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## GRANT SUMMARY SHEET

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**Grant Name:** Friends of MACC Allocation #1 23

**Department:** HEALTH DEPARTMENT

**Grantor:** Friends of MACC

**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 is a donation from the nonprofit Friends of Metro Animal Care & Control for the provision of animals. Emergency Medical Fund is granted \$10,000.

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

Services will be discontinued.

Grants Tracking Form

Part One

Pre-Application		Application		Award Acceptance		Contract Amendment	
Department	Dept. No.	Contact		Phone	Fax		
HEALTH DEPARTMENT	038	Brad Thompson		340-0407			
Grant Name	Friends of MACC Allocation #1 23						
Grantor	Friends of MACC			Other			
Grant Period From	07/01/22	(applications only) Anticipated Application Date					
Grant Period To	06/30/23	(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		\$10,000.00			
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 the nonprofit Friends of Metro Animal Care & Control for the provision of animals. Emergency Medical Fund is granted \$10,000.							
Plan for continuation of service after expiration of grant/Budgetary Impact							
Services will be discontinued.							
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. 0.00%		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?							
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	\$0.00	\$0.00	\$10,000.00	\$0.00		\$0.00	\$10,000.00	\$2,443.00	\$0.00
Yr 2										
Yr 3										
Yr 4										
Yr 5										
<b>Total</b>		\$0.00	\$0.00	\$10,000.00	\$0.00		\$0.00	\$10,000.00	\$2,443.00	\$0.00
Date Awarded		01/25/23			Tot. Awarded	\$10,000.00	Contract#	Check		
(or) Date Denied					Reason					
(or) Date Withdrawn					Reason					

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

GCP Received 02/15/2023



GCP  
Approved  
02/16/2023



**METRO NASHVILLE**  
ANIMAL CARE & CONTROL

**Receipt Number: R23-266805 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: Monday, January 30, 2023**  
PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		EMER. MEDIC	\$10000.00	1	10,000.00
Total Fees Due:					<b>\$10000.00</b>
Payments:					
Cash:					\$0.00
Check:					\$10,000.00
Credit Card:					\$0.00
<b>Total Payments Received:</b>					<b>\$10000.00</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*  
0460AC24E1CC408...  
\_\_\_\_\_  
Director, Metro Public Health Department

2/15/2023  
\_\_\_\_\_  
Date

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

2/16/2023  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
*Kelly Plannery/mjw*  
621120307469...  
\_\_\_\_\_  
Director, Department of Finance

2/24/2023  
\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
*Lora Bark Fox*  
B947F0C109450F...  
\_\_\_\_\_  
Director of Risk Management Services

2/24/2023  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
*Courtney Mohan*  
\_\_\_\_\_  
Metropolitan Attorney

2/24/2023  
\_\_\_\_\_  
Date

FILED:

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

\_\_\_\_\_  
Date