

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE ADMINISTRATOR FOR THE DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT TO APPLY FOR THE HEALTHIEST CITIES AND COUNTIES CHALLENGE GRANT FUNDS FROM THE AETNA FOUNDATION, IN AN AMOUNT NOT TO EXCEED TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000.00).

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That it is hereby authorizing the Administrator for the Department of Economic and Community Development to apply for the Healthiest Cities and Counties Challenge Grant funds from the Aetna Foundation, in an amount not to exceed \$250,000.00.

The Aetna Foundation is in partnership with the American Public Health Association, the National Association of Counties, and CEOs for Cities.

ADOPTED: _____, 2016

/mem

City of Chattanooga

Resolution/Ordinance Request Form



Date Prepared: May 17, 2016

Department: Economic and Community Development

Preparer: Dana Womble for Donna Williams

Council District # _____

Brief Description of Purpose for Resolution/Ordinance:

A resolution authorizing the Administrator of the Department of Economic and Community Development to apply for the Healthiest Cities and Counties Challenge and, if awarded, accept the funds in an amount not to exceed \$250,000 (two hundred fifty thousand dollars). This grant is from the Aetna Foundation, in partnership with the American Public Health Association, the National Association of Counties, and CEOs for Cities.

Name of Vendor/Contractor/Grant, etc.	<u>Aetna Foundation</u>	New Contract/Project? (Yes or No)	<u>yes</u>
Total project cost	\$ <u>0</u>	Funds Budgeted? (Yes or No)	<u>no</u>
Total City of Chattanooga Portion	\$ <u>0</u>	Proposed Funding Source if not budgeted	_____
City Amount Funded	\$ <u>0</u>	Grant Period (if applicable)	_____
New City Funding Required	\$ <u>0</u>	Fund Name	_____ Fund # _____
City's Match Percentage	% <u>0</u>	Cost Center (CC) Name	_____ CC# _____

List all other funding sources and amount for each contributor.

<u>Amount(s)</u>	<u>Grantor(s)</u>
\$250,000.00	Healthiest Cities & Counties Challenge (Aetna Foundaton)
\$ _____	_____

Agency Grant Number _____

CFDA Number if known _____

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

Note: All awards are "Up to" a certain amount. Actual construction costs may be less, but will not be greater than the amounts awarded.

Approved by: _____

DESIGNATED OFFICIAL/ADMINISTRATOR

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