GRANT SUMMARY SHEET

Grant Name: Friends of Metro Animal Care & Control Emergency Medical

Fund 24

Department: HEALTH DEPARTMENT

Grantor: FRIENDS OF METRO ANIMAL CARE & CONTROL

Pass-Through Grantor

(If applicable):

Total Award this Action: \$10,000.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson

340-0407

Status: NEW

Program Description:

This is a grant from the nonprofit Friends of Metro Animal Care & Control is to provide emergency medical care to animals at Metro Animal Care and Control.

Plan for continuation of services upon grant expiration:

Grants Tracking Form

Part One								
Pre-Application O	Application)	Award Acceptance	e 🗨	Contract Amendme	ent O		
Department	Dept. No.			Contact			Phone	Fax
HEALTH DEPARTMENT ▼	038	Brad Thompson					340-0407	
Grant Name:	Friends of Metro Ar	nimal Care & Control	Emergency Medica	al Fund 24				
Grantor:	FRIENDS OF METRO	ANIMAL CARE & CONT	ROL		▼ Other:			
Grant Period From:	07/01/23		(applications only)	Anticipated App	lication Date:			
Grant Period To:	06/30/24		(applications only)	Application Dea	dline:			
Funding Type:	FOUNDATION	▼		Multi-Departmen	nt Grant		► If yes, list be	low.
Pass-Thru:		▼		Outside Consult	ant Project:			
Award Type:	OTHER			Total Award:		\$10,000.00		
Status:	NEW	▼		Metro Cash Mat	ch:	\$0.00]	
Metro Category:	Est. Prior.	▼		Metro In-Kind M	latch:	\$0.00		
CFDA#	N/A			Is Council appro	oval required?	✓		
Project Description:				<u> </u>	ed Electronically?			
This is a grant from the nonprofit Frier	nds of Metro Animal	Care & Control is to	provide emergency	medical care to a	nimals at Metro Animal	Care and Control.		
Plan for continuation of service aft	an for continuation of service after expiration of grant/Budgetary Impact:							
How is Match Determined?								
How is Match Determined? Fixed Amount of \$		or		% of Grant		Other:		
Fixed Amount of \$	determining match:	or		% of Grant		Other:		
Fixed Amount of \$ Explanation for "Other" means of o		1		% of Grant		Other: □		
Fixed Amount of \$ Explanation for "Other" means of o		1						
Fixed Amount of \$ Explanation for "Other" means of of the second		1		F	und	Business Unit		
Fixed Amount of \$ Explanation for "Other" means of of the state of th	e required local Me	tro cash match:		F	und oposed Source of Matc	Business Unit		
Fixed Amount of \$ Explanation for "Other" means of of the state of th	e required local Me	tro cash match:	Below)	F		Business Unit		
Fixed Amount of \$ Explanation for "Other" means of of the state of th	e required local Me or Remaining Gran	tro cash match:		From Pro	posed Source of Matc	Business Unit	0.00	
Fixed Amount of \$ Explanation for "Other" means of of the Is already in department budget? Is not budgeted? (Indicate Match Amount & Source for Other: Number of FTEs the grant will fund	e required local Me or Remaining Gran	tro cash match:	0.00	Pro Actual number of	oposed Source of Matc	Business Unit	0.00	
Fixed Amount of \$ Explanation for "Other" means of of the second of the	e required local Me or Remaining Gran	tro cash match: t Years in Budget E	0.00 21.47%	Actual number of Indirect Cost of	oposed Source of Matc of positions added: Grant to Metro:	Business Unit	\$2,147.00	
Fixed Amount of \$ Explanation for "Other" means of of the self-self-self-self-self-self-self-self-	e required local Me or Remaining Gran	tro cash match: t Years in Budget E % Allow.	0.00 21.47% 0.00%	Actual number of Indirect Cost of Ind. Cost Reques	oposed Source of Matc of positions added: Grant to Metro: sted from Grantor:	Business Unit		
Fixed Amount of \$ Explanation for "Other" means of or separation for "Other" means of or separation for "Other" means of or separation for "Other for this Metro FY, how much of the Is already in department budget? Is not budgeted? (Indicate Match Amount & Source for Other: Number of FTEs the grant will fund Departmental Indirect Cost Rate *Indirect Costs allowed? *(If "No", please attach documentated)	e required local Me or Remaining Gran	tro cash match: t Years in Budget E % Allow.	0.00 21.47% 0.00%	Actual number of Indirect Cost of Ind. Cost Reques	oposed Source of Matc of positions added: Grant to Metro: sted from Grantor:	Business Unit	\$2,147.00	
Fixed Amount of \$ Explanation for "Other" means of of the self-self-self-self-self-self-self-self-	e required local Me or Remaining Gran l: O Yes No ion from the grant	tro cash match: t Years in Budget E % Allow.	0.00 21.47% 0.00%	Actual number of Indirect Cost of Ind. Cost Reques	oposed Source of Matc of positions added: Grant to Metro: sted from Grantor:	Business Unit	\$2,147.00	
Fixed Amount of \$ Explanation for "Other" means of or separation for "Other" means of or separation for "Other" means of or separation for "Other for this Metro FY, how much of the Is already in department budget? Is not budgeted? (Indicate Match Amount & Source for Other: Number of FTEs the grant will fund Departmental Indirect Cost Rate *Indirect Costs allowed? *(If "No", please attach documentated Draw down allowable?	e required local Me or Remaining Gran l: O Yes No ion from the grant	tro cash match: t Years in Budget E % Allow.	0.00 21.47% 0.00% ts are not allowable	Actual number of Indirect Cost of Ind. Cost Requeste. See Instruction	oposed Source of Matc of positions added: Grant to Metro: sted from Grantor:	Business Unit	\$2,147.00	
Fixed Amount of \$ Explanation for "Other" means of or separation for "Other" means of or separation for "Other" means of or separation for "Other for this Metro FY, how much of the Is already in department budget? Is not budgeted? (Indicate Match Amount & Source for Other: Number of FTEs the grant will fund Departmental Indirect Cost Rate *Indirect Costs allowed? *(If "No", please attach documentated Draw down allowable?	e required local Me or Remaining Gran l: O Yes No ion from the grant	tro cash match: t Years in Budget E % Allow.	0.00 21.47% 0.00% ts are not allowable	Actual number of Indirect Cost of Ind. Cost Requeste. See Instruction	oposed Source of Matc of positions added: Grant to Metro: sted from Grantor:	Business Unit	\$2,147.00	

