

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE ADMINISTRATOR OF THE DEPARTMENT OF YOUTH AND FAMILY DEVELOPMENT, TO APPLY FOR AND, IF GRANTED, ACCEPT A GRANT FROM THE SOUTHEAST TENNESSEE AREA AGENCY ON AGING AND DISABILITY FOR THE EASTGATE SENIOR ACTIVITY CENTER PROGRAMMING, IN THE AMOUNT OF FORTY-FOUR THOUSAND NINE HUNDRED FIFTY-TWO DOLLARS (\$44,952.00).

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That the Administrator of the Department of Youth and Family Development apply for and, if granted, accept a grant from the Southeast Tennessee Area Agency on Aging and Disability for the Eastgate Senior Activity Center programming, in the amount of \$44,952.00.

ADOPTED: _____, 2013

/mms

City of Chattanooga



Resolution Request Form

Date Prepared: May 21, 2013

Preparer: Clarence Williams

Department: Youth and Family Development

Brief Description of Purpose for Resolution/Ordinance:

Res./Ordinance # (if approved by Council) _____

Authorization for the Administrator of the Department of Youth and Family Development to apply for and, if awarded, accept a grant from the Southeast Tennessee Area Agency on Aging and Disability for the Eastgate Senior Activity Center programming, in the amount of \$44,952.00.

Name of Vendor/Contractor/Grant, etc. SETAA
Total project cost \$ None
Total City of Chattanooga Portion \$ None
City Amount Funded \$ None
New City Funding Required \$ None
City's Match Percentage % None

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.

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: Larone Jennings, Sr.
DESIGNATED OFFICIAL/ADMINISTRATOR

Reviewed by: FINANCE OFFICE

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

Revised: 1/26/09



SOUTHEAST TENNESSEE AREA AGENCY ON AGING AND DISABILITY

P.O. Box 4757 • CHATTANOOGA, TN 374050757

(423) 2665781 • FAX (423) 4244225

May 16, 2013

City of Chattanooga
Department of Youth and Family Development
Lurone Jennings, Administrator
1001 Lindsay Street
Chattanooga, TN 37402

Dear Mr. Jennings:

Thank you for being a partner of the Southeast Tennessee Area Agency on Aging and Disability / Southeast Tennessee Development District in providing services for seniors. The mission of Senior Centers includes playing an integral part in the health and wellbeing of the people you reach. You are a valuable part of our team as we work together to serve seniors with multiple programs in your county.

Your Center's current contract will expire on June 30, 2013. I have enclosed a copy of the (short form) application to renew your contract. Please be sure to complete the attached budget form and remember that revenue must equal expenses. The SETAAAD funding allocation for fiscal year 2013 was \$44,952 in regard to your Senior Center and \$1000 in regard to the Senior Olympic Games.

Please return your completed application and budget no later than June 1, 2013. If you have questions, please contact me at 423-424-4282.

Thank you again for the work you are doing. We look forward to continuing to work with you and your organization!

Sincerely,

Shane Berryhill

Quality Assurance Coordinator

CC:

Senior Center Director
Nutrition Director (as applicable)

APPLICATION FOR STATE SENIOR CENTER FUNDS
Southeast Tennessee Development District/ Area Agency on Aging & Disability
PERIOD JULY 1, 2013- JUNE 30, 2014

Date Prepared: _____

Basic Agency Information

Name of Agency: _____		
Street Address: _____		
Mailing Address: _____		
City: _____	Zip: _____	Phone #: _____
Program Directors Name: _____		
Days & Hours of Operations: _____		
Geographic Area Served: _____		

**Sponsoring Agency, Organization or Government Entity
Information**

Name of Entity: _____		
Mailing Address: _____		
City: _____	Zip: _____	Phone # _____
Contract Name and Position: _____		

Funding Request

Senior Center Funding Received for FY 2012: _____
Senior Center Funding Requested for FY 2013: _____

Attendance Information

Average Daily Attendance for October, November, December 2011 _____
Average Daily Attendance for October, November, December 2012 _____

ATTACHMENT 2.

CITY OF CHATTANOOGA (EASTGAGE SENIOR CENTER)

Service Provider

CONTRACT BUDGET

For

07/01/13 - 06/30/14

Contract Period

	SENIOR CENTER	TOTAL
REVENUE SOURCE:		
<i>STATE:</i>		
<i>OTHER:</i>		
CITY		
COUNTY		
<i>CONTRIBUTIONS:</i>		
CASH		
PROGRAM INCOME		
<i>IN-KIND:</i>		
BUILDING		
VOLUNTEER		
OTHER		
TOTAL REVENUE		
EXPENSES:		
SALARIES &		
FRINGE BENEFITS		
TRAVEL		
POSTAGE		
TELEPHONE		
SUPPLIES		
MAINT./REPAIRS		
EQUIP MAINT./REPAIRS		
PROF. SERVICES		
OCCUPANCY		
CONFERENCE/MEETINGS		
INSURANCE		
GRANTS & AWARDS		
INTEREST		
PRINTING/PUBLICATIONS		
ADMINISTRATIVE EXPENSES		
OTHER		
IN-KIND (FROM ABOVE)		
TOTAL PROGRAM EXPENSES		
REVENUE OVER/UNDER	-	-