

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE DIRECTOR OF GENERAL SERVICES TO APPLY FOR AND, IF AWARDED, ACCEPT A GRANT FROM ARTSBUILD COMMUNITY CULTURAL CONNECTIONS FOR THE USE OF PROGRAMMING AT THE SOLDIERS AND SAILORS MEMORIAL AUDITORIUM RELATED TO PUBLIC ARTS AND HEALING WORKSHOPS BENEFITTING RETURNED ARMED FORCES TROOPS AND VETERANS, IN THE AMOUNT OF THREE THOUSAND DOLLARS (\$3,000.00).

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That the Director of General Services is to apply for and, if awarded, accept a grant from ArtsBuild Community Cultural Connections for the use of programming at the Soldiers and Sailors Memorial Auditorium related to public arts and healing workshops benefitting returned Armed Forces Troops and Veterans, in the amount of \$3,000.00.

It is anticipated that memorial sculptures created by program participants will be installed in the concrete planters in front of the Soldiers and Sailors Memorial Auditorium.

ADOPTED: _____, 2013

/mms

City of Chattanooga



Resolution/Ordinance Request Form

Date Prepared: 10/17/2013

Preparer: Melissa Turner

Department: General Services

Brief Description of Purpose for Resolution/Ordinance: Res./Ord. # _____ Council District # 7
TO AUTHORIZE THE DIRECTOR OF GENERAL SERVICES, THROUGH THE CIVIC FACILITIES DIVISION, TO APPLY FOR AND, IF AWARDED, ACCEPT A GRANT FROM ARTSBUILD COMMUNITY CULTURAL CONNECTIONS IN AN AMOUNT UP TO \$3,000. PROCEEDS FROM THE GRANT SHALL BE USED FOR PROGRAMMING AT THE SOLDIERS AND SAILORS MEMORIAL AUDITORIUM RELATED TO PUBLIC ARTS AND HEALING WORKSHOPS BENEFITTING RETURNED ARMED FORCES TROOPS AND VETERANS.

Name of Vendor/Contractor/Grant, etc.:	<u>ArtsBuild Chattanooga</u>	New Contract/Project? (Yes or No)	<u>YES</u>
Total project cost \$	<u>3,000.00</u>	Funds Budgeted? (YES or NO)	_____
Total City of Chattanooga Portion \$	<u>-</u>	Provide Fund	_____
City Amount Funded \$	<u>-</u>	Provide Cost Center	_____
New City Funding Required \$	<u>-</u>	Proposed Funding Source if not budgeted	_____
City's Match Percentage %	<u>0%</u>	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)
It is anticipated that memorial sculptures created by program participants will be installed in the concrete planters in front of the Soldiers and Sailors Memorial Auditorium.

Reviewed by: FINANCE OFFICE

Approved by: [Signature]
DESIGNATED OFFICIAL/ADMINISTRATOR

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

Revised: 1/26/09