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## GRANT SUMMARY SHEET

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**Grant Name:** LOCAL ASSISTANCE AND TRIBAL CONSISTENCY FUND  
(MACC) 23-24

**Department:** FINANCE DEPARTMENT

**Grantor:** U.S. DEPARTMENT OF TREASURY

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

**Total Award this Action:** \$100,000.00

**Cash Match Amount** \$0.00

**Department Contact:** Mary Jo Wiggins  
862-6960

**Status:** NEW

**Program Description:**

Metro Animal Care & Control Urgent Needs: 1) On-call vet and foster relief for emergency calls. 2) Portable ex-ray machine for the clinic. 3) Program SUV or smaller sprinter van for off-site adoption events. 4) 4x4 ACO trucks outfitted with kennel system and trailer hitch. 5) Trailer for livestock and large animals.

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

Services will be discontinued

## Grants Tracking Form

## Part One

|                                                                                                                                                                                                                                                                                                                               |                  |                                                            |  |                                                          |  |                                                 |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------|--|----------------------------------------------------------|--|-------------------------------------------------|------------|
| <b>Pre-Application</b> <input type="radio"/>                                                                                                                                                                                                                                                                                  |                  | <b>Application</b> <input type="radio"/>                   |  | <b>Award Acceptance</b> <input checked="" type="radio"/> |  | <b>Contract Amendment</b> <input type="radio"/> |            |
| <b>Department</b>                                                                                                                                                                                                                                                                                                             | <b>Dept. No.</b> | <b>Contact</b>                                             |  |                                                          |  | <b>Phone</b>                                    | <b>Fax</b> |
| FINANCE DEPARTMENT                                                                                                                                                                                                                                                                                                            | 015              | Mary Jo Wiggins                                            |  |                                                          |  | 862-6960                                        |            |
| <b>Grant Name:</b>                                                                                                                                                                                                                                                                                                            |                  | LOCAL ASSISTANCE AND TRIBAL CONSISTENCY FUND (MACC) 23-24  |  |                                                          |  |                                                 |            |
| <b>Grantor:</b>                                                                                                                                                                                                                                                                                                               |                  | U.S. DEPARTMENT OF TREASURY                                |  |                                                          |  | <b>Other:</b>                                   |            |
| <b>Grant Period From:</b>                                                                                                                                                                                                                                                                                                     |                  | 03/20/23                                                   |  | (applications only) Anticipated Application Date         |  |                                                 |            |
| <b>Grant Period To:</b>                                                                                                                                                                                                                                                                                                       |                  | 12/31/26                                                   |  | (applications only) Application Deadline                 |  |                                                 |            |
| <b>Funding Type:</b>                                                                                                                                                                                                                                                                                                          |                  | FED DIRECT                                                 |  | <b>Multi-Department Grant</b>                            |  | <input type="checkbox"/> If yes, list below.    |            |
| <b>Pass-Thru:</b>                                                                                                                                                                                                                                                                                                             |                  |                                                            |  | <b>Outside Consultant Project:</b>                       |  | <input type="checkbox"/>                        |            |
| <b>Award Type:</b>                                                                                                                                                                                                                                                                                                            |                  | OTHER                                                      |  | <b>Total Award:</b>                                      |  | \$100,000.00                                    |            |
| <b>Status:</b>                                                                                                                                                                                                                                                                                                                |                  | NEW                                                        |  | <b>Metro Cash Match:</b>                                 |  | \$0.00                                          |            |
| <b>Metro Category:</b>                                                                                                                                                                                                                                                                                                        |                  | New Initiative                                             |  | <b>Metro In-Kind Match:</b>                              |  | \$0.00                                          |            |
| <b>CFDA #</b>                                                                                                                                                                                                                                                                                                                 |                  | 21 032                                                     |  | <b>Is Council approval required?</b>                     |  | <input checked="" type="checkbox"/>             |            |
| <b>Project Description:</b>                                                                                                                                                                                                                                                                                                   |                  | Applic. Submitted Electronically? <input type="checkbox"/> |  |                                                          |  |                                                 |            |
