

# LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 02/17/26

Resolution  Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 01/12/26

Title (Caption): Marjorie A Neuhoff Private Foundation grant 26

This donation/grant from the Nuehoff Foundation is to Metro Animal Care & Control with no restrictions.

Submitted to Planning Commission?  N/A  Yes-Date: \_\_\_\_\_ Proposal No: \_\_\_\_\_

Proposing Department: Health Requested By: Health

Affected Department(s): Health Affected Council District(s): all

**Legislative Category (check one):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bonds                | <input type="checkbox"/> Contract Approval           | <input type="checkbox"/> Intergovernmental Agreement   |
| <input type="checkbox"/> Budget - Pay Plan    | <input type="checkbox"/> Donation                    | <input type="checkbox"/> Lease                         |
| <input type="checkbox"/> Budget - 4%          | <input type="checkbox"/> Easement Abandonment        | <input type="checkbox"/> Maps                          |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Easement Accept/Acquisition | <input type="checkbox"/> Master List A&E               |
| <input type="checkbox"/> Capital Outlay Notes | <input checked="" type="checkbox"/> Grant            | <input type="checkbox"/> Settlement of Claims/Lawsuits |
| <input type="checkbox"/> Code Amendment       | <input type="checkbox"/> Grant Application           | <input type="checkbox"/> Street/Highway Improvements   |
| <input type="checkbox"/> Condemnation         | <input type="checkbox"/> Improvement Acc.            | <input type="checkbox"/> Other: _____                  |

<b>FINANCE</b>	Amount +/-: \$ <u>10,000.00</u>	Match: \$ <u>0.00</u>
Funding Source:	<ul style="list-style-type: none"> <li>Capital Improvement Budget</li> <li>Capital Outlay Notes</li> <li>Departmental/Agency Budget</li> <li>Funds to Metro</li> <li>General Obligation Bonds</li> <li>Grant</li> <li>Increased Revenue Sources</li> </ul>	<ul style="list-style-type: none"> <li>Judgments and Losses</li> <li>Local Government Investment Project</li> <li>Revenue Bonds</li> <li>Self-Insured Liability</li> <li>Solid Waste Reserve</li> <li>Unappropriated Fund Balance</li> <li>4% Fund</li> <li>Other: _____</li> </ul>
Approved by OMB: <u>Aaron Pratt</u>	Approved by Finance/Accounts: _____	Date to Finance Director's Office: _____
Approved by Div Grants Coordination: <u>Juanita Paulsen</u>	<b>APPROVED BY</b> 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