Part Two										
	Grant Budget									
Budget Year	Metro Fiscal 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	FY24	\$0.00	\$0.00	\$10,000.00	\$0.00		\$0.00	\$10,000.00	\$2,147.00	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Tot	al	\$0.00	\$0.00	\$10,000.00	\$0.00		\$0.00	\$10,000.00	\$2,147.00	\$0.00
	Date Awarded:			09/06/23	Tot. Awarded:	\$10,000.00	Contract#:	Letter		
	(or) Date Denied:				Reason:					
	(or) Date Withdrawn:			Reason:						

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

GCP Received 09/07/2023

JP

Rev. 5/13/13 5692



Receipt Number: R23-283774 Metro Animal Care And Control

5125 Harding Place, Nashville, TN 37211

(615) 862-7928

Person Information: FRIENDS OF MACC

812 FATHERLAND ST NASHVILLE, TN 37206 Phone: (615) 545-1675

Check / Card No:

Receipt Date: Tuesday, July 18, 2023

PID: P207600

 Item:
 Animal ID:
 Reference No:
 Price:
 Each:
 Amount:

 DONATION
 EMER. MEDIC:
 \$10000.00
 1
 10,000.00

Total Fees Due: \$10000.00

10tal 1 ccs Dac. \$1000.00

Payments: Cash: \$0.00

Check: \$10,000.00 Credit Card: \$0.00

Total Payments Received: \$10000.00

Thank You!

Change: \$0.00 Balance Due: \$0.00

FRIENDS OF MACC

B12 FATHERLAND STREET

NASHVILLE, TN 37206

Pay to the Order of Metro and Care Control \$ 10,000 mg/co

ten thousand a rollo Dellars To Black

REGIONS BANK

EMERGENCE Medical

For

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

Docusigned by:			
Gill (Wright III, MD	8/24/2023		
Director, Metro Public Health Department	Date		
DocuSigned by:			
Tiné Hamilton Franklin	9/6/2023		
Chair, Board of Health	Date		
APPROVED AS TO AVAILABILITY OF FUNDS:			
zelly Flannery	9/14/2023 8:38 AM CDT		
Director, Department of Finance	Date		
APPROVED AS TO RISK AND INSURANCE:			
Solomo (all	9/14/2023 2:59 PM CDT		
Salogun (obb Director of Risk Management Services	Date		
APPROVED AS TO FORM AND LEGALITY:			
ourtney Molian	9/14/2023 2:42 PM CDT		
Metropolitan Attorney	Date		
FILED:			
Metropolitan Clerk	 Date		
Metropolitari Olerk	Date		

