

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE ADMINISTRATOR OF THE DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT FOR THE CITY OF CHATTANOOGA TO SERVE AS A GOVERNMENT SPONSOR AND PASS-THROUGH ENTITY FOR A GRANT FROM THE AMERICAN BATTLEFIELD PROTECTION PROGRAM, A PART OF THE NATIONAL PARK SERVICE, TO BE PASSED THROUGH TO THE CIVIL WAR TRUST, WHICH WILL PURCHASE AND PRESERVE AN 11.6+/- ACRE OF LAND IDENTIFIED AS THE VEAL TRACT (THE "PROJECT"), FOR AN AMOUNT NOT TO EXCEED TWO HUNDRED FIFTY-EIGHT THOUSAND TWO HUNDRED FIFTY DOLLARS (\$258,250.00).

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That it is hereby authorizing the Administrator of the Department of Economic and Community Development for the City of Chattanooga to serve as a government sponsor and pass-through entity for a grant from the American Battlefield Protection Program, a part of the National Park Service, to be passed through to the Civil War Trust, which will purchase and preserve an 11.6+/- acre of land identified as the Veal Tract (the "Project"), for an amount not to exceed \$258,250.00.

The Project is located in the area of the Wauhatchie battlefield and within the study area of the Chattanooga battlefield. The addresses are 1331 and 1345 Browns Ferry Road, Tax Map Nos. 134-029 and 135-016.01.

ADOPTED: _____, 2015

/mem

City of Chattanooga



Resolution/Ordinance Request Form

Date Prepared: February 16, 2015

Preparer: Donna C. Williams

Department: ECD

Brief Description of Purpose for Resolution/Ordinance: Res./Ord. # _____ Council Dis **1**

The Administrator of the Department of Economic and Community Development is requesting a resolution for the City of Chattanooga to serve as a government sponsor and pass-through entity for a grant from the American Battlefield Protection Program, a part of the National Park Service, for an amount not to exceed \$258,250, to be passed through to the Civil War Trust, which will purchase and preserve an 11.6 +/- acre tract of land identified as the Veal Tract (the "Project"). The Project is located in the area of the Wauhatchie battlefield and within the study area of the Chattanooga battlefield. The addresses are 1331 and 1345 Browns Ferry Road, tax map numbers 134 029 and 135 016.01.

Name of Vendor/Contractor/Grant, etc.	<u>National Park Service</u>	New Contract/Project? (Yes or No)	<u>Yes</u>
Total project cost \$	<u>\$258,250</u>	Funds Budgeted? (YES or NO)	<u>No</u>
Total City of Chattanooga Portion \$	<u>0</u>	Provide <u>Fund</u>	
City Amount Funded \$	<u>0</u>	Provide <u>Cost Center</u>	
New City Funding Required \$	<u>0</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.

<u>Amount(s)</u>	<u>Grantor(s)</u>
\$258,250.00	National Park Service
\$	
\$	

Agency Grant Number _____

CFDA Number if known _____

Other comments: (Include contingency amount, contractor, and other information useful in preparing resolution)

City of Chattanooga will serve as a pass-through entity only.

Approved by: _____

Reviewed by: FINANCE OFFICE

DESIGNATED OFFICIAL/ADMINISTRATOR

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

Revised: October, 2011



City of Chattanooga

Mayor Andy Berke

February 23, 2015

Mr. Paul Hawke, Chief
American Battlefield Protection Program
1201 Eye Street, NW (2287)
Washington, DC 20005

Dear Mr. Hawke:

The City of Chattanooga has been requested by the Civil War Preservation Trust, doing business as the Civil War Trust (the "Trust"), to act as the governmental sponsor for acquisition of property that may be funded in part by the American Battlefield Protection Program. We have agreed that the City will serve as the governmental sponsor for the acquisition of the Veal Tract, ±11.6 acres (collectively), at the Chattanooga and Wauhatchie battlefields.

The City of Chattanooga understands that all required acquisition and financial documentation would be provided by the Trust to the National Park Service ("NPS"), with a copy to the City of Chattanooga, for review and approval. The Trust will be notified in writing by the NPS that all grant requirements have been met and that the grant proceeds will be transferred to the City of Chattanooga in accordance with the ASAP system.

