
GRANT SUMMARY SHEET

Grant Name: Marjorie Neuhoff 22-23

Department: HEALTH DEPARTMENT

Grantor: Marjorie Nuehoff Private Foundation

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

Total Award this Action: \$10,000.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: CONTINUATION

Program Description:

This grant from the Neuhoff Foundation is to Metro Animal Care & Control with restrictions on placing cats and dogs in loving homes.

Plan for continuation of services upon grant expiration:

N/A

Marjorie Nuehoff Private Foundation

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: Marjorie Nuehoff 22-23 | | | | |
| Grantor: Marjorie Nuehoff Private Foundation | | | | |
| Grant Period From: 12/30/22 | | | | |
| Grant Period To: 12/31/23 | | | | |
| Funding Type: FOUNDATION | | | | |
| Pass-Thru: Select Pass-Thru --- > | | | | |
| Award Type: OTHER | | | | |
| Status: CONTINUATION | | | | |
| Metro Category: Est. Prior. | | | | |
| CFDA # | | | | |
| Project Description: | | | | |
| This grant from the Nuehoff Foundation is to Metro Animal Care & Control with restrictions on placing cats and dogs in loving homes. | | | | |
| 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 | | 24.43% | Indirect Cost of Grant to Metro: | |
| | | | \$2,443.00 | |
| *Indirect Costs allowed? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | % Allow. | |
| | | | 0% | |
| | | | 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 | | | \$10,000.00 | | | | \$10,000.00 | \$2,443.00 | \$0.00 |
| Yr 2 | FY | | | | | | | \$0.00 | \$0.00 | \$0.00 |
| Yr 3 | FY | | | | | | | \$0.00 | \$0.00 | \$0.00 |
| Yr 4 | FY | | | | | | | \$0.00 | \$0.00 | \$0.00 |
| Yr 5 | FY | | | | | | | \$0.00 | \$0.00 | \$0.00 |
| Total | | \$0.00 | \$0.00 | \$10,000.00 | \$0.00 | | \$0.00 | \$10,000.00 | \$2,443.00 | \$0.00 |
| Date Awarded: | | | | | | \$10,000.00 | Contract#: | | | |
| (or) Date Denied: | | | | | | | | | | |
| (or) Date Withdrawn: | | | | | | | | | | |

Contact: juanita.paulsen@nashville.gov
vaughn.wilson@nashville.gov





METRO NASHVILLE
ANIMAL CARE & CONTROL

Receipt Number: R22-257176 Metro Animal Care And Control
5125 Harding Place, Nashville, TN 37211
(615) 862-7928

Person Information: TRUIST BANK
PO BOX 25939
RICHMOND, VA 23260

Receipt Date: Friday, December 30, 2022
PID: P326680

Check / Card No:

| Item: | Animal ID: | Reference No: | Price: | Each: | Amount: |
|---------------------------------|------------|---------------|------------|--------------|-------------------|
| DONATION | | | \$10000.00 | 1 | 10,000.00 |
| Total Fees Due: | | | | | \$10000.00 |
| Payments: | | | | | |
| | | | | Cash: | \$0.00 |
| | | | | Check: | \$10,000.00 |
| | | | | Credit Card: | \$0.00 |
| Total Payments Received: | | | | | \$10000.00 |

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



Truist Bank
PO Box 25939
Richmond, VA 23260 5939

METRO ANIMAL CARE AND CONTROL
5125 HARDING PLACE
NASHVILLE TN 37211



CHECK NUMBER: 810744481

Truist Bank
PO Box 25939
Richmond, VA 23260-5939

DATE: 12/22/2022

ACCOUNT: 7935260 THE MARJORIE NEUHOFF PRIVATE FDN INC

*****10,000.00

DISP 0001
OFF 01071 PHYLLIS HARRIS

2022 BENEFICIARY CHARITABLE GIFT

DISTRIBUTION TO

METRO ANIMAL CARE AND CONTROL
5125 HARDING PLACE
NASHVILLE TN 37211

2022 BENEFICIARY CHARITABLE GIFT

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS



Truist Bank
PO Box 25939
Richmond, VA 23260-5939

TRUIST OFFICIAL CHECK

87-41
613

810744481

DATE: 12/22/2022

7935260 MA000733 000017

PAY Ten Thousand And 00/100 US Dollars

\$*****10,000.00

METRO ANIMAL CARE AND CONTROL
5125 HARDING PLACE
NASHVILLE TN 37211

MEMO: 2022 BENEFICIARY CHARITABLE GIFT


AUTHORIZED SIGNATURE

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

1/17/2023
Date

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

1/18/2023
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kelly Flannery/mfw
621924012468...
Director, Department of Finance

1/20/2023
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balagun Cobb
01902F5495D741F...
Director of Risk Management Services

1/20/2023
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Courtney Mohan
A18221492448...
Metropolitan Attorney

1/20/2023
Date

FILED:

Metropolitan Clerk

Date