

RESOLUTION NO. _____

A RESOLUTION TO ACCEPT A DONATION CHECK FROM CATHOLIC HEALTH INITIATIVES (D/B/A MEMORIAL HOSPITAL) FOR THE VIOLENCE REDUCTION INITIATIVE, IN THE AMOUNT OF TEN THOUSAND DOLLARS (\$10,000.00).

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That there be and is hereby authorizing to accept a donation check from Catholic Health Initiatives (d/b/a Memorial Hospital) for the Violence Reduction Initiative, in the amount of \$10,000.00.

ADOPTED: _____, 2014

/mem

City of Chattanooga



Resolution Request Form

(This form is only required for resolutions requiring expenditure of City funds)

Date Prepared: August 14, 2014

Preparer: Paul Smith

Department: Mayor's Office Public Safety

Brief Description of Purpose for Resolution:

Resolution Number (if approved by Council): _____

A resolution authorizing the Public Safety Coordinator to accept a donation check from Catholic Health Initiatives (d.b.a. Memorial Hospital) in the amount of \$10,000 for the Violence Reduction Initiative (VRI).

Name of Vendor/Contractor/Grant, etc. _____

New Contract/Project? (Yes or No) _____

Total project cost \$ _____

Funds Budgeted? (YES or NO) _____

Total City of Chattanooga Portion \$ _____

Provide Fund _____

City Amount Funded \$ _____

Provide Cost Center _____

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: _____

Reviewed by: FINANCE OFFICE

DESIGNATED OFFICIAL/ADMINISTRATOR

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