GRANT SUMMARY SHEET

Grant Name: Friends of MACC Allocation #2 22

Department: HEALTH DEPARTMENT

Grantor: FRIENDS OF METRO ANIMAL CARE & CONTROL

Pass-Through Grantor

(If applicable):

Total Award this Action: \$14,500.00

Cash Match \$0.00

Department Contact: Brad Thompson

340-0407

Status: NEW

Program Description:

A grant from the Friends of MACC to fund the following programs: the Safety Net Program that supports families experiencing difficulty maintaining ownership of their pets (\$2,000.00); and the Emergency Medical Fund for life-saving services that are not available in the MACC facility (\$12,500.00).

Plan for continuation of services upon grant expiration:

N/A



Grants Tracking Form

					Part	One					
Pre-Appl	ication	0	Application C)	Award Acceptane	ce 💿	Contract /	Amendme	nt O		
	Depart	ment	Dept. No.			Contact				Phone	Fax
HEALTH DE	PARTMENT	Τ ▼	038	Brad Thompson						340-0407	
Grant Na	me:		Friends of MACC A	llocation #2 22							
Grantor:			FRIENDS OF METRO A	NIMAL CARE & CONT	ROL		▼ Ot	her:			
Grant Pe	riod From	n:	07/01/21		(applications only)	Anticipated Appli	cation Date:				
Grant Pe	riod To:		06/30/22		(applications only)	Application Dead	line:				
Funding	Type:		FOUNDATION	▼		Multi-Department	t Grant			► If yes, list be	low.
Pass-Thru	u:			_		Outside Consulta	nt Project:				
Award Ty	/pe:		OTHER	▼		Total Award:			\$14,500.00		
Status:			NEW	▼		Metro Cash Matc	h:		\$0.00		
Metro Ca	ro Category: New Initiative			Metro In-Kind Match:			\$0.00				
CFDA#			N/A			Is Council approval required?					
Project D	escriptio	n:				Applic. Submitted	d Electronica	ally?			
Plan for continuation of service after expiration of grant/Budgetary Impact:											
		ermined?			.	N/ of Owner					
Fixed Am	ount of \$;	determining match:	or		% of Grant			Other:		
Fixed Am Explanat	ount of \$	S Other" means of c	determining match:	·		% of Grant			Other:		
Fixed Am Explanat	nount of \$ ion for "C	Other" means of c	determining match:	·							
Explanat For this I ls already	nount of \$ ion for "C Metro FY, y in depar	S Other" means of c	•	·		Fu			Business Unit		
Explanat For this I ls already ls not but	ion for "C Metro FY, y in depard	Other" means of o how much of the rtment budget?	e required local Met	ro cash match:		Fu	nd posed Source	e of Matc	Business Unit		
For this I Is already Is not but (Indicate)	ion for "C Metro FY, y in depard	Other" means of o how much of the rtment budget?	•	ro cash match:	delow)	Fu		e of Matc	Business Unit		
For this I Is already Is not but (Indicate Other:	nount of \$ ion for "C Metro FY, y in depaidgeted? Match An	Other" means of control of the rtment budget?	e required local Met or Remaining Grant	ro cash match:	<u> </u>	Fui Prop	oosed Source		Business Unit	0.00	
For this I Is already Is not but (Indicate I) Other:	Metro FY, y in depart dgeted? Match Am	how much of the rtment budget?	e required local Met or Remaining Grant	ro cash match:	0.00	Fui Prop	oosed Source	dded:	Business Unit	0.00	
Fixed Am Explanat For this I Is already Is not bu (Indicate Other: Number o Department	Metro FY, y in depart dgeted? Match Am	how much of the rtment budget? nount & Source for the grant will fundarect Cost Rate	e required local Met or Remaining Grant	ro cash match: Years in Budget B	0.00 24.82%	Fun Prop Actual number of Indirect Cost of G	oosed Source f positions a	dded:	Business Unit	\$3,598.90	in budaet
Fixed Am Explanat For this I Is already Is not but (Indicate Other: Number of Departmet *Indirect	Metro FY, y in depart dgeted? Match Am of FTEs the ental India Costs all	how much of the rtment budget? nount & Source for the grant will fundated to cost Rate owed?	e required local Met or Remaining Grant	ro cash match: Years in Budget B	0.00 24.82% 0.00%	Actual number of Indirect Cost of G	f positions a	dded:	Business Unit		in budget
For this I Is already Is not bu (Indicate Other: Number of Department of Indirect "(If "No",	Metro FY, y in depart dgeted? Match Am of FTEs the ental India Costs all	how much of the rtment budget? nount & Source for the grant will fund rect Cost Rate owed? tach documentate	e required local Met or Remaining Grant I:	ro cash match: Years in Budget B	0.00 24.82% 0.00%	Actual number of Indirect Cost of G	f positions a	dded:	Business Unit	\$3,598.90	in budget
For this I Is already Is not but (Indicate Other: Number of Department Indirect *(If "No", Draw down of Draw	Metro FY, y in depart depted? Match Am of FTEs the ental Indi Costs all please at wn allowa	how much of the rtment budget? nount & Source for the grant will fund rect Cost Rate owed? tach documentate	e required local Metor Remaining Grant I: O Yes No ion from the grant	ro cash match: Years in Budget B	0.00 24.82% 0.00% ts are not allowab	Actual number of Indirect