

## GRANT SUMMARY SHEET

**Grant Name:** 2022 Nashville Kennel Club 22  
**Department:** FIRE DEPARTMENT  
**Grantor:** NASHVILLE KENNEL CLUB, INC.

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

**Total Award this Action:** \$3,000.00

**Cash Match** \$0.00

**Department Contact:** Leigh Anne Burtchaell  
862-6364

**Status:** NEW

**Program Description:**

Nashville Kennel Club donated \$3,000.00 to Nashville Fire Department to purchase canine oxygen masks to equip each fire engine and ambulance. The intent of the donation is to purchase 300 masks at a cost of \$10 each (150 small and 150 large). This grant has no end date.

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

N/A

5451

B.A. Initials

<sup>DS</sup>  


### 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	
FIRE DEPARTMENT	032	Leigh Anne Burtchaell			862-6364	214-3680	
<b>Grant Name:</b>		2022 Nashville Kennel Club 22					
<b>Grantor:</b>		NASHVILLE KENNEL CLUB, INC.			<b>Other:</b>		
<b>Grant Period From:</b>		06/09/22		<small>(applications only)</small> Anticipated Application Date:			
<b>Grant Period To:</b>				<small>(applications only)</small> Application Deadline:			
<b>Funding Type:</b>	OTHER			<b>Multi-Department Grant</b>		<input type="checkbox"/> If yes, list below.	
<b>Pass-Thru:</b>				<b>Outside Consultant Project:</b>		<input type="checkbox"/>	
<b>Award Type:</b>	OTHER			<b>Total Award:</b>		\$3,000.00	
<b>Status:</b>	NEW			<b>Metro Cash Match:</b>		\$0.00	
<b>Metro Category:</b>	New Initiative			<b>Metro In-Kind Match:</b>		\$0.00	
<b>CFDA #</b>	N/A			<b>Is Council approval required?</b>		<input checked="" type="checkbox"/>	
<b>Project Description:</b>				<b>Applic. Submitted Electronically?</b>		<input type="checkbox"/>	
<p>Nashville Kennel Club donated \$3,000.00 to Nashville Fire Department to purchase canine oxygen masks to equip each fire engine and ambulance. The intent of the donation is to purchase 300 masks at a cost of \$10 each (150 small and 150 large). This grant has no end date.</p>							
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>							
<b>How is Match Determined?</b>							
<b>Fixed Amount of \$</b>		or		<b>% of Grant</b>		<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>				<b>Fund</b>		<b>Business Unit</b>	
<b>Is not budgeted?</b>				<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>		29.09%		<b>Indirect Cost of Grant to Metro:</b>		\$872.70	
<b>*Indirect Costs allowed?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>% Allow.</b>		<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	FY22			\$3,000.00	\$0.00		\$0.00	\$3,000.00	\$872.70	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,000.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$3,000.00</b>	<b>\$872.70</b>	<b>\$0.00</b>
<b>Date Awarded:</b>				06/09/22	<b>Tot. Awarded:</b>		<b>\$3,000.00</b>	<b>Contract#:</b>		N/A
<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)

*TW*



Nashville Kennel Club, Inc  
P O Box 1150  
Hendersonville TN 37077-1150

Mr. Joseph Pleasant  
Community Services Manager  
Public Information Officer  
Nashville Fire Department  
Nashville Office of Emergency Management

Dear Mr. Pleasant:

Thank you for providing information to our member George Allen regarding the donation the Nashville Kennel Club, Inc would like to make to purchase canine oxygen masks to so equip each fire engine and ambulance in Davidson County. Our club has authorized the enclosed donation in the amount of \$3000 to be used solely for this purpose. The intent of this donation is that it is to be used to purchase 300 masks at a cost of \$10 each (150 small and 150 large).

Our club members genuinely appreciate the emergency services personnel of Davidson County and the important work they do. It is an honor to support their efforts in this small way.

Sincerely,

A handwritten signature in blue ink that reads "Jon R. Cole". The signature is written in a cursive style.

Jon R. Cole  
President, Nashville Kennel Club

Enclosure: \$3000 check #3608

**SIGNATURE PAGE  
FOR  
GRANT NO. 2022 Nashville Kennel Club Donation**

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

**METROPOLITAN GOVERNMENT OF  
NASHVILLE AND DAVIDSON COUNTY**

DocuSigned by:  
*William Swann*  
14A644EDC8CF446...  
\_\_\_\_\_  
Fire Department

6/9/2022  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY  
OF FUNDS:

DocuSigned by:  
*Kelly Flannery*  
DE518D1D905F4EB...  
\_\_\_\_\_  
Kelly Flannery, Director  
Department of Finance

6/16/2022  
\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
*Balogun Cobb*  
688848F512FB341...  
\_\_\_\_\_  
Director of Risk Management Services

6/17/2022  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND  
LEGALITY:

DocuSigned by:  
*Meki Eke*  
30FF061CB15400...  
\_\_\_\_\_  
Metropolitan Attorney

6/16/2022  
\_\_\_\_\_  
Date

FILED:

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

\_\_\_\_\_  
Date