
GRANT SUMMARY SHEET

Grant Name: Marjorie Neuhoff Grant 25

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	
Grant Name: Marjorie Neuhoff Grant 25				
Grantor: Marjorie Neuhoff Private Foundation		Other:		
Grant Period From:	01/01/25	(applications only) Anticipated Application Date:		
Grant Period To:	12/31/25	(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 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 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	19.54%	Indirect Cost of Grant to Metro:	\$1,954.00	
*Indirect Costs allowed?	<input type="radio"/> Yes <input checked="" type="radio"/> No	% Allow.	0%	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	25			\$10,000.00				\$10,000.00	\$1,954.00	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$0.00	\$0.00	\$10,000.00	\$0.00		\$0.00	\$10,000.00	\$1,954.00	\$0.00
Date Awarded:				02/20/25		\$10,000.00	Contract#:	CHECK		
(or) Date Denied:										
(or) Date Withdrawn:										

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



TRUIST 

Truist Bank
PO Box 25939
Richmond, VA 23260-5939

Check No: 0810914800

Date: 12/19/2024

ACCOUNT: 7935260

THE MARJORIE NEUHOFF PRIVATE FDN INC

\$10,000.00

DISP 0001
OFF 01071


PHYLLIS HARRIS

2024 BENEFICIARY CHARITABLE GIFT

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

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

Truist Bank
PO Box 25939
Richmond, VA 23260-5939
7935260 MA001043 000014

TRUIST 

TRUIST OFFICIAL CHECK

68-236
514

Check No: 0810914800
Date: 12/19/2024

Ten Thousand and 00/100 dollars

PAY TO THE ORDER OF: METRO ANIMAL CARE AND CONTROL

***** \$10,000.00

MEAT
REACTIVE
SPOT

Memo: 2024 BENEFICIARY CHARITABLE GIFT


Authorized Signature

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD TO LIGHT TO VIEW THE FRONT OF THE CHECK

THESE FEATURES WILL INDICATE A COPY.



Receipt Number: **R24-313560**

Metro Animal Care And Control

5125 Harding Place, Nashville, TN 37211

(615) 862-7928

Person Information: MARJORIE A NEUH FOUNDATION

1609 DAPHNE CT
BRENTWOOD, TN 37027

Phone: (615) 376-4791

Check / Card No:

Receipt Date: Thursday, December 26, 2024

PID: P241811

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

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

2/20/2025
Date

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

2/20/2025
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jennine Reed/Imw
Director, Department of Finance

2/27/2025 | 6:38 PM CST
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Risk Management Services

2/28/2025 | 9:10 AM CST
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney

2/28/2025 | 9:05 AM CST
Date

FILED:

Metropolitan Clerk

Date