REQUESTED ACTION:** Recommend approval and/or ratification of the above mentioned expenses.

Invoice Date

9/9/2016

# JOHN BOUCHARD & SONS Co.

1024 Harrison Street, Nashville, TN 37203 Phone: (615) 256-0112

**\*\* Duplicate \*\***

**Invoice**

**\*\* Duplicate \*\***

**Please Remit To:** John Bouchard & Sons Company  
MSC 30305  
PO BOX 415000  
NASHVILLE, TN 37241-5000

**Bill To:** 19154  
CITY OF SEVIERVILLE  
ATTN: ACCOUNTS PAYABLE  
P O BOX 5500  
SEVIERVILLE, TN 37864-5500

**Ship To:**  
CITY OF SEVIERVILLE  
CITY OF SEVIERVILLE  
WATER TREATMENT PLANT  
SEVIERVILLE, TN 37862-0

<b>Invoice</b>	<b>Purchase Order</b>	<b>Caller</b>	<b>Salesman</b>	<b>Department</b>
16-24058	MIKE WILLIAMS		QUINN BENDER IRRIGATI	4 - Machine Shop

<b>Terms</b>	<b>Ship Via</b>	<b>Location</b>
NET CASH 10 PROX	DELV	REPLACE ACTUATORS ON 10" GA INDUSTRIES BALL PUMP CONTROL

Qty	Stock Number	Unit Price	Extended Price
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REPLACE ACTUATORS ON 10" GA INDUSTRIES BALL PUMP CONTROL VALVE

QUOTED PRICE OF \$6,908.57 TO REPLACE ACTUATORS ON 10" GA INDUSTRIES BALL PUMP CONTROL VALVE.

<b>Freight:</b>	0.00
<b>Sales Tax:</b>	0.00
<b>Invoice Total:</b>	7,063.29
<b>Paid Amount:</b>	0.00
<b>Net Due:</b>	7,063.29

**A Service Charge of 1.5% per month (18% per Annum) will be added to all Accounts more than 30 Days past due.**

Our responsibility ceases after delivery to any specified or usual means of conveyance. A Bill of Lading or Receipt for the goods received in good order is proof of delivery. Claims for shortages and overcharges must be made within 10 days from the date of invoice. Otherwise, they will not be allowed.

**Statement**

19154  
CITY OF SEVIERVILLE  
ATTN: ACCOUNTS PAYABLE  
P O BOX 5500  
SEVIERVILLE, TN 37864-5500

**Please Remit To:**  
John Bouchard & Sons Company  
MSC 30305  
PO BOX 415000  
NASHVILLE, TN 37241-5000

**Invoice Date Invoice Number PO Number Invoice Amount**

9/9/2016 16-24058 MIKE WILLIAMS 7,063.29

Service Charge 211.90

**Total Due:** 7,275.19

Current	30 Days	60 Days	90 Days	120 Days
0.00	0.00	7,063.29	0.00	0.00

**Thank You**

*+105.95 for Dec 1 serv. chg.*

**RECEIVED**  
NOV 21 2016  
FINANCE DEPT.

Please let me know payment status or if you need any additional information ASAP. You may e-mail me at [jolie.wood@jbouchard.com](mailto:jolie.wood@jbouchard.com), fax to 615-256-2427 or call me at 615-256-0112. I look forward to hearing from you!

Jolie Wood

*AF Lynne 11/21*

**A Service Charge of 1.5% per month (18% per Annum) will be added to all Accounts more than 30 Days past due.**

Our responsibility ceases after delivery to any specified or usual means of conveyance. A Bill of Lading or Receipt for the goods received in good order is proof of delivery. Claims for shortages and overcharges must be made within 10 days from the date of invoice. Otherwise, they will not be allowed.



**NRC**  
National Research Center Inc

2955 Valmont Road  
Suite 300  
Boulder, CO 80301  
T: (303) 444-7863  
F: (303) 444-1145

## Invoice

Date	Invoice No.
October 5, 2016	6070

Bill to:
Tracy Baker City of Sevierville PO Box 5500 Sevierville, TN 37864 865-868-0910

Terms
Net 30 days

Description	Total	Amount Paid	Amount Due
The National Citizen Survey™ Basic Service	\$13,860	\$0	\$9,500

<b>TOTAL</b>	<b>\$13,860.00</b>	<b>\$0.00</b>	<b>\$9,500.00</b>
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If payment is not received within 30 days, National Research Center, Inc. reserves the right to charge an additional fee of 3% of the total invoiced amount on any late payments. This policy helps keep costs low for clients that pay in a timely fashion.



TRANE SERVICE AGREEMENT FOR BUILDING AUTOMATION SYSTEM

# Pricing and Acceptance

City of Sevierville  
Sevierville, TN

**Site Address:**  
Sevierville Events Center  
202 Gists Creek Road  
SEVIERVILLE, TN 37864  
United States

### Trane Service Agreement

This Service Agreement for Building Automation Systems consists of the pages beginning with the page entitled "The Agreement," the consecutively numbered pages immediately following such title page, and includes and ends with the Trane Terms and Conditions (Service) (collectively, the "Service Agreement" or "Agreement"). Trane agrees to inspect and maintain the Covered Equipment according to the terms of this Service Agreement, including the "Terms and Conditions," and "Scope of Services" sections. Trane agrees to give preferential service to Customer over non-contract customers.

### Service Fee

As the fee(s) (the "Service Fee(s)") for the inspection and maintenance services described in the Scope of Services section with respect to the Covered Equipment, Customer agrees to pay to Trane the following amounts, plus applicable tax, as and when due.

Contract Year	Annual Amount USD	Payment USD	Payment Term
Year 1	6,671.13	6,671.13	Annual

A one-time 3.00 % discount is offered for full payment of 1 year(s) in advance of the commencement of the Service Agreement. Invoice would be issued at start of the Agreement and is due net 15 days from date of invoice. The discount would be **200.13 USD** if this option is selected. Tax will be calculated based upon the pre-discounted price. The discount for advance payment is not applicable to credit card transactions. Please check the box for this option.

In addition to any other amounts then due hereunder, if this Agreement is terminated or cancelled prior to its scheduled expiration, Customer shall pay to Company the balance of any amounts billed to but unpaid by Customer and, if a "Service Project" is included in the Agreement, the Cancellation Fee set forth in "Exhibit A" Cancellation Schedule attached hereto and incorporated herein, which Cancellation Fee represents unbilled labor, non-labor expenses and parts materials and components.

### Term

The Initial Term of this Service Agreement is 1 year, beginning **January 01, 2017** and expiring **December 31, 2017**. However, Trane's obligation under this Agreement will not begin until authorized representatives of Trane and Customer have both signed this Agreement in the spaces provided below.

Following expiration of the initial term on December 31, 2017, this Agreement shall renew automatically for successive periods of 1 year (the "Renewal Term") until terminated as provided herein. If you do not want to renew this Agreement for the Renewal Term, please notify Trane by telephone or by U.S. mail prior to the expiration date set forth in the preceding sentence. If any questions arise regarding this Service Agreement or how to cancel this Agreement, Trane can be reached either by telephone at (865) 588-0607 or by direct mail addressed to: 5220 Middlebrook Pike S. KNOXVILLE, TN 37921.