| Metro Animal Care & Control Urgent Needs: 1) On-call vet and foster relief for emergency calls. 2) Portable ex-ray machine for the clinic. 3) Program SUV or smaller sprinter van for off-site adoption events. 4) 4x4 ACO trucks outfitted with kennel system and trailer hitch. 5) Trailer for livestock and large animals. |                  |                                                            |  |                                                          |  |                                                 |            |
| <b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>                                                                                                                                                                                                                                           |                  |                                                            |  |                                                          |  |                                                 |            |
| Services will be discontinued                                                                                                                                                                                                                                                                                                 |                  |                                                            |  |                                                          |  |                                                 |            |
| <b>How is Match Determined?</b>                                                                                                                                                                                                                                                                                               |                  |                                                            |  |                                                          |  |                                                 |            |
| <b>Fixed Amount of \$</b>                                                                                                                                                                                                                                                                                                     |                  | or                                                         |  | <b>% of Grant</b>                                        |  | <b>Other:</b> <input type="checkbox"/>          |            |
| <b>Explanation for "Other" means of determining match:</b>                                                                                                                                                                                                                                                                    |                  |                                                            |  |                                                          |  |                                                 |            |
| <b>For this Metro FY, how much of the required local Metro cash match:</b>                                                                                                                                                                                                                                                    |                  |                                                            |  |                                                          |  |                                                 |            |
| <b>Is already in department budget?</b>                                                                                                                                                                                                                                                                                       |                  |                                                            |  | <b>Fund</b>                                              |  | <b>Business Unit</b>                            |            |
| <b>Is not budgeted?</b>                                                                                                                                                                                                                                                                                                       |                  |                                                            |  | <b>Proposed Source of Match:</b>                         |  |                                                 |            |
| <b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>                                                                                                                                                                                                                                         |                  |                                                            |  |                                                          |  |                                                 |            |
| <b>Other:</b>                                                                                                                                                                                                                                                                                                                 |                  |                                                            |  |                                                          |  |                                                 |            |
| <b>Number of FTEs the grant will fund:</b>                                                                                                                                                                                                                                                                                    |                  |                                                            |  | <b>Actual number of positions added:</b>                 |  |                                                 |            |
| <b>Departmental Indirect Cost Rate</b>                                                                                                                                                                                                                                                                                        |                  |                                                            |  | 5.64%                                                    |  | <b>Indirect Cost of Grant to Metro:</b>         |            |
| <b>*Indirect Costs allowed?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>% Allow.</b>                                                                                                                                                                                                                 |                  |                                                            |  | 0.00%                                                    |  | <b>Ind. Cost Requested from Grantor:</b>        |            |
|                                                                                                                                                                                                                                                                                                                               |                  |                                                            |  |                                                          |  | \$0.00 <b>in budget</b>                         |            |
| *(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)                                                                                                                                                                                                              |                  |                                                            |  |                                                          |  |                                                 |            |
| <b>Draw down allowable?</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                          |                  |                                                            |  |                                                          |  |                                                 |            |
| <b>Metro or Community-based Partners:</b>                                                                                                                                                                                                                                                                                     |                  |                                                            |  |                                                          |  |                                                 |            |

