

GRANT SUMMARY SHEET

Grant Name: Friends of MACC Allocation #2 22

Department: HEALTH DEPARTMENT

Grantor: FRIENDS OF METRO ANIMAL CARE & CONTROL

**Pass-Through Grantor
(If applicable):**

Total Award this Action: \$14,500.00

Cash Match \$0.00

Department Contact: Brad Thompson
340-0407

Status: NEW

Program Description:

A grant from the Friends of MACC to fund the following programs: the Safety Net Program that supports families experiencing difficulty maintaining ownership of their pets (\$2,000.00); and the Emergency Medical Fund for life-saving services that are not available in the MACC facility (\$12,500.00).

Plan for continuation of services upon grant expiration:

N/A

B.A. Initials



5389

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input checked="" type="radio"/>		Contract Amendment <input type="radio"/>	
Department	Dept. No.	Contact				Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson				340-0407	
Grant Name:	Friends of MACC Allocation #2 22						
Grantor:	FRIENDS OF METRO ANIMAL CARE & CONTROL	Other:					
Grant Period From:	07/01/21	(applications only) Anticipated Application Date:					
Grant Period To:	06/30/22	(applications only) Application Deadline:					
Funding Type:	FOUNDATION	Multi-Department Grant		If yes, list below.			
Pass-Thru:		Outside Consultant Project:					
Award Type:	OTHER	Total Award:		\$14,500.00			
Status:	NEW	Metro Cash Match:		\$0.00			
Metro Category:	New Initiative	Metro In-Kind Match:		\$0.00			
CFDA #	N/A	Is Council approval required?		<input type="checkbox"/>			
Project Description:						Applic. Submitted Electronically?	<input type="checkbox"/>

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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:

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: _____
 (Indicate Match Amount & Source for Remaining Grant Years in Budget Below)

Other:

Number of FTEs the grant will fund:	0.00	Actual number of positions added:	0.00
Departmental Indirect Cost Rate	24.82%	Indirect Cost of Grant to Metro:	\$3,598.90
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No % Allow.	0.00%	Ind. Cost Requested from Grantor:	\$0.00 in budget

*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)

Draw down allowable?

Metro or Community-based Partners:

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	FY22			\$14,500.00	\$0.00		\$0.00	\$14,500.00	\$3,598.90	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$0.00	\$0.00	\$14,500.00	\$0.00		\$0.00	\$14,500.00	\$3,598.90	\$0.00
Date Awarded:				12/13/21	Tot. Awarded:		\$14,500.00	Contract#: CHECK		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

TW

FRIENDS OF MACC
812 FATHERLAND STREET
NASHVILLE, TN 37206

10
87-1/

11-16-21

Pay to the Order of Metro Animal Care & Control \$ 14,500⁰⁰

fourteen thousand five hundred & ⁰⁰/₁₀₀ Dollars

REGIONS BANK

For \$12,500⁰⁰ Medical Emergency \$2,000 Sept not HZH needed

Melody Liff

Rescued is my breed of choice.

⑆064000017⑆ 0237177699⑆ 1063

Rescued is My Breed of Choice Bradford Exchange Checks 1-800-325-9184 www.bradfordexchange.com

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IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Gill C Wright III, MD
0460AC21E1CC408...
Director, Metro Public Health Department

12/13/2021
Date

DocuSigned by:
Tené Hamilton Franklin
BEBF0BBF14D14B0...
Chair, Board of Health

12/13/2021
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kelly Flannery/mjw
172927569A87E2800...
Director, Department of Finance

1/6/2022
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
15601E1F0741...
Director of Risk Management Services

1/7/2022
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Nicki Eke
15601E1F0741...
Metropolitan Attorney

1/7/2022
Date

FILED:

Metropolitan Clerk

Date