

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION AUTHORIZING THE DEPARTMENT OF PARKS AND RECREATION TO SOLICIT AND ACCEPT DONATIONS FROM BUSINESSES AND OTHER ORGANIZATIONS IN SUPPORT OF THE TENNESSEE RECREATION AND PARKS ANNUAL CONFERENCE TO BE HELD IN CHATTANOOGA FROM NOVEMBER 17, 2013 THROUGH NOVEMBER 21, 2013.

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BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, that the Department of Parks and Recreation be and is hereby authorized to solicit and accept donations from businesses and other organizations in support of the Tennessee Recreation and Parks Annual Conference to be held in Chattanooga from November 17, 2013 through November 21, 2013.

ADOPTED: \_\_\_\_\_, 2012

/mms

# City of Chattanooga



## Resolution/Ordinance Request Form

**Date Prepared: November 15, 2012**

**Preparer: Wanda Eckstein**

**Department: Parks & Recreation**

Brief Description of Purpose for Resolution/Ordinance: \_\_\_\_\_

**Res./Ord. # \_\_\_\_\_ Council District # \_\_\_\_\_**

**A Resolution is needed authorizing the Administrator of the Department of Parks and Recreation to solicit and accept donations from businesses and other organizations in support of the Tennessee Recreation and Parks Annual Conference to be held in Chattanooga from November 17 - 21, 2013 and to solicit and accept donations supporting the Parks and Recreation annual Holiday Employee Recognition Luncheon.**

Name of Vendor/Contractor/Grant, etc. \_\_\_\_\_  
Total project cost \$ \_\_\_\_\_  
Total City of Chattanooga Portion \$ \_\_\_\_\_  
City Amount Funded \$ \_\_\_\_\_  
New City Funding Required \$ \_\_\_\_\_  
City's Match Percentage % \_\_\_\_\_

New Contract/Project? (Yes or No) \_\_\_\_\_  
Funds Budgeted? (YES or NO) \_\_\_\_\_  
Provide Fund \_\_\_\_\_  
Provide Cost Center \_\_\_\_\_  
Proposed Funding Source if not budgeted \_\_\_\_\_  
Grant Period (if applicable) \_\_\_\_\_

**List all other funding sources and amount for each contributor.**

<u>Amount(s)</u>	<u>Grantor(s)</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____

**Agency Grant Number** \_\_\_\_\_

**CFDA Number if known** \_\_\_\_\_

**Other comments: (Include contingency amount, contractor, and other information useful in preparing resolution)**

Approved by: \_\_\_\_\_

Reviewed by: FINANCE OFFICE

DESIGNATED OFFICIAL/ADMINISTRATOR

Please submit completed form to @budget, City Attorney and City Finance Officer

Revised: 1/26/09