## 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              | \$100,000.00    | \$0.00        | \$0.00        | \$0.00               |                         | \$0.00              | \$100,000.00          | \$5,640.00             | \$0.00                      |
| Yr 2                        | FY                |                 |               |               |                      |                         |                     |                       |                        |                             |
| Yr 3                        | FY                |                 |               |               |                      |                         |                     |                       |                        |                             |
| Yr 4                        | FY                |                 |               |               |                      |                         |                     |                       |                        |                             |
| Yr 5                        | FY                |                 |               |               |                      |                         |                     |                       |                        |                             |
| <b>Total</b>                |                   | \$100,000.00    | \$0.00        | \$0.00        | \$0.00               |                         | \$0.00              | \$100,000.00          | \$5,640.00             | \$0.00                      |
| <b>Date Awarded:</b>        |                   |                 |               | 03/10/23      | <b>Tot. Awarded:</b> |                         | \$100,000.00        | <b>Contract#:</b>     |                        |                             |
| <b>(or) Date Denied:</b>    |                   |                 |               |               | <b>Reason:</b>       |                         |                     |                       |                        |                             |
| <b>(or) Date Withdrawn:</b> |                   |                 |               |               | <b>Reason:</b>       |                         |                     |                       |                        |                             |

Contact: [juanita.paulsen@nashville.gov](mailto:juanita.paulsen@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

VW

U.S. DEPARTMENT OF THE TREASURY  
LOCAL ASSISTANCE AND TRIBAL CONSISTENCY FUND

|                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Recipient name and address:<br>Metro Government of Nashville & Davidson County<br>1 Public Square, Suite 100<br>Nashville, Tennessee 37201                                                                                                                                                                                                                                             | UEI Number: LGZLHP6ZHM55<br>Taxpayer Identification Number:<br>[REDACTED]                                   |
| <i>For eligible revenue sharing consolidated government recipients:</i><br>Amount of Federal Funds Obligated (Total of Fiscal Year 2023 and Fiscal Year 2024 Tranches): \$ 100000.00<br>Total Amount of Federal Funds Obligated: \$ 100000.00<br>The Federal Award Date is the date of the Recipient's signature below, provided that all other conditions of the award have been met. | Assistance Listing Number: 21.032<br>Assistance Listing Title: Local Assistance and Tribal Consistency Fund |

Sections 605(b) and (g) of the Social Security Act (the Act), as added by section 9901 of the American Rescue Plan Act, Pub. L. No. 117-2 (March 11, 2021) and amended by Section 103 of Division LL of the Consolidated Appropriations Act, 2023, Pub. L. No. 117-328 (December 29, 2022), authorize the Department of the Treasury (Treasury) to make payments to certain recipients from the Local Assistance and Tribal Consistency Fund.

Recipient hereby agrees, as a condition to receiving such payment(s) from Treasury, to the terms and conditions attached hereto.

Recipient: Metro Government of Nashville & Davidson County

DocuSigned by:  
  
930C33A4B0824CA...

Authorized Representative: John Cooper

Title: Mayor

Date signed: 3/10/2023

U.S. DEPARTMENT OF THE TREASURY  
LOCAL ASSISTANCE AND TRIBAL CONSISTENCY FUND  
AWARD TERMS AND CONDITIONS FOR ELIGIBLE REVENUE SHARING  
CONSOLIDATED GOVERNMENTS

1. Payment of Funds.

- a. Recipient understands that the Department of the Treasury (Treasury) will disburse funds under this award (the award funds) in two tranches, subject to any remedial actions taken pursuant to section 7 or any offsets imposed to satisfy any debt owed pursuant to section 9 of these award terms and conditions.
- b. In addition to the limitations provided in paragraph (a), payments under this award will be subject to the availability of funding, and, should the provisions of section 605 of the Social Security Act (42 U.S.C. § 805) addressing allocations or recipient eligibility be amended or the amount of the appropriation for implementation of such section be reduced, Treasury may reallocate the amount of the appropriation that remains available and adjust Recipient's total award amount accordingly. In the event Recipient's total award amount is reduced, the amount of a second tranche payment may be reduced to account for the receipt of amounts disbursed in the first tranche.
- c. If eligible revenue sharing consolidated governments other than Recipient decline or do not claim the amounts allocated to them by Treasury from the Local Assistance and Tribal Consistency Fund, Treasury may supplement this award with an additional allocation to Recipient. The amount of this additional allocation will be determined by Treasury in its discretion as provided in section 605 of the Act and will be subject to the limitations provided in paragraphs a and b.
- d. Any change in an allocation will be deemed an amendment to this award to increase or decrease the total award amount, as applicable, unless, in the case of an increased allocation, Recipient declines the increased total award amount.

2. Use of Funds.

- a. The award funds may be used to cover any cost incurred on or after March 15, 2021, for any governmental purpose other than a lobbying activity, as provided in paragraph b.
- b. Recipients may not use the award funds directly or indirectly to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, intended or designed to influence in any manner a Member of Congress, a jurisdiction, or an official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law, ratification, policy, or appropriation, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification,

policy, or appropriation.

