

GRANT SUMMARY SHEET

Grant Name: Friends of MACC Grant Allocation #3 22

Department: HEALTH DEPARTMENT

Grantor: FRIENDS OF MACC

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

Total Award this Action: \$20,000.00

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 for the provision of animals. Emergency Medical Fund is granted \$12,000, Foster Behavioral Support is granted \$3,000 and Safety Net is granted \$5,000.

Plan for continuation of services upon grant expiration:

N/A

B.A. Initials 

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 MACC Grant Allocation #3 22					
Grantor: FRIENDS OF MACC					
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: \$20,000.00			
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 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 \$12,000, Foster Behavioral Support is granted \$3,000 and Safety Net is granted \$5,000.					
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		24.82%	Indirect Cost of Grant to Metro:		\$4,964.00
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No		% Allow. 0.00%	Ind. Cost Requested from Grantor:		\$0.00
*(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			\$20,000.00	\$0.00		\$0.00	\$20,000.00	\$4,964.00	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$0.00	\$0.00	\$20,000.00	\$0.00		\$0.00	\$20,000.00	\$4,964.00	\$0.00
Date Awarded:				02/27/22	Tot. Awarded:		\$20,000.00	Contract#: CHECK		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

TW



METRO NASHVILLE
ANIMAL CARE & CONTROL

Receipt Number: **R22-230421** **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, February 28, 2022**
PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		EMERGENCY I	\$12000.00	1	12,000.00
DONATION		FOSTER BEH/	3000.00	1	3,000.00
DONATION		SAFETY NET	5000.00	1	5,000.00

Total Fees Due: **\$20000.00**

Payments: Cash: \$0.00
Check: \$0.00
Credit Card: \$20,000.00

Total Payments Received: **\$20000.00**

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

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
0460AC21E1CC480...

Director, Metro Public Health Department

3/17/2022

Date

DocuSigned by:
Tené Hamilton Franklin
BEBF0BBF14D14B0...

Chair, Board of Health

3/21/2022

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kelly Flannery/mjw
6293771A4A874D769...

Director, Department of Finance

4/4/2022

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
6288A4FE12FB74...

Director of Risk Management Services

4/5/2022

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Meki Eke

Metropolitan Attorney

4/5/2022

Date

FILED:

Metropolitan Clerk

Date