

RESOLUTION NO. _____

A RESOLUTION AMENDING RESOLUTION NO. 27889 FOR THE ADMINISTRATOR OF THE DEPARTMENT OF YOUTH AND FAMILY DEVELOPMENT TO ENTER INTO A RENTAL AGREEMENT WITH THE McCALLIE/GPS AQUATIC CLUB FOR POOL RENTAL FEES IN THE SUM OF TWO THOUSAND ONE HUNDRED DOLLARS (\$2,100.00) AND FIVE HUNDRED DOLLARS (\$500.00) PER DAY FACILITY SERVICE FEES FOR THE CHATTANOOGA AREA SWIM LEAGUE CHAMPIONSHIP SCHEDULED ON JULY 10-12, 2014, FOR A TOTAL CONTRACT FEE IN THE AMOUNT OF THREE THOUSAND ONE HUNDRED DOLLARS (\$3,100.00).

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That it is hereby authorizing an amendment to Resolution No. 27889 for the Administrator of the Department of Youth and Family Development to enter into a rental agreement with the McCallie/GPS Aquatic Club for pool rental fees in the sum of \$2,100.00 and \$500.00 per day facility service fees for the Chattanooga Area Swim League Championship scheduled on July 10-12, 2014, for a total contract fee in the amount of \$3,100.00.

ADOPTED: _____, 2014.

/mem

City of Chattanooga



Resolution/Ordinance Request Form

Date Prepared: 05/28/14

Preparer: **Carla Johnson**

Department: 'Youth & Family Development

Brief Description of Purpose for Resolution/Ordinance: **Res./Ord. #** 27889 **Council District #** 8

Authorization for the Administrator of the Department of Youth and Family Development to enter into a Rental Agreement with the McCallie/GPS Aquatic Club for pool rental fees in the sum of \$2,100.00 and \$500.00 per day facility service fees for the Chattanooga Area Swim League (MCC/GPS) Championship scheduled on July 10-12, 2014. The total contract fee of this Agreement is \$3,100.00.

This would be an amendment to Resolution No. 27889.

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: October, 2011