- c. Recipient must expend and account for the funds in accordance with the financial management, procurement, and conflicts of interest standards, laws, policies, and procedures applicable to Recipient's expenditure of and accounting for its own funds.
3. Reporting. Recipient agrees to submit an annual project and expenditure report to Treasury for this award in the form provided by Treasury. Recipient acknowledges total award and expenditure amounts may be publicly disclosed.
4. Cost Sharing. Cost sharing or matching funds are not required to be provided by Recipient.
5. Compliance with Applicable Law and Regulations.
  - a. Recipient agrees to comply with the requirements of section 605 of the Act and guidance issued by Treasury regarding the Local Assistance and Tribal Consistency Fund program. Recipient acknowledges that the funds constitute federal financial assistance and are subject to federal law applicable to federal financial assistance. Recipient also agrees to comply with all other applicable federal statutes, regulations, and executive orders in the course of its use of the award funds.
  - b. Federal regulations applicable to this award include, without limitation, the following:
    - i. Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.) and Treasury's implementing regulations at 31 C.F.R. Part 22, which prohibit discrimination on the basis of race, color, or national origin under programs or activities receiving federal financial assistance;
    - ii. The Fair Housing Act, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), which prohibits discrimination in housing on the basis of race, color, religion, national origin, sex, familial status, or disability;
    - iii. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance;
    - iv. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.), and Treasury's implementing regulations at 31 C.F.R. Part 23, which prohibit discrimination on the basis of age in programs or activities receiving federal financial assistance;
    - v. Title II of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§ 12101 et seq.), which prohibits discrimination on the basis of disability under programs, activities, and services provided or made available by state and local governments or instrumentalities or agencies thereto;
    - vi. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for

Federal Awards, 2 C.F.R. §§ 200.100-110, 203, and 303, and Subpart F (Audit Requirements).

- vii. Universal Identifier and System for Award Management (SAM), 2 C.F.R. Part 25, Subparts A, B, and D, pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 25 is hereby incorporated by reference.
- viii. The provisions of Reporting Subaward and Executive Compensation Information, 2 C.F.R. Part 170 applicable to executive compensation but not to subawards, pursuant to which the subsections of the award term set forth in Appendix A to 2 C.F.R. Part 170 applicable to executive compensation are hereby incorporated by reference.
- ix. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement), 2 C.F.R. Part 180, including the requirement to include a term or condition in all lower tier covered transactions (contracts and subcontracts described in 2 C.F.R. Part 180, subpart B) that the award is subject to 2 C.F.R. Part 180 and Treasury's implementing regulation at 31 C.F.R. Part 19.
- x. Governmentwide Requirements for Drug-Free Workplace, 31 C.F.R. Part 20.
- xi. Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (42 U.S.C. §§ 4601-4655) and implementing regulations.
- xii. Generally applicable federal environmental laws and regulations.

6. Maintenance of and Access to Records.

- a. Recipient will maintain records and financial documents sufficient to evidence compliance with section 605 of the Act, this award agreement, and implementing guidance issued by Treasury for a period of five (5) years after all funds have been expended or returned to Treasury.
- b. Recipient acknowledges that Treasury, including the Treasury Office of Inspector General, and the Government Accountability Office or their authorized representatives will have the right of access to records of Recipient in order to conduct audits or other investigations.

7. Remedial Actions. In the event of Recipient's noncompliance with section 605 of the Act, these terms and conditions, other applicable laws, guidance, or any reporting or other program requirements, Treasury may take any of the following remedies:

- a. Impose additional conditions on the receipt of the second tranche of the award;
- b. Temporarily withhold the second tranche of the award in whole or in part;
- c. Require recoupment of payments under this award;

- d. Terminate the Federal award;
  - e. Initiate suspension or debarment proceedings as authorized under 2 C.F.R. part 180 and Treasury regulations; and
  - f. Take other remedies that may be legally available.
8. False Statements. Recipient understands that making false statements or claims in connection with this award is a violation of federal law and may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, debarment from participating in federal awards or contracts, and/or any other remedy available by law.
9. Debts Owed the Federal Government.
- a. Any funds paid to Recipient (1) in excess of the amount to which Recipient is finally determined to be authorized to retain under the terms of this award; or (2) that are determined by Treasury to be subject to a repayment obligation and have not been repaid by Recipient shall constitute a debt to the federal government.
  - b. Any debts determined to be owed the federal government must be paid promptly by Recipient. A debt is delinquent if it has not been paid by the date specified in Treasury's initial written demand for payment, unless other satisfactory arrangements have been made or if the Recipient knowingly or improperly retains funds that are a debt as defined in paragraph (a). Treasury will take any actions available to it to collect such a debt.
10. Disclaimer.
- a. The United States expressly disclaims any and all responsibility or liability to Recipient or third persons for the actions of Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.
  - b. The acceptance of this award by Recipient does not in any way establish an agency relationship between the United States and Recipient.
11. Amendments.
- a. The terms of this award may be amended with the written approval of Recipient and Treasury.
  - b. In addition, Treasury reserves the right to amend the terms of this award if required by U.S. law or regulation without the consent of Recipient.
  - c. Notwithstanding the above, Treasury may, upon reasonable notice to Recipient, unilaterally amend this agreement for the sole purpose of making ministerial or

