

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

A RESOLUTION AUTHORIZING THE ADMINISTRATOR OF THE DEPARTMENT OF PUBLIC WORKS TO ENTER INTO AN AGREEMENT WITH DATA WEST CORPORATION FOR THE PURCHASE OF EIGHT (8) ADDITIONAL USER LICENSES FOR THE BILLMASTER UTILITY BILLING SOFTWARE (ENCO SEWER BILLING) FOR THE MOCCASIN BEND WASTEWATER TREATMENT PLANT, FOR AN AMOUNT NOT TO EXCEED TWELVE THOUSAND DOLLARS (\$12,000.00).

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BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, it is hereby authorizing the Administrator of the Department of Public Works to enter into an agreement with Data West Corporation for the purchase of eight (8) additional user licenses for the BillMaster Utility Billing Software (ENCO Sewer Billing) for the Moccasin Bend Wastewater Treatment Plant, for an amount not to exceed \$12,000.00.

ADOPTED: \_\_\_\_\_, 2013.

/mms

# City of Chattanooga



## Resolution/Ordinance Request Form

Date Prepared: 2-8-2013

Preparer: Alice L. Cannella, P.E. *Alice L. Cannella* Department: Public Works

Brief Description of Purpose for Resolution/Ordinance: Res./Ord. # \_\_\_\_\_ Council District # \_\_\_\_\_

A City Council resolution is requested authorizing the Administrator of Public Works to enter into an agreement with Data West Corporation for the purchase of eight (8) additional User Licenses for the BillMaster Utility Billing Software (ENCO Sewer Billing) for Moccasin Bend WWTP. This agreement is a one time, sole source and will not exceed the maximum sum of twelve thousand dollars (\$12,000.00).

Name of Vendor/Contractor/Grant, etc.	<u>Data West Corp.</u>	New Contract/Project? (Yes or No)	_____
Total project cost	\$ <u>\$12,000.00</u>	Funds Budgeted? (YES or NO)	_____
Total City of Chattanooga Portion	\$ _____	Provide Fund	<u>6010</u>
City Amount Funded	\$ <u>\$12,000.00</u>	Provide Cost Center	<u>K30101</u>
New City Funding Required	\$ _____	Proposed Funding Source if not budgeted	_____
City's Match Percentage	% _____	Grant Period (if applicable)	_____

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

Amount(s)	Grantor(s)
\$ _____	_____
_____	_____
_____	_____

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

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

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

Approved by: *[Signature]*

Reviewed by: FINANCE OFFICE

DESIGNATED OFFICIAL/ADMINISTRATOR

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

Revised: 1/26/09

