

GRANT SUMMARY SHEET

Grant Name: Friends of MACC Grant Allocation #3 23

Department: HEALTH DEPARTMENT

Grantor: FRIENDS OF MACC

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

Total Award this Action: \$23,000.00

Cash Match \$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 Fund is granted \$10,000.00, Foster Behavioral Support is granted \$3,000.00 and Safety Net is granted \$10,000.00.

Plan for continuation of services upon grant expiration:

N/A

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 #3 23			
Grantor	FRIENDS OF MACC	Other		
Grant Period From	07/01/22	(applications only) Anticipated Application Date		
Grant Period To	06/30/23	(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	\$23,000.00	
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 type="checkbox"/>	
Project Description	Applic. Submitted Electronically? <input type="checkbox"/>			
This is a donation from the nonprofit Friends of Metro Animal Care & Control for the provision of animals. Emergency Medical Fund is granted \$10,000.00, Foster Behavioral Support is granted \$3,000.00 and Safety Net is granted \$10,000.00.				
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	24.43%	Indirect Cost of Grant to Metro	\$5,618.90	
*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?	<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	FY23			\$23,000.00	\$0.00		\$0.00	\$23,000.00	\$4,964.00	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$0.00	\$0.00	\$23,000.00	\$0.00		\$0.00	\$23,000.00	\$4,964.00	\$0.00
Date Awarded		07/18/22		Tot. Awarded	\$23,000.00	Contract#	CHECK			
(or) Date Denied				Reason						
(or) Date Withdrawn				Reason						

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

VW

Receipt Number: **R22-232135****Metro Animal Care And Control**

5125 Harding Place, Nashville, TN 37211

(615) 862-7928

Person Information: **FRIENDS OF MACC**
812 FATHERLAND ST
NASHVILLE, TN 37206
Phone: (615) 545-1675
 Check / Card No:

Receipt Date: **Sunday, July 3, 2022**PID: **P207600**

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		MEDICAL EMER	\$10000.00	1	10,000.00
DONATION		SAFETY NET GF	10000.00	1	10,000.00
DONATION		FOSTER TRAINI	3000.00	1	3,000.00
Total Fees Due:					\$23000.00
Payments:			Cash:		\$0.00
			Check:		\$23,000.00
			Credit Card:		\$0.00
Total Payments Received:					\$23000.00

Thank You!

Change: \$0.00
 Balance Due: \$0.00

Despite our best efforts, we can not guarantee the health of the animal you have adopted. If your new pet becomes sick within 72 hours (3 working days), please return the animal to Metro Animal Care and Control and our veterinarian will examine the animal. If you choose to take your sick pet to a private veterinarian, you will be responsible for all costs incurred. **No refunds of the adoption fee offered after ten (10) days.**

Adoption and Reclaim Hours

Sunday-Saturday 10 AM-4 PM


Thursday 10 AM-6 PM

FRIENDS OF MACS
812 FATHERLAND STREET
NASHVILLE, TN 37208

Everyone deserves
a second chance. **1080**
87-1/640

7/3/22 Date

Pay to the Order of Metro Animal Care & Control \$ 23,000 ^{no}/₁₀₀

Twenty three thousand & no/100 Dollars  Security Features Details on Back.

REGIONS BANK

For \$10K Med Emerg Foster
\$10K Safety Net \$3000/min Melody King MP

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
0460AC24E1CC408...

Director, Metro Public Health Department

7/18/2022

Date

DocuSigned by:
Tené Hamilton Franklin
BEBF08BF14D1480...

Chair, Board of Health

7/18/2022

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kelly Flannery
0460AC24E1CC408...

Director, Department of Finance

7/29/2022

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
0460AC24E1CC408...

Director of Risk Management Services

7/29/2022

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Meki Eke
0460AC24E1CC408...

Metropolitan Attorney

7/29/2022

Date

FILED:

Metropolitan Clerk

Date