DocuSign

Certificate Of Completion

Envelope Id: 4EDB4352887F45A3ADEC06A119C488F9

Subject: Complete with DocuSign: Health-FoMACC Emergency Medical Fund 24 Ready rd.pdf

Source Envelope:

Document Pages: 6 Certificate Pages: 15

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator: Juanita Paulson

730 2nd Ave. South 1st Floor

Nashville, TN 37219

Juanita.Paulsen@nashville.gov IP Address: 170.190.198.185

Record Tracking

Status: Original

9/13/2023 9:40:06 AM

Security Appliance Status: Connected

Storage Appliance Status: Connected

Holder: Juanita Paulson

Juanita.Paulsen@nashville.gov

Pool: StateLocal

Signatures: 6

Initials: 1

Pool: Metropolitan Government of Nashville and

Davidson County

Location: DocuSign

Location: DocuSign

Signer Events

Brittany Bryant

brittany.bryant@nashville.gov

Security Level: Email, Account Authentication

(None)

Signature

BB

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.190

Timestamp

Sent: 9/13/2023 9:46:15 AM Viewed: 9/14/2023 8:30:26 AM Signed: 9/14/2023 8:33:36 AM

Electronic Record and Signature Disclosure:

Accepted: 9/14/2023 8:30:26 AM

ID: 07709e9c-f138-4432-b8c8-7119bb7b849c

Aaron Pratt

Aaron.Pratt@nashville.gov

Security Level: Email, Account Authentication

(None)

Aaron Prott

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.190

Sent: 9/14/2023 8:33:37 AM Viewed: 9/14/2023 8:38:17 AM Signed: 9/14/2023 8:38:19 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Kelly Flannery

Kelly.Flannery@nashville.gov

Security Level: Email, Account Authentication

(None)

kelly Flannery

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.100

Sent: 9/14/2023 8:38:21 AM Viewed: 9/14/2023 8:38:48 AM Signed: 9/14/2023 8:38:56 AM

Electronic Record and Signature Disclosure:

Accepted: 9/14/2023 8:38:48 AM

ID: 36881344-d5bb-4eb3-8b82-799b3a27d14c

Courtney Mohan

Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication

(None)

Courtney Molian

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185

Sent: 9/14/2023 8:38:57 AM Viewed: 9/14/2023 2:32:52 PM Signed: 9/14/2023 2:42:18 PM

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
Accepted: 9/14/2023 2:32:52 PM ID: 2e9fad77-1d97-4074-8eaa-ee3f939f9542		
Balogun Cobb		Sent: 9/14/2023 2:42:20 PM
balogun.cobb@nashville.gov	Balogun Cobb	Viewed: 9/14/2023 2:59:32 PM
Security Level: Email, Account Authentication		Signed: 9/14/2023 2:59:53 PM
(None)	Signature Adoption: Pre-selected Style	
	Using IP Address: 172.58.145.61	
	Signed using mobile	
Electronic Record and Signature Disclosure: Accepted: 9/14/2023 2:59:32 PM ID: 04c21c36-f620-4503-b02c-5fd6ec43341d		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Danielle Godin	COPIED	Sent: 9/14/2023 2:59:54 PM
Danielle.Godin@nashville.gov	COPIED	Viewed: 9/14/2023 3:02:06 PM
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Sally Palmer	CODIED	Sent: 9/14/2023 2:59:55 PM
sally.palmer@nashville.gov	COPIED	
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Accepted: 9/14/2023 2:01:53 PM ID: 63386106-bb70-4cf8-8fc1-05c6b6d51dee		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/13/2023 9:46:15 AM
Certified Delivered	Security Checked	9/14/2023 2:59:32 PM

Witness Events	Signature	Timestamp		
Notary Events	Signature	Timestamp		
Envelope Summary Events	Status	Timestamps		
Envelope Sent	Hashed/Encrypted	9/13/2023 9:46:15 AM		
Certified Delivered	Security Checked	9/14/2023 2:59:32 PM		
Signing Complete	Security Checked	9/14/2023 2:59:53 PM		
Completed	Security Checked	9/14/2023 2:59:55 PM		
Payment Events	Status	Timestamps		
Electronic Record and Signature Disclosure				