Department of Law - White Copy

Administration - Yellow Copy

Finance Department - Pink Copy

---

---

## GRANT SUMMARY SHEET

---

---

**Grant Name:** Marjorie Neuhoff 26

**Department:** HEALTH DEPARTMENT

**Grantor:** MARJORIE NEUHOFF 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:**

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	
<b>Grant Name:</b> Marjorie Neuhoﬀ 26				
<b>Grantor:</b> MARJORIE NEUHOFF PRIVATE FOUNDATION <span style="float: right;">Other: <input type="text"/></span>				
<b>Grant Period From:</b> 01/01/26		<b>(applications only) Anticipated Application Date:</b> <input type="text"/>		
<b>Grant Period To:</b> 12/31/26		<b>(applications only) Application Deadline:</b> <input type="text"/>		
<b>Funding Type:</b> FOUNDATION		<b>Multi-Department Grant</b> <input type="checkbox"/> <span style="float: right;">If yes, list below.</span>		
<b>Pass-Thru:</b>		<b>Outside Consultant Project:</b> <input type="checkbox"/>		
<b>Award Type:</b> OTHER		<b>Total Award:</b> \$10,000.00		
<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 type="checkbox"/>		
This grant from the Neuhoﬀ Foundation is to Metro Animal Care & Control with restrictions on placing cats and dogs in loving homes.				
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>				
<b>How is Match Determined?</b>				
<b>Fixed Amount of \$</b>	<input type="text"/>	or	<b>% of Grant</b>	<input type="text"/>
<b>Other:</b> <input type="checkbox"/>				
<b>Explanation for "Other" means of determining match:</b>				
<b>For this Metro FY, how much of the required local Metro cash match:</b>				
<b>Is already in department budget?</b>		<input type="text"/>	<b>Fund</b>	<b>Business Unit</b>
<b>Is not budgeted?</b>		<input type="text"/>	<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>	21.58%	<b>Indirect Cost of Grant to Metro:</b>		\$2,157.82
<b>*Indirect Costs allowed?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>% Allow.</b> 0%	<b>Ind. Cost Requested from Grantor:</b>		\$0.00 <b>in budget</b>
<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	26			\$10,000.00				\$10,000.00	\$2,157.82	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$0.00	\$0.00	\$10,000.00	\$0.00		\$0.00	\$10,000.00	\$2,157.82	\$0.00
<b>Date Awarded:</b>				01/13/26		\$10,000.00	<b>Contract#:</b>	CHECK		
<b>(or) Date Denied:</b>										
<b>(or) Date Withdrawn:</b>										

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

Rev. 5/13/13  
6152

*JP*

GCP Received 01/13/26

GCP Processed 01/13/26

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

A resolution accepting a grant from the Marjorie A. Neuhoff Private Foundation, Inc. to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for the care of shelter animals at Metro Animal Care and Control.

WHEREAS, the Marjorie A. Neuhoff Private Foundation, Inc. has awarded a grant in an amount not to exceed \$10,000.00 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for the care of shelter animals at Metro Animal Care and Control; and,

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

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 the Marjorie A. Neuhoff Private Foundation, Inc., in an amount not to exceed \$10,000.00, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for the care of shelter animals at Metro Animal Care and Control, 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:

INTRODUCED BY:

Jenneen Reed / mjr  
Jenneen Reed, Director  
Department of Finance

\_\_\_\_\_  
\_\_\_\_\_

APPROVED AS TO FORM AND LEGALITY:

\_\_\_\_\_  
Member(s) of Council

Niki Eke  
Metropolitan Attorney



Receipt Number: **R25-324290**

### 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: **Monday, December 15, 2025**

PID: P326680

Check / Card No:

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		0810987106	\$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



Check No: [REDACTED]

Truist Bank

Date: 12/10/2025

ACCOUNT: [REDACTED] THE MARJORIE NEUHOFF PRIVATE FDN INC

\$10,000.00

DISTRIBUTION TO  
METRO ANIMAL CARE AND  
CONTROL  
5125 HARDING PLACE  
NASHVILLE TN 37211

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

Truist Bank



Date: 12/10/2025

TRUIST OFFICIAL CHECK

Ten Thousand and 00/100 dollars

\*\*\*\*\* \$10,000.00

PAY TO THE ORDER OF: METRO ANIMAL CARE AND CONTROL

Authorized Signature

Memo: 2025 BENEFICIARY CHARITABLE GIFT

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD TO LIGHT TO VIEW. THE FRONT OF THE DOCUMENT HAS A THERMOCHROMIC INK. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

Signed by:  
Sanmi Areda  
0872295CD81A4B1...  
Director, Metro Public Health Department

1/13/2026  
Date

Signed by:  
Tené Hamilton Franklin  
BEBF0BDF14D14B0...  
Chair, Board of Health

1/13/2026  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jenneen Reed/mjw  
Director, Department of Finance

1/30/2026 | 9:59 AM CST  
Date

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb  
Director of Risk Management Services

1/30/2026 | 10:03 AM CST  
Date

APPROVED AS TO FORM AND LEGALITY:

Miki Eke  
Metropolitan Attorney

1/30/2026 | 10:02 AM CST  
Date

FILED:

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

\_\_\_\_\_  
Date