

## GRANT SUMMARY SHEET

**Grant Name:** Friends of Metro Animal Care & Control Emergency Medical Fund 22

**Department:** HEALTH DEPARTMENT

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

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

**Total Award this Action:** \$5,000.00

**Cash Match** \$0.00

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

**Status:** NEW

**Program Description:**

This is a **donation** from the nonprofit Friends of Metro Animal Care & Control is to provide emergency medical care to animals at Metro Animal Care and Control.

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

N/A

B.A. Initials



5354

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 Metro Animal Care & Control Emergency Medical Fund 22																													
Grantor: FRIENDS OF METRO ANIMAL CARE & CONTROL																													
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: \$5,000.00																								
Status: NEW					Metro Cash Match: \$0.00																								
Metro Category: New Initiative					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 is a donation from the nonprofit Friends of Metro Animal Care & Control is to provide emergency medical care to animals at Metro Animal Care and Control.																													
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:					\$1,241.00														
*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			\$5,000.00	\$0.00		\$0.00	\$5,000.00	\$1,241.00	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$0.00	\$0.00	\$5,000.00	\$0.00		\$0.00	\$5,000.00	\$1,241.00	\$0.00
<b>Date Awarded:</b>				09/16/21	<b>Tot. Awarded:</b>		\$5,000.00	<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)



METRO NASHVILLE  
ANIMAL CARE & CONTROL

Receipt Number: **R21-200472** **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: Thursday, September 16, 2021  
PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		EMER. MED. F	\$5000.00	1	5,000.00
Total Fees Due:					<b>\$5000.00</b>
Payments:			Cash:		\$0.00
			Check:		\$5,000.00
			Credit Card:		\$0.00
Total Payments Received:					<b>\$5000.00</b>

**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

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*  
6466AC21E1CC488...  
\_\_\_\_\_  
Director, Metro Public Health Department

10/19/2021  
\_\_\_\_\_  
Date

DocuSigned by:  
*Tiné Hamilton Franklin*  
BEBF0BBF14D14B0...  
\_\_\_\_\_  
Chair, Board of Health

10/21/2021  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
*Kelly Flannery/mjw*  
6293771A4A874D768...  
\_\_\_\_\_  
Director, Department of Finance

11/4/2021  
\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
*Balogun Cobb*  
68804BF42FD74...  
\_\_\_\_\_  
Director of Risk Management Services

11/5/2021  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
*Macy Forrest Amos*  
651859081A...  
\_\_\_\_\_  
Metropolitan Attorney

11/5/2021  
\_\_\_\_\_  
Date

FILED:

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

\_\_\_\_\_  
Date