RESOLUTION NO _____

A RESOLUTION AUTHORIZING THE PROCESSING OF
SEWER FEE BILLING ON JULY 1, 2015, FOR
APPROXIMATELY FIFTY-SEVEN THOUSAND (57,000)
CUSTOMERS MONTHLY, WITH ASSOCIATED POSTAGE
OF APPROXIMATELY TWENTY-THREE THOUSAND
DOLLARS ($23,000.00) TO TWENTY-FOUR THOUSAND
DOLLARS ($24,000.00) ON SEWER-RELATED POSTAGE
FOR ONE (1) YEAR BEGINNING JUNE 20, 2015, PLUS FOUR
(4) ONE YEAR EXTENSIONS, FOR A TOTAL ANNUAL
EXPENDITURE IN THE AMOUNT OF THREE HUNDRED
THOUSAND DOLLARS ($300,000.00).

_____

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA,

TENNESSEE, that it is hereby authorizing the processing of sewer fee billing on July 1, 2015,

for approximately 57,000 customers monthly, with associated postage of approximately

$23,000.00 to $24,000.00 on sewer-related postage for one (1) year beginning June 20, 2015,

plus four (4) one year extensions, for a total annual expenditure in the amount of $300,000.00.

ADOPTED:_____, 2015

/mem

City of Chattanooga

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

Date Prepared: May 20,2015

Preparer: Barry Teague   Department: Treasury

Brief Description of Purpose for Resolution:

The City will begin processing sewer fee billing 7/1/2015, billing approximately 57,000 customers monthly,

with associated postage of approximately $23,000 -$24,000. We ask for authority to spend up to $300,000

on sewer-related postage for one (1) year beginning June 20, 2015, plus four (4) one year extensions.

Name of Vendor/Contractor/Grant, etc. _____   New Contract/Project? (Yes or No) _____

Total project cost $ _____   Funds Budgeted? (YES or NO) _____Yes_____

Total City of Chattanooga Portion $ _____   Provide Fund _____9099_____

City Amount Funded $ _____   Provide Cost Center _____C20003_____

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: _____

_____   DESIGNATED OFFICIAL/ADMINISTRATOR

Reviewed by: FINANCE OFFICE

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