

ORDINANCE NO.

AN ORDINANCE TO AMEND ORDINANCE NO. 12757 KNOWN AS "THE FISCAL YEAR 2013-2014 BUDGET ORDINANCE" SO AS TO APPROPRIATE FIFTY THOUSAND (\$50,000.00) FROM THE GENERAL FUND CONTINGENCY TO THE CHATTANOOGA REGIONAL HOMELESS COALITION TO BE USED TO PROVIDE EMERGENCY NIGHT SHELTER FOR INDIVIDUALS AND FAMILIES DURING THE PERIOD JANUARY 1, 2014 THROUGH MARCH 31, 2014.

SECTION 1. BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That there be and is hereby approved and authorized the appropriation of \$50,000.00 from the General Fund Contingency to the Chattanooga Regional Homeless Coalition to be used to provide emergency night shelter for individuals and families during the winter. The shelter operations will be from January 1, 2014 through March 31, 2014.

SECTION 2. BE IT FURTHER ORDAINED, that this Ordinance shall become effective immediately upon passage as provided by law.

PASSED on Second and Final Reading

_____, 2014.

CHAIRPERSON

APPROVED: _____ DISAPPROVED: _____

DATE: _____, 2014

MAYOR

City of Chattanooga



Resolution/Ordinance Request Form

Date Prepared: 9/5/13

Preparer: Daisy W. Madison

Department: Finance & Administration/Parks & Rec.

Brief Description of Purpose for Resolution/Ordinance: _____ Res./Ord. # _____ Council District # _____ 8

A ordinance amending the FY2014 budget ordinance #12757 so as to appropriate \$50,000 from the general fund contingency to the Chattanooga Regional Homeless Coalition to provide emergency night shelter for individuals and families during the period January 1, 2014 thru March 31, 2014

Name of Vendor/Contractor/Grant, etc.	_____	New Contract/Project? (Yes or No)	Yes _____
Total project cost \$	50,000	Funds Budgeted? (YES or NO)	NO _____
Total City of Chattanooga Portion \$	50,000	Provide Fund	1100 _____
City Amount Funded \$	50,000	Provide Cost Center	_____
New City Funding Required \$	_____	Proposed Funding Source if not budgeted	General Fund Contingency _____
City's Match Percentage %	100%	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 _____

Letter from the Comptroller of the Treasury, Office of State and Local Finance attached.

Approved by: _____

Reviewed by: FINANCE OFFICE

DESIGNATED OFFICIAL/ADMINISTRATOR

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

Revised: October, 2011