

## GRANT SUMMARY SHEET

**Grant Name:** Friends of MACC Allocation #1 22

**Department:** HEALTH DEPARTMENT

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

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

**Total Award this Action:** \$15,500.00

**Cash Match** \$0.00

**Department Contact:** Brad Thompson  
340-0407

**Status:** CONTINUATION

**Program Description:**

A grant from the Friends of MACC to fund the following programs: Safety Ney Program that supports families experiencing difficulty maintaining ownership of their pets (\$10,000.00), Spay/Neuter Program that ensures pets in MACC's care receive surgeries (\$5,000.00), and Emergency Medical Fund for life-saving services that are not available in the MACC facility (\$500.00).

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

The services would be discontinued and/or alternative funding will be sought.

**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"/>	
Department	Dept. No.	Contact				Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson				340-0407	
<b>Grant Name:</b>		Friends of MACC Allocation #1 22					
<b>Grantor:</b>		FRIENDS OF METRO ANIMAL CARE & CONTROL				<b>Other:</b>	
<b>Grant Period From:</b>		07/01/21		<small>(applications only)</small> Anticipated Application Date:			
<b>Grant Period To:</b>		06/30/22		<small>(applications only)</small> Application Deadline:			
<b>Funding Type:</b>		FOUNDATION		<b>Multi-Department Grant</b> <input type="checkbox"/>		<b>If yes, list below.</b>	
<b>Pass-Thru:</b>				<b>Outside Consultant Project:</b> <input type="checkbox"/>			
<b>Award Type:</b>		OTHER		<b>Total Award:</b>		\$15,500.00	
<b>Status:</b>		CONTINUATION		<b>Metro Cash Match:</b>		\$0.00	
<b>Metro Category:</b>		Est. Prior.		<b>Metro In-Kind Match:</b>		\$0.00	
<b>CFDA #</b>		N/A		<b>Is Council approval required?</b> <input type="checkbox"/>			
<b>Project Description:</b>				<b>Applic. Submitted Electronically?</b> <input checked="" type="checkbox"/>			
<p>A grant from the Friends of MACC to fund the following programs: Safety Neq Program that supports families experiencing difficulty maintaining ownership of their pets (\$10,000.00), Spay/Neuter Program that ensures pets in MACC's care receive surgeries (\$5,000.00), and Emergency Medical Fund for life-saving services that are not available in the MACC facility (\$500.00).</p>							
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>							
The services would be discontinued and/or alternative funding will be sought.							
<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>							
For this Metro FY, how much of the required local Metro cash match:							
<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>		0.00		<b>Actual number of positions added:</b>		0.00	
<b>Departmental Indirect Cost Rate</b>		24.82%		<b>Indirect Cost of Grant to Metro:</b>		\$3,847.10	
<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>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</b>							
<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	FY22			\$15,500.00	\$0.00		\$0.00	\$15,500.00	\$3,847.10	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>				\$15,500.00	\$0.00		\$0.00	\$15,500.00	\$3,847.10	\$0.00
<b>Date Awarded:</b>				06/25/21	<b>Tot. Awarded:</b>		\$15,500.00	<b>Contract#:</b>		Check
<b>(or) Date Denied:</b>					<b>Reason:</b>					
<b>(or) Date Withdrawn:</b>					<b>Reason:</b>					

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

FRIENDS OF MACC  
813 FATHERLAND STREET  
NASHVILLE, TN 37208

only thing... 1058  
87-1/842

7/1/21 Date

Pay to the  
Order of

macc

\$ 5000<sup>No</sup>/<sub>100</sub>

five thousand & No/100  
REGIONS BANK

Dollars



that loves you more  
than he loves himself.

For

2nd & 3rd Qtr Med Evoc

Melody Lewis

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1058

FRIENDS OF MACC  
812 FATHERLAND STREET  
NASHVILLE, TN 37206

I saved my best friend. 1057

87-1/640

6-25-21

Date

Pay to the  
Order of

Metro Animal Care & Control \$ 10,500 <sup>NO</sup>/<sub>100</sub>  
ten thousand five hundred and <sup>NO</sup>/<sub>100</sub> Dollars

Security  
Features  
Details on  
Back.

REGIONS BANK

\$10,000 Safety NET

For

\$500 Microchip Clinic

*Melodyling*

MP

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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:  
*Tina Lester*  
5EE94599A8D6403...  
\_\_\_\_\_  
Interim Administrative Director  
Metro Public Health Department

7/19/2021  
\_\_\_\_\_  
Date

DocuSigned by:  
*Alex Jalangir*  
7F973F49A06A4DF...  
\_\_\_\_\_  
Chair, Board of Health

7/19/2021  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
*Kevin Crumbo/mjw*  
6377C248742469...  
\_\_\_\_\_  
Director, Department of Finance

8/4/2021  
\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
*Balogun Cobb*  
0377C248742469...  
\_\_\_\_\_  
Director of Risk Management Services

8/5/2021  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
*Meki Eke*  
\_\_\_\_\_  
Metropolitan Attorney

8/4/2021  
\_\_\_\_\_  
Date

FILED:

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

\_\_\_\_\_  
Date