

# LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 04/21/26

Resolution  Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 03/23/26

Title (Caption): FoMACC 26 1 - This is a donation from the nonprofit Friends of Metro Animal Care & Control for the provision

of care of animals. Emergency Medical received \$12,500, Foster Program received \$3,750, and SafetyNet received \$4,000.

received \$680.

Submitted to Planning Commission?  N/A  Yes-Date: \_\_\_\_\_ Proposal No: \_\_\_\_\_

Proposing Department: Health Requested By: Health

Affected Department(s): Health Affected Council District(s): all

**Legislative Category (check one):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bonds                | <input type="checkbox"/> Contract Approval           | <input type="checkbox"/> Intergovernmental Agreement   |
| <input type="checkbox"/> Budget - Pay Plan    | <input type="checkbox"/> Donation                    | <input type="checkbox"/> Lease                         |
| <input type="checkbox"/> Budget - 4%          | <input type="checkbox"/> Easement Abandonment        | <input type="checkbox"/> Maps                          |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Easement Accept/Acquisition | <input type="checkbox"/> Master List A&E               |
| <input type="checkbox"/> Capital Outlay Notes | <input checked="" type="checkbox"/> Grant            | <input type="checkbox"/> Settlement of Claims/Lawsuits |
| <input type="checkbox"/> Code Amendment       | <input type="checkbox"/> Grant Application           | <input type="checkbox"/> Street/Highway Improvements   |
| <input type="checkbox"/> Condemnation         | <input type="checkbox"/> Improvement Acc.            | <input type="checkbox"/> Other: _____                  |

<b>FINANCE</b> Amount +/-: \$ <u>\$ 20,250.00</u> <b>Funding Source:</b> Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources	<b>Match: \$</b> <u>\$ 0.00</u> Judgments and Losses Local Government Investment Project Revenue Bonds Self-Insured Liability Solid Waste Reserve Unappropriated Fund Balance 4% Fund Other: _____ Date to Finance Director's Office: _____ <b>APPROVED BY</b> <b>FINANCE DIRECTOR'S OFFICE:</b> _____
Approved by OMB: <u>Aaron Pratt</u> <i>BN</i> Approved by Finance/Accounts: _____ Approved by Div Grants Coordination: <u>Juanita Paulson</u>	

<b>ADMINISTRATION</b>	
Council District Member Sponsors: _____	
Council Committee Chair Sponsors: _____	
<b>Approved by Administration:</b> _____	<b>Date:</b> _____

<b>DEPARTMENT OF LAW</b>	
Date to Dept. of Law: _____	Approved by Department of Law: _____
<b>Settlement Resolution/Memorandum Approved by:</b> _____	
Date to Council: _____	For Council Meeting: _____ <input type="checkbox"/> E-mailed Clerk
<input type="checkbox"/> All Dept. Signatures <input type="checkbox"/> Copies <input type="checkbox"/> Backing <input type="checkbox"/> Legislative Summary <input type="checkbox"/> Settlement Memo <input type="checkbox"/> Clerk Letter <input type="checkbox"/> Ready to File	

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## GRANT SUMMARY SHEET

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**Grant Name:** Friends of MACC Grant Allocation 26 #1

**Department:** HEALTH DEPARTMENT

**Grantor:** FRIENDS OF METRO ANIMAL CARE & CONTROL

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

**Total Award this Action:** \$20,250.00

**Cash Match Amount** \$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:**

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 Grant Allocation 26 #1					
Grantor:		FRIENDS OF METRO ANIMAL CARE & CONTROL	Other:				
Grant Period From:		01/01/26	(applications only) Anticipated Application Date:				
Grant Period To:		12/31/26	(applications only) Application Deadline:				
Funding Type:	FOUNDATION	Multi-Department Grant		If yes, list below.			
Pass-Thru:		Outside Consultant Project:					
Award Type:	OTHER	Total Award:		\$20,250.00			
Status:	CONTINUATION	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	N/A	Is Council approval required?		<input type="checkbox"/>			
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>					
<p>This is a donation from the nonprofit Friends of Metro Animal Care &amp; Control for the provision of animals. Emergency Medical received \$12,500, Foster Program received \$3,750, and SafetyNet received \$4,000.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
How is Match Determined?							
Fixed Amount of \$		or		% of Grant		Other: <input type="checkbox"/>	
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		21.58%		Indirect Cost of Grant to Metro:		\$4,369.59	
*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? <input type="checkbox"/>							
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	26			\$20,250.00				\$20,250.00	\$4,369.59	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$0.00	\$0.00	\$20,250.00	\$0.00		\$0.00	\$20,250.00	\$4,369.59	\$0.00
Date Awarded:				03/23/26	Tot. Awarded:		\$20,250.00	Contract#: CHECK		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

Rev. 5/13/13  
6195

GCP Received 03/23/26

GCP Approved 03/24/26



Resolution No. \_\_\_\_\_

A resolution accepting a grant from the Friends of Metro Animal Care and Control to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for Emergency Medical Care, the Safety Net Program, and the Foster Program for shelter animals.

WHEREAS, the Friends of Metro Animal Care and Control have awarded a grant in an amount not to exceed \$20,250 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for Emergency Medical Care (\$12,500), the Safety Net Program (\$4,000) and the Foster Program (\$3,750) for shelter animals; and,

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

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 and Control, in an amount not to exceed \$20,250, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for Emergency Medical Care, the Safety Net Program, and the Foster Program 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  
Jenneen Reed, Director  
Department of Finance

\_\_\_\_\_  
\_\_\_\_\_

APPROVED AS TO FORM AND LEGALITY:

Member(s) of Council

Courtney Mohan  
Assistant Metropolitan Attorney

\_\_\_\_\_



**METRO NASHVILLE**  
ANIMAL CARE & CONTROL

**Receipt Number: R26-324836 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 25, 2026**

PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		MEDICAL EME	\$12500.00	1	12,500.00
DONATION		SAFETY NET	4000.00	1	4,000.00
DONATION		FOSTER PROC	3750.00	1	3,750.00

**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: \$0.00  
Balance Due: \$0.00

**FRIENDS OF MACC**  
PO BOX 291621  
NASHVILLE, TN 37229

2664  
87-1/640  
2/25/26 Date

Pay to the Order of **MACC**

*Twenty thousand two hundred fifty & no/100* \$20,250 <sup>no/100</sup> Dollars

**REGIONS BANK**  
TENNESSEE

For *\$12,500 Med Emerg \$3,750 Foster*  
*4,000 Safety Net*

*Melody*

2664

Rescued is my breed of choice.

Rescued is My Breed of Choice. Bradford Exchange Checks 1-800-328-8104 www.bradfordexchangechecks.com

ur new pet becomes sick and our veterinarian will responsible for all costs

incurred. No refunds or 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:  
Sanmi Areda  
0872295CD81A4B1  
Director, Metro Public Health Department

3/23/2026  
Date

Signed by:  
Tené Hamilton Franklin  
BEFE0BBE14D14B0  
Chair, Board of Health

3/23/2026  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jennaeen Reed/mjw  
Director, Department of Finance

3/31/2026 | 2:31 PM CDT  
Date

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb  
Director of Risk Management Services

4/1/2026 | 9:22 AM CDT  
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan  
Metropolitan Attorney

4/1/2026 | 9:21 AM CDT  
Date

FILED:

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

\_\_\_\_\_  
Date