

# LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 01/20/25
 Resolution  Ordinance
Contact/Prepared By: Brad ThompsonDate Prepared: 12/01/25Title (Caption): Pet Pantry 26 grant - This grant is from Jennifer McMurray / Friends of Metro Animal Care & Control

and is intended to fund the pet pantry program.

Submitted to Planning Commission?  N/A  Yes-Date: \_\_\_\_\_ Proposal No: \_\_\_\_\_Proposing Department: Health Requested By: HealthAffected Department(s): Health Affected Council District(s): all

## Legislative Category (check one):

- Bonds
- Budget - Pay Plan
- Budget - 4%
- Capital Improvements
- Capital Outlay Notes
- Code Amendment
- Condemnation

- Contract Approval
- Donation
- Easement Abandonment
- Easement Accept/Acquisition
- Grant
- Grant Application
- Improvement Acc.

- Intergovernmental Agreement
- Lease
- Maps
- Master List A&E
- Settlement of Claims/Lawsuits
- Street/Highway Improvements
- Other: \_\_\_\_\_

FINANCE Amount +/-: \$ 500.00Match: \$ 0.00

Funding Source: Capital Improvement Budget  
Capital Outlay Notes  
Departmental/Agency Budget  
Funds to Metro  
General Obligation Bonds  
Grant  
Increased Revenue Sources

Judgments and Losses  
Local Government Investment Project  
Revenue Bonds  
Self-Insured Liability  
Solid Waste Reserve  
Unappropriated Fund Balance  
4% Fund  
Other: \_\_\_\_\_

Approved by OMB: Aaron Pratt BN

Date to Finance Director's Office: \_\_\_\_\_

Approved by Finance/Accounts: \_\_\_\_\_

APPROVED BY

Approved by Div Grants Coordination: Juanita Paulsen FINANCE DIRECTOR'S OFFICE: \_\_\_\_\_**ADMINISTRATION**

Council District Member Sponsors: \_\_\_\_\_

Council Committee Chair Sponsors: \_\_\_\_\_

Approved by Administration: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT OF LAW** Date to Dept. of Law: \_\_\_\_\_ Approved by Department of Law: \_\_\_\_\_**Settlement Resolution/Memorandum Approved by:** \_\_\_\_\_Date to Council: \_\_\_\_\_ For Council Meeting: \_\_\_\_\_  E-mailed Clerk

All Dept. Signatures  Copies  Backing  Legislative Summary  Settlement Memo  Clerk Letter  Ready to File

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## GRANT SUMMARY SHEET

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**Grant Name:** Pet Pantry 26

**Department:** HEALTH DEPARTMENT

**Grantor:** METRO ANIMAL CARE & CONTROL

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

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

**Cash Match Amount** \$0.00

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

**Status:** CONTINUATION

**Program Description:**

This is a donation from Jennifer McMurray to MACC for the pet pantry program.

**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						
HEALTH DEPARTMENT	038	Brad Thompson						
Grant Name:		Pet Pantry 26						
Grantor:		FRIENDS OF METRO ANIMAL CARE & CONTROL-Jennifer Mc Murray						
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 <input type="checkbox"/> If yes, list below.					
Pass-Thru:			Outside Consultant Project: <input type="checkbox"/>					
Award Type:		OTHER	Total Award: \$500.00					
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 Jennifer McMurray to MACC for the pet pantry program.								
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:			\$107.89	
*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				\$500.00			\$500.00	\$107.89	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total	\$0.00	\$0.00	\$500.00	\$0.00		\$0.00	\$0.00	\$500.00	\$107.89	\$0.00
Date Awarded:		12/12/25	Tot. Awarded:	\$500.00	Contract#:		Reason:	CHECK		
(or) Date Denied:										
(or) Date Withdrawn:										

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

Rev. 5/13/13  
6145

GCP Received 12/15/2025

GCP Approved 12/15/2025

JP

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

A resolution accepting a grant from Jennifer McMurray to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for the Pet Pantry Program.

WHEREAS, Jennifer McMurray has awarded a grant in an amount not to exceed \$500.00 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for the Pet Pantry Program; and,

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

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 Jennifer McMurray, in an amount not to exceed, \$500.00 to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for the Pet Pantry Program, 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:

Jenneen Reed/mjw  
Jenneen Reed, Director  
Department of Finance

INTRODUCED BY:

Member(s) of Council

APPROVED AS TO FORM  
AND LEGALITY:

Courtney Mohan  
Assistant Metropolitan Attorney

Receipt Number: R25-324038 **Metro Animal Care And Control**

5125 Harding Place, Nashville, TN 37211

(615) 862-7928

Person Information: JENNIFER McMURRAY

2136 WHITE POPLAR CT  
MURFREESBORO, TN 37130

Receipt Date: Thursday, November 6, 2025

PID: P383042

Check / Card No:

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		PET PANTRY	\$500.00	1	<u>500.00</u>
Total Fees Due:					<u>\$500.00</u>
Payments:					
Cash:					\$0.00
Check:					\$500.00
Credit Card:					\$0.00
Total Payments Received:					<u>\$500.00</u>

**Thank You!**

Change:	\$0.00
Balance Due:	\$0.00

87-863/640

**4013**JENNIFER L McMURRAY  
2136 WHITE POPLAR COURT  
MURFREESBORO, TN 37130DATE 11/2/2025

PAY TO Metro Animal Care &amp; Control \$ 500.00

THE ORDER OF

five hundred — 00/100 DOLLARS

← Heat  
Reactive  
Ink**Pinnacle**Donation for  
MEMO: The Pet Pantry*Jennifer L. McMurray*

LOOK FOR FRAUD-DETERRING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.

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

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

Signed by:

*Sanmi Areola*

0872295CD81A4B1

Director, Metro Public Health Department

12/12/2025

Date

Signed by:

*Tiné Hamilton Franklin*

BBE0BBE14D14B0

Chair, Board of Health

12/15/2025

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

*Jennine Reed/mjw*  
Director, Department of Finance

12/30/2025 | 11:08 AM CST

Date

APPROVED AS TO RISK AND INSURANCE:

*Balogun Cobb*  
Director of Risk Management Services

1/5/2026 | 10:14 AM CST

Date

APPROVED AS TO FORM AND LEGALITY:

*Courtney Mohan*  
Metropolitan Attorney

1/5/2026 | 9:20 AM CST

Date

FILED:

Metropolitan Clerk

Date