

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION AUTHORIZING THE ACCEPTANCE OF THE DONATION OF AED DEFIBRILLATORS FROM PETER METCALF AT NO COST TO THE CHATTANOOGA POLICE DEPARTMENT OR THE CITY OF CHATTANOOGA.

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BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, that it is hereby authorizing the acceptance of the donation of AED defibrillators from Peter Metcalf at no cost to the Chattanooga Police Department or the City of Chattanooga.

ADOPTED: \_\_\_\_\_, 2014

/mem

# City of Chattanooga



## Resolution/Ordinance Request Form

Date Prepared: September 5, 2014

Preparer: Lisa Jones

Department: Police

Brief Description of Purpose for Resolution/Ordinance: Res./Ord. # \_\_\_\_\_ Council District # \_\_\_\_\_

A resolution authorizing the Chattanooga Police Department to accept a donation of AED Defibrillators from Mr. Peter Metcalf at no cost(s) to the Chattanooga Police Department or City of Chattanooga.

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.

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, City Attorney and City Finance Officer

Revised: October, 2011