

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

A RESOLUTION AUTHORIZING THE DIRECTOR OF HUMAN RESOURCES TO ENTER INTO AN AGREEMENT WITH CORNERSTONE ONDEMAND FOR A LEARNING MANAGEMENT SYSTEM IN THE AMOUNT OF SEVENTY THOUSAND NINE HUNDRED DOLLARS (\$70,900.00) FOR THE FIRST YEAR, WITH AN OPTION TO RENEW FOR FOUR (4) ADDITIONAL ONE (1) YEAR PERIODS, WITH ANNUAL AMOUNTS OF THIRTY-FIVE THOUSAND NINE HUNDRED DOLLARS (\$35,900.00).

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BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That it is hereby authorizing the Director of Human Resources to enter into an agreement with Cornerstone OnDemand for a Learning Management System in the amount of \$70,900.00 for the first year, with an option to renew for four (4) additional one (1) year periods, with annual amounts of \$35,900.00.

ADOPTED: \_\_\_\_\_, 2016

/mem

# City of Chattanooga

## Resolution/Ordinance Request Form



Date Prepared: 2/9/16

Department: Human Resources

Preparer: Emily Sewell

Council District # \_\_\_\_\_

**Brief Description of Purpose for Resolution/Ordinance:**

A resolution authorizing the City of Chattanooga Human Resources Director to enter into an agreement with Cornerstone OnDemand for a Learning Management System in the amount of seventy thousand, nine-hundred dollars (\$70,900) for the first year with an option to renew four (4) additional one (1) year periods with annual amounts of thirty-five thousand, nine-hundred dollars (\$35,900).

Name of Vendor/Contractor/Grant, etc.	<u>Cornerstone OnDemand</u>	New Contract/Project? (Yes or No)	<u>Yes</u>
Total project cost	\$ <u>70,900</u>	Funds Budgeted? (Yes or No)	<u>Yes</u>
Total City of Chattanooga Portion	\$ <u>70,900</u>	Proposed Funding Source if not budgeted	_____
City Amount Funded	\$ <u>70,900</u>	Grant Period (if applicable)	_____
New City Funding Required	\$ _____	Fund Name	<u>Gen Gov't Capital Projects</u> Fund # <u>4013</u>
City's Match Percentage	% _____	Cost Center (CC) Name	<u>GG CAP - HR Training Software</u> CC# <u>A60150</u>

**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: [Signature]  
DESIGNATED OFFICIAL/ADMINISTRATOR

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

Revised: September, 2015