I hope this letter will help to serve and expand the vital protection of this historic land. We commend the American Battlefield Protection Program for all your valued work in this regard.

Sincerely,

Donna C. Williams, Administrator
Department of Economic and Community Development

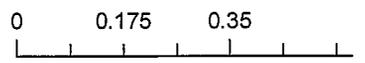
cc: Catherine Noyes, Civil War Trust



**Veal Tract (Brown's Ferry) at
Chattanooga & Wauhatchie Battlefields
(Hamilton County, TN)**

Updated on 12/2/14 by JM

-  Veal Tract (1.0 Acres)
-  Veal Tract (10.6 Acres)
-  Federal Owned Land



Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Chattanooga

*b. Employer/Taxpayer Identification Number (EIN/TIN):
62-600000259

*c. Organizational DUNS:
04-311-2341

d. Address:

*Street 1: 101 East 11th Street
Street 2: Suite 200
*City: Chattanooga
County: Hamilton
*State: TN
Province: _____
*Country: USA
*Zip / Postal Code 37402

e. Organizational Unit:

Department Name:
Economic and Community Development

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *First Name: Donna
Middle Name: _____
*Last Name: Williams
Suffix: _____

Title: Administrator

Organizational Affiliation:

*Telephone Number: 423-265-5229

Fax Number: 423-643-7343

*Email: Williams_Donna@Chattanooga.gov

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of the Interior - National Park Service - American Battlefield Protection Program

11. Catalog of Federal Domestic Assistance Number:

15-928 _____

CFDA Title:

Civil War Battlefield Land Acquisition _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Hamilton County, Tennessee

***15. Descriptive Title of Applicant's Project:**

LWCF Battlefield Preservation Grant - 11.6+/- acre Veal Tract on the Chattanooga and Wauhatchie Battlefields

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

n/a

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions:		
a.	Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.		
b.	Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
c.	Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
d.	Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the
e.	Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the		

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p> <p>20. Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>																								
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="186 430 852 976"> <tr> <td data-bbox="186 430 519 462">A. State Government</td> <td data-bbox="527 430 852 462">M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td data-bbox="186 462 519 493">B. County Government</td> <td data-bbox="527 462 852 493">N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td data-bbox="186 493 519 525">C. City or Township Government</td> <td data-bbox="527 493 852 525">O. Private Institution of Higher Education</td> </tr> <tr> <td data-bbox="186 525 519 556">D. Special District Government</td> <td data-bbox="527 525 852 556">P. Individual</td> </tr> <tr> <td data-bbox="186 556 519 588">E. Regional Organization</td> <td data-bbox="527 556 852 588">Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td data-bbox="186 588 519 619">F. U.S. Territory or Possession</td> <td data-bbox="527 588 852 619">R. Small Business</td> </tr> <tr> <td data-bbox="186 619 519 651">G. Independent School District</td> <td data-bbox="527 619 852 651">S. Hispanic-serving Institution</td> </tr> <tr> <td data-bbox="186 651 519 682">H. Public/State Controlled Institution of Higher Education</td> <td data-bbox="527 651 852 682">T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td data-bbox="186 682 519 714">I. Indian/Native American Tribal Government (Federally Recognized)</td> <td data-bbox="527 682 852 714">U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td data-bbox="186 714 519 745">J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td data-bbox="527 714 852 745">V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td data-bbox="186 745 519 777">K. Indian/Native American Tribally Designated Organization</td> <td data-bbox="527 745 852 777">W. Non-domestic (non-US) Entity</td> </tr> <tr> <td data-bbox="186 777 519 808">L. Public/Indian Housing Authority</td> <td data-bbox="527 777 852 808">X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	C. City or Township Government	O. Private Institution of Higher Education	D. Special District Government	P. Individual	E. Regional Organization	Q. For-Profit Organization (Other than Small Business)	F. U.S. Territory or Possession	R. Small Business	G. Independent School District	S. Hispanic-serving Institution	H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity	L. Public/Indian Housing Authority	X. Other (specify)	<p>21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
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