



# Baldwin County Commission

## Legislation Details (With Text)

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**File #:** 21-1322      **Version:** 1  
**Type:** Consent      **Status:** Passed  
**File created:** 9/9/2021      **In control:** Baldwin County Commission Regular  
**On agenda:** 9/21/2021      **Final action:** 9/21/2021  
**Title:** Personnel Department - Safety Incentive Discount Program for ACCA Self-Insurance Fund

**Indexes:**

**Attachments:** 1. SIDP Application 2021

Date	Ver.	Action By	Action	Result
9/21/2021	1	Baldwin County Commission Regular	Approved	

**Meeting Type:** BCC Regular Meeting  
**Meeting Date:** 9/21/2021  
**Item Status:** New  
**From:** Deidra Hanak, Personnel Director  
Ken Strong, Risk Manager  
**Submitted by:** Deidra Hanak, Personnel Director

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### ITEM TITLE

Personnel Department - Safety Incentive Discount Program for ACCA Self-Insurance Fund

### STAFF RECOMMENDATION

Authorize the Chairman of the Baldwin County Commission to sign the Safety Incentive Discount Program Application for 2020-2021.

### BACKGROUND INFORMATION

**Previous Commission action/date:** N/A

**Background:** The Association of County Commissions of Alabama (ACCA) established a Safety Incentive Discount Program associated to its Liability Self-Insurance Fund and Workers' Compensation Self-Insurance Fund. Baldwin County is a member of both funds. In order to be eligible for a Safety Incentive Discount for both funds the County must approve the above staff recommendation and forward the documents to the ACCA.

### FINANCIAL IMPACT

**Total cost of recommendation:** N/A

**Budget line item(s) to be used:** N/A

**If this is not a budgeted expenditure, does the recommendation create a need for funding?**  
N/A

**LEGAL IMPACT**

**Is legal review necessary for this staff recommendation and related documents?**  
N/A

**Reviewed/approved by:** N/A

**Additional comments:** N/A

**ADVERTISING REQUIREMENTS**

**Is advertising required for this recommendation?** N/A

**If the proof of publication affidavit is not attached, list the reason:** N/A

**FOLLOW UP IMPLEMENTATION**

**For time-sensitive follow up, select deadline date for follow up:** N/A

**Individual(s) responsible for follow up:** Personnel - Will email signed document to ACCA

**Action required (list contact persons/addresses if documents are to be mailed or emailed):**  
N/A

**Additional instructions/notes:** N/A