administrative changes or correcting scrivener's errors.

**PAPERWORK REDUCTION ACT NOTICE**

The estimated burden associated with the collection of information provided for in section 6 of the terms and conditions is 15 minutes per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

**SIGNATURE PAGE  
FOR  
GRANT NO. Finance LOCAL ASSISTANCE AND TRIBAL CONSISTENCY FUND  
(MACC) 23-24 Award**

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

**METROPOLITAN GOVERNMENT OF  
NASHVILLE AND DAVIDSON COUNTY**

"See Finance Signature Below"  
Finance Department

\_\_\_\_\_  
Date

**APPROVED AS TO AVAILABILITY  
OF FUNDS:**

Kelly Flannery  
Kelly Flannery, Director of Finance  
Department of Finance

6/23/2023 | 11:17 AM CDT  
\_\_\_\_\_  
Date

**APPROVED AS TO RISK AND INSURANCE:**

Balogun Cobb  
Director of Insurance

6/23/2023 | 11:29 AM CDT  
\_\_\_\_\_  
Date

**APPROVED AS TO FORM AND  
LEGALITY:**

Courtney Mohan  
Metropolitan Attorney

6/23/2023 | 11:24 AM CDT  
\_\_\_\_\_  
Date

\_\_\_\_\_  
John Cooper  
Metropolitan Mayor

\_\_\_\_\_  
Date

**ATTEST:**

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date

OMB Approved No. 1505-0276  
Expiration Date: March 31, 2023  
Printed Date: 5/2/2023



## Local Assistance and Tribal Consistency Fund

# LATCF-2758

### Recipient Information

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Recipient Name: **Metro Government of Nashville & Davidson County**

Recipient's Taxpayer ID Number: [REDACTED]

Recipient's UEI: [REDACTED]

Recipient Address: **1 Public Square, Suite 100, Nashville, Tennessee 37201**

Recipient Type: **Consolidated Government**

### Authorized Representative / Point of Contact

---

Authorized Representative Name: **John Cooper**

Authorized Representative Title: **Mayor**

Authorized Representative Phone: **16158626000**

Authorized Representative Email: **coop@nashville.gov**

Contact Person Name: **Mary Jo Wiggins**

Contact Person Title: **Finance Deputy Director**

Contact Person Phone: **6158627960**

Contact Person Email: **maryjo.wiggins@nashville.org**

### Financial Institution Information

---

Routing Transit Number (Wire):

Routint Transit Number (ACH): [REDACTED]

Recipient's Account Number: [REDACTED]

Financial Institution Name: [REDACTED]

Financial Institution Address: [REDACTED]

Financial Institution Phone: [REDACTED]

**From:** Harrington, Ashley (Health) <[Ashley.Harrington@nashville.gov](mailto:Ashley.Harrington@nashville.gov)>

**Sent:** Sunday, June 18, 2023 9:06 PM

**To:** McManus, Wade (Finance - Director's Office) <[Wade.McManus@nashville.gov](mailto:Wade.McManus@nashville.gov)>; Wilson, Kristin (Mayor's Office) <[Kristin.Wilson@nashville.gov](mailto:Kristin.Wilson@nashville.gov)>; Sharp, Thomas (Health) <[Tom.Sharp@nashville.gov](mailto:Tom.Sharp@nashville.gov)>

**Cc:** Wiggins, Mary Jo (Finance Director's Office) <[MaryJo.Wiggins@nashville.gov](mailto:MaryJo.Wiggins@nashville.gov)>; Wright, Gill (Health) <[Gill.Wright@nashville.gov](mailto:Gill.Wright@nashville.gov)>

**Subject:** RE: LATCF - Council Agenda

Hello all,

I have switched a couple items priority wise. And removed the PCC assistance with spay and neuter. If we occupy more of their appointments it looks like it will cause a disruption to their community appointments. I spoke with Brandon at PCC and we will reevaluate as needed. He has always been very supportive of MACC.

