

LEGISLATIVE TRACKING FORMFiling for Council Meeting Date: 12/16/25☒ Resolution ☐ OrdinanceContact/Prepared By: Brad ThompsonDate Prepared: 11/17/25Title (Caption): FoMACC 25 #6 - This is a donation from the nonprofit Friends of Metro Animal Care & Control for the provisionof care of animals. Emergency Medical received \$12,500, Foster Program received \$3,750, SafetyNet received \$4,000, Rabies Clinic/Microchips received \$680.Submitted to Planning Commission? ☒ N/A ☐ Yes-Date: _____ Proposal No: _____Proposing Department: Health Requested By: HealthAffected 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: _____ |

FINANCE Amount +/-: \$ \$ 20,930.00**Match:** \$ \$ 0.00
Funding Source:

- ☐ Capital Improvement Budget
- ☐ Capital Outlay Notes
- ☐ Departmental/Agency Budget
- ☐ Funds to Metro
- ☐ General Obligation Bonds
- ☐ Grant
- ☐ Increased Revenue Sources

- ☐ Judgments and Losses
- ☐ Local Government Investment Project
- ☐ Revenue Bonds
- ☐ Self-Insured Liability
- ☐ Solid Waste Reserve
- ☐ Unappropriated Fund Balance
- ☐ 4% Fund
- ☐ Other: _____

Approved by OMB: Aaron Pratt *BN*

Date to Finance Director's Office: _____

Approved by Finance/Accounts: _____

APPROVED BYApproved by Div Grants Coordination: Juanita Paulsen**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: Friends of MACC Grant Allocation 25 6

Department: HEALTH DEPARTMENT

Grantor: FRIENDS OF METRO ANIMAL CARE & CONTROL

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

Total Award this Action: \$20,930.00

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 received \$12,500, Foster Program received \$3,750, SafetyNet received \$4,000, Rabies Clinic/Microchips received \$680.

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										
Grant Name:		Friends of MACC Grant Allocation 25 6																	
Grantor:		FRIENDS OF METRO ANIMAL CARE & CONTROL								Other:									
Grant Period From:		07/01/25		(applications only) Anticipated Application Date:															
Grant Period To:		06/30/26		(applications only) Application Deadline:															
Funding Type:		FOUNDATION		<div>Multi-Department Grant <input type="checkbox"/> → If yes, list below.</div> <div>Outside Consultant Project: <input type="checkbox"/></div> <div>Total Award: \$20,930.00</div> <div>Metro Cash Match: \$0.00</div> <div>Metro In-Kind Match: \$0.00</div> <div>Is Council approval required? <input type="checkbox"/></div> <div>Applic. Submitted Electronically? <input type="checkbox"/></div>															
Pass-Thru:																			
Award Type:		OTHER																	
Status:		CONTINUATION																	
Metro Category:		Est. Prior.																	
CFDA #		N/A																	
Project Description:		This is a donation from the nonprofit Friends of Metro Animal Care & Control for the provision of animals. Emergency Medical received \$12,500, Foster Program received \$3,750, SafetyNet received \$4,000, Rabies Clinic/Microchips received \$680.																	
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				21.58%		Indirect Cost of Grant to Metro:				\$4,516.32									
*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	26			\$20,930.00				\$20,930.00	\$4,516.32	\$0.00
Yr 2										
Yr 3										
Yr 4										
Yr 5										
Total		\$0.00	\$0.00	\$20,930.00	\$0.00		\$0.00	\$20,930.00	\$4,516.32	\$0.00
Date Awarded:				11/17/25	Tot. Awarded:	\$20,930.00	Contract#:	CHECK		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: juanita.paulsen@nashville.gov
vaughn.wilson@nashville.gov

JP

GCP Received 11/17/25

GCP Approved 11/17/25

Resolution No. _____

A resolution accepting a grant from the Friends of Metro Animal Care & Control to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for various programs for shelter animals.

WHEREAS, the Friends of Metro Animal Care & Control have awarded a grant in an amount not to exceed \$20,930 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for various programs for shelter animals – Emergency Medical Care (\$12,500), Safety Net Program (\$4,000), Foster Care Program (\$3,750), and Rabies Clinic (\$680); and,

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

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 Friends of Metro Animal Care & Control, in an amount not to exceed, \$20,930, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide funding for various programs for shelter animals, 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:

Jenneen Reed/impw
Jenneen Reed, Director
Department of Finance

INTRODUCED BY:

APPROVED AS TO FORM
AND LEGALITY:

Courtney Mohan
Assistant Metropolitan Attorney

Member(s) of Council



Receipt Number: R25-323984 Metro Animal Care And Control
 5125 Harding Place, Nashville, TN 37211
 (615) 862-7928

Person Information: **FRIENDS OF MACC**
 P.O. BOX 291621
 NASHVILLE, TN 37229
 Phone: (615) 545-1675
 Check / Card No:

Receipt Date: Wednesday, October 29, 2025
 PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		MEDICAL EME	\$12500.00	1	12,500.00
DONATION		SAFETY NET C	4000.00	1	4,000.00
DONATION		FOSTER PROC	3750.00	1	3,750.00
DONATION		MICROCHIP C	680.00	1	680.00

Total Fees Due: \$20930.00

Payments: Cash: \$0.00
 Check: \$20,930.00
 Credit Card: \$0.00

Total Payments Received: \$20930.00

Thank You!

Change: \$0.00
 e Due: \$0.00

FRIENDS OF MACC
 PO BOX 291621
 NASHVILLE, TN 37229

Regions Bank
 TENNESSEE

Pay to the Order of MACC

twenty thousand nine hundred thirty Dollars

\$20,930.00

For \$12,500 ME \$4000 SAN \$3750 Foster \$680 MC

Melody

2658

2658

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

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

11/17/2025
Date

Signed by:
Tiné Hamilton Franklin
BEBF0BBF14D14B0...
Chair, Board of Health

11/17/2025
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jennaeen Reed/mjr
Director, Department of Finance

11/30/2025 | 10:57 PM CST
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Risk Management Services

12/1/2025 | 9:05 AM CST
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney

12/1/2025 | 8:53 AM CST
Date

FILED:

Metropolitan Clerk

Date