

GRANT SUMMARY SHEET

Grant Name: Friends of MACC & Control Emergency Medical Care 22

Department: HEALTH DEPARTMENT

Grantor: FRIENDS OF MACC

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

Total Award this Action: \$3,000.00

Cash Match \$0.00

Department Contact: Brad Thompson
340-0407

Status: CONTINUATION

Program Description:

This grant from Friends of MACC is to fund a foster program fund for Davidson County residents.

Plan for continuation of services upon grant expiration:

N/A

B.A. Initials

 DS
RW

5370

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 & Control Emergency Medical Care 22					
Grantor: FRIENDS OF MACC <input type="checkbox"/> Other: <input type="checkbox"/>					
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 <input type="checkbox"/>		If yes, list below.		
Pass-Thru:	Outside Consultant Project: <input type="checkbox"/>				
Award Type: OTHER	Total Award: \$3,000.00				
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 checked="" type="checkbox"/>				
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>			
This grant from Friends of MACC is to fund a foster program fund for Davidson County residents.					
Plan for continuation of service after expiration of grant/Budgetary Impact:					
N/A					
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		24.82%	Indirect Cost of Grant to Metro:		\$744.60
*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	FY22	\$0.00	\$0.00	\$3,000.00	\$0.00		\$0.00	\$3,000.00	\$744.60	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$0.00	\$0.00	\$3,000.00	\$0.00		\$0.00	\$3,000.00	\$744.60	\$0.00
Date Awarded:				11/05/21	Tot. Awarded:		\$3,000.00	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

A dog is the only thing... 1018
87-1/640

11/5/21 Date

Pay to the Order of Metro Animal Care and Control \$ 3,000.00

Three thousand dollars and 00/100 Dollars

REGIONS BANK

that loves you more than he loves himself.

For Foster Program Training *Bonnie R* AP

⑆064000017⑆ 0237177699⑆ 1018

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

11/22/2021
Date

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

11/29/2021
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kelly Flannery/mjw
6237742A8742169...
Director, Department of Finance

12/7/2021
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
68804BF10FB741...
Director of Risk Management Services

12/8/2021
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Macy Amos
1170004100...
Metropolitan Attorney

12/8/2021
Date

FILED:

Metropolitan Clerk

Date