Metro Animal Care & Control Urgent Needs

- On-call vet and foster relief for emergency calls
- Portable ex-ray machine for the clinic (\*\*there is a program through MARS that offers assistance with this. Dr. Beeler has applied to see if we qualify.\*\*)
- Program SUV or smaller sprinter van for off-site adoption events
- 4x4 ACO trucks outfitted with kennel system and trailer hitch
- Trailer for livestock and large animals

Thank you,

Ashley Harrington

Director | Metro Animal Care and Control

5125 Harding Place | Nashville, TN 37211

(615) 862-7928 ext. 79012 | (615) 880-2221 (fax)

*To keep up with all the latest happenings at Metro Animal Care and Control,*

*follow us on:*   

**From:** Wilson, Kristin (Mayor's Office) <[Kristin.Wilson@nashville.gov](mailto:Kristin.Wilson@nashville.gov)>

**Sent:** Friday, June 16, 2023 11:27 AM

**To:** McManus, Wade (Finance - Director's Office) <[Wade.McManus@nashville.gov](mailto:Wade.McManus@nashville.gov)>; Harrington, Ashley (Health) <[Ashley.Harrington@nashville.gov](mailto:Ashley.Harrington@nashville.gov)>; Sharp, Thomas (Health) <[Tom.Sharp@nashville.gov](mailto:Tom.Sharp@nashville.gov)>

**Cc:** Wiggins, Mary Jo (Finance Director's Office) <[MaryJo.Wiggins@nashville.gov](mailto:MaryJo.Wiggins@nashville.gov)>; Wright, Gill (Health) <[Gill.Wright@nashville.gov](mailto:Gill.Wright@nashville.gov)>

**Subject:** RE: LATCF - Council Agenda

Thanks for reaching out, Wade!

I have been talking about this \$100K with Health and particularly, Metro Animal Care and Control as the Mayor greatly desires the funding to help them with a post-covid spike in animals that we are experiencing as part of a nationwide trend. So it's definitely covid-attributable, and also urgent.

Below are the uses that they are looking into – perhaps Dr Wright, Tom and/or Ashley can affirm these by early next week, and they can be incorporated into the legislation? What would your deadline be? And is the below specific enough or do you need any further information?

Metro Animal Care & Control Urgent Needs

- Increase capacity for spay/neuter via contracted partner Pet Community Center
- On-call vet and foster relief for emergency calls
- Portable ex-ray machine for the clinic
- 4x4 ACO trucks outfitted with kennel system and trailer hitch
- Trailer for livestock and large animals
- Program SUV or smaller sprinter van for off-site adoption events

Thanks,  
Kristin

**Certificate Of Completion**

Envelope Id: 956409D793A8459A89145FEE667A7026

Status: Completed

Subject: Complete with DocuSign: Finance LOCAL ASSISTANCE AND TRIBAL CONSISTENCY FUND (MACC) 23-24 07/06/23

Source Envelope:

Document Pages: 15

Signatures: 6

Envelope Originator:

Certificate Pages: 15

Initials: 1

Vaughn Wislon

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Envelopeld Stamping: Enabled

Nashville, TN 37219

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

Vaughn.wilson@nashville.gov

IP Address: 170.190.198.190

**Record Tracking**

Status: Original

Holder: Vaughn Wislon

Location: DocuSign

6/23/2023 10:41:54 AM

Vaughn.wilson@nashville.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Metropolitan Government of Nashville and  
Davidson County

