# **GRANT SUMMARY SHEET**

Grant Name:	Friends of MACC Grant Allocation 25 #3					
Department:	HEALTH DEPARTMENT					
Grantor:	FRIENDS OF METRO ANIMAL CARE & CONTROL					
Pass-Through Grantor (If applicable):						
Total Award this Action:	\$20,250.00					
<b>Cash Match Amount</b>	\$0.00					
Department Contact:	Brad Thompson 340-0407					
Status:	CONTINUATION					

# **Program Description:**

This is a donation from the nonprofit Friends of Metro Animal Care & Control for the provision of animals. Emergency Medical received \$12,500, Foster Program received \$3,750, and SafetyNet received \$4,000.

### Plan for continuation of services upon grant expiration:

#### Docusign Envelope ID: 0908465A-902A-4836-A110-6A71FC794D41

Grants	Tracking	Form
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Part One								
Pre-Application	Application	)	Award Acceptance	ce 🔍 Co	ontract Amendme	ent O		
Department	Dept. No.			Contact			Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson					340-0407	
Grant Name:	Friends of MACC G	rant Allocation 25 #3	3					
Grantor:	FRIENDS OF METRO A	NIMAL CARE & CONT	ROL	•	Other:			
Grant Period From:	07/01/24		(applications only)	Anticipated Applicatio	on Date:			
Grant Period To:	06/30/26		(applications only)	Application Deadline:				
Funding Type:	FOUNDATION	•	L	Multi-Department Gra	int		<ul> <li>If yes, list b</li> </ul>	elow.
Pass-Thru:		•		Outside Consultant Pr				
Award Type:	OTHER	-		Total Award:		\$20,250.00	-	
Status:	CONTINUATION	<b>•</b>		Metro Cash Match:		\$0.00	-	
Metro Category:	Est. Prior.	<b>•</b>		Metro In-Kind Match:		\$0.00	-	
CFDA #	LSC THOI.			Is Council approval re				
Project Description:				Applic. Submitted Elec				
This is a donation from the nonprofit F	riends of Metro Anim	al Care & Control fo	or the provision of a				received \$3 750	and SafetyNet
Plan for continuation of service after expiration of grant/Budgetary Impact:								
How is Match Determined? Fixed Amount of \$		or		% of Grant		Other:		
Explanation for "Other" means of	determining match:		L	]	J			
For this Metro FY, how much of the required local Metro cash match:         Is already in department budget?       Fund       Business Unit         Is not budgeted?       Proposed Source of Match:       Proposed Source of Match:         (Indicate Match Amount & Source for Remaining Grant Years in Budget Below)       E       E								
Other:								
Number of FTEs the grant will fund	1:		0.00	Actual number of pos	itions added:		0.00	
Departmental Indirect Cost Rate			19.54%	Indirect Cost of Grant	to Metro:		\$3,956.85	
*Indirect Costs allowed?	○ Yes	% Allow.	0.00%	Ind. Cost Requested f	rom Grantor:		\$0.00	in budget
							\$5.00	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)          Draw down allowable?								
			Part Two Gr	o rant Budget				
Budget Hetro Year Year Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1 FY25		\$20,250.00				\$20,250.00	\$3,956.85	\$0.00
Yr 2 FY Yr 3 FY								
Yr4 FY								
Yr 5 FY								
<b>Total</b> \$0.00	\$0.00	\$20,250.00	\$0.00		\$0.00	\$20,250.00	\$3,956.85	\$0.00
Date Awarded:		03/31/25	Tot. Awarded:	\$20,250.00	Contract#:	CHEC	СК	
(or) Date Denied:			Reason:					
(or) Date Withdrawr	1:		Reason:					

Contact: juanita.paulsen@nashville.gov vaughn.wilson@nashville.gov

Rev. 5/13/13 6017 JP

GCP Received 03/31/2025

GCP Approved 03/31/2025

Resolution No.

A resolution accepting a grant from the Friends of Metro Animal Care & Control to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for various programs for shelter animals.

WHEREAS, the Friends of Metro Animal Care & Control have awarded a grant in an amount not to exceed \$20,250.00 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for various programs for shelter animals – emergency medical care (\$12,500), foster care program (\$3,750), and Safety Net (\$4,000); and,

WHEREAS, it is to the benefit of the citizens of the Metropolitan Government of Nashville and Davidson County that this grant be accepted.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That the grant by and between the Friends of Metro Animal Care & Control, in an amount not to exceed \$20,250.00 to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for various programs for shelter animals, a copy of which is attached hereto and incorporated herein, is hereby approved.

Section 2. That the amount of this grant is to be appropriated to the Metropolitan Department of Health based on the revenues estimated to be received and any match to be applied.

Section 3. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS: INTRODUCED BY:

Jenneen Reed/m/w \_\_\_\_\_

Department of Finance

APPROVED AS TO FORM AND LEGALITY:

Member(s) of Council

Courtney Mohan \_\_\_\_\_



Receipt Number: R25-316061

Metro Animal Care And Control

5125 Harding Place, Nashville, TN 37211

(615) 862-7928

Person Information: FRIENDS OF MACC P.O. BOX 291621 NASHVILLE, TN 37229 Phone: (615) 545-1675

Check / Card No:

Receipt Date: Wednesday, February 12, 2025 PID: P207600

Item: Animal ID: Reference No: Price: Each: Amount: DONATION **EMERGENCY** | \$12500.00 1 12,500.00 DONATION SAFETY NET 4000.00 1 4,000.00 DONATION FOSTER PRO( 3750.00 3,750.00 1 Total Fees Due: \$20250.00 Payments: Cash: \$0.00 Check: \$20,250.00 Credit Card: \$0.00

Total Payments Received: \$20250.00

## Thank You!

	Change: Due:	\$0.00 \$0.00
FRIENDS OF MACC a second <sup>7</sup> 1/ <sup>4</sup> <sup>1</sup>	B)	
Pay to the Metro aning Care E Control \$20,250	Date NO/ /JOO	
REGIONS BANK	Security Fredure Distance Back	
For 4,000 5N headflu	MP	

вород на нау влава за слюјсе властого ехспланде спеска. 1-вио-222-е точ нини длаваточахиспандеолоска, сот

Despite our best efforts, we can not guarantee the health of the animal you have adopted. If your new pet becomes sick within 72 hours (3 working days), please return the animal to Metro Animal Care and Control and our veterinarian will examine the animal. If you choose to take your sick pet to a private veterinarian, you will be responsible for all costs incurred. No refunds of the adoption fee offered after ten (10) days.

Adoption and Reclaim Hours Sunday-Saturday 10 AM-4 PM Thursday 10 AM-6 PM

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures. METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

-Signed by: Sanni Arcola 3/31/2025 Director, Metro Public Health Department Date -Signed by: Tiné Hamilton Franklin 3/31/2025 Chair, Board of Health Date APPROVED AS TO AVAILABILITY OF FUNDS: 4/9/2025 | 10:34 AM CDT Junnen Kud/mjw of Finance Date APPROVED AS TO RISK AND INSURANCE: 4/16/2025 | 1:29 PM CDT Balogun Coll k Management Services Date APPROVED AS TO FORM AND LEGALITY: 4/16/2025 | 1:13 PM CDT Courtney Molian \_\_\_\_\_ Date FILED: Metropolitan Clerk Date