Location: DocuSign

**Signer Events****Signature****Timestamp**

Brittany Bryant

brittany.bryant@nashville.gov

Security Level: Email, Account Authentication  
(None)*BB*

Sent: 6/23/2023 10:43:49 AM

Viewed: 6/23/2023 11:08:31 AM

Signed: 6/23/2023 11:09:23 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

**Electronic Record and Signature Disclosure:**

Accepted: 6/23/2023 11:08:31 AM

ID: 0efbca81-c199-4c74-bd6c-6b8462352489

Aaron Pratt

aaron.pratt@nashville.gov

Security Level: Email, Account Authentication  
(None)*Aaron Pratt*

Sent: 6/23/2023 11:09:24 AM

Viewed: 6/23/2023 11:10:02 AM

Signed: 6/23/2023 11:10:08 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Kelly Flannery

kelly.Flannery@nashville.gov

Security Level: Email, Account Authentication  
(None)*Kelly Flannery*

Sent: 6/23/2023 11:10:10 AM

Viewed: 6/23/2023 11:17:31 AM

Signed: 6/23/2023 11:17:42 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.100

**Electronic Record and Signature Disclosure:**

Accepted: 6/23/2023 11:17:31 AM

ID: b20f1b10-8549-463c-a84d-41cbdc6e60a3

Courtney Mohan

courtney.mohan@nashville.gov

Security Level: Email, Account Authentication  
(None)*Courtney Mohan*

Sent: 6/23/2023 11:17:44 AM

Viewed: 6/23/2023 11:18:48 AM

Signed: 6/23/2023 11:24:23 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

**Electronic Record and Signature Disclosure:**

| Signer Events                                                                                                                     | Signature                                                                                                                                                            | Timestamp                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Accepted: 6/23/2023 11:18:48 AM<br>ID: e28bf03c-b57c-4a10-830c-8389174ea92d                                                       |                                                                                                                                                                      |                                                                                               |
| Balogun Cobb<br>balogun.cobb@nashville.gov<br>Security Level: Email, Account Authentication (None)                                | <br><br>Signature Adoption: Pre-selected Style<br>Using IP Address: 170.190.198.185 | Sent: 6/23/2023 11:24:25 AM<br>Viewed: 6/23/2023 11:29:51 AM<br>Signed: 6/23/2023 11:29:59 AM |
| <b>Electronic Record and Signature Disclosure:</b><br>Accepted: 6/23/2023 11:29:51 AM<br>ID: 21506164-20c6-4c9c-88ee-3cbc54eadb4e |                                                                                                                                                                      |                                                                                               |
| 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<br>danielle.godin@nashville.gov<br>Security Level: Email, Account Authentication (None)                            | <div>COPIED</div>                                                                                                                                                    | Sent: 6/23/2023 11:30:00 AM<br>Viewed: 6/23/2023 11:34:18 AM                                  |
| <b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign                                                    |                                                                                                                                                                      |                                                                                               |
| Sally Palmer<br>sally.palmer@nashville.gov<br>Security Level: Email, Account Authentication (None)                                | <div>COPIED</div>                                                                                                                                                    | Sent: 6/23/2023 11:30:01 AM<br>Viewed: 6/23/2023 11:31:13 AM                                  |
| <b>Electronic Record and Signature Disclosure:</b><br>Accepted: 6/16/2023 7:47:25 AM<br>ID: e6a9e45d-2b99-4c55-b341-a3363b9872bf  |                                                                                                                                                                      |                                                                                               |
| Witness Events                                                                                                                    | Signature                                                                                                                                                            | Timestamp                                                                                     |
| Notary Events                                                                                                                     | Signature                                                                                                                                                            | Timestamp                                                                                     |
| Envelope Summary Events                                                                                                           | Status                                                                                                                                                               | Timestamps                                                                                    |
| Envelope Sent                                                                                                                     | Hashed/Encrypted                                                                                                                                                     | 6/23/2023 10:43:49 AM                                                                         |
| Certified Delivered                                                                                                               | Security Checked                                                                                                                                                     | 6/23/2023 11:29:51 AM                                                                         |
| Signing Complete                                                                                                                  | Security Checked                                                                                                                                                     | 6/23/2023 11:29:59 AM                                                                         |
| Completed                                                                                                                         | Security Checked                                                                                                                                                     | 6/23/2023 11:30:01 AM                                                                         |
| Payment Events                                                                                                                    | Status                                                                                                                                                               | Timestamps                                                                                    |
| Electronic Record and Signature Disclosure                                                                                        |                                                                                                                                                                      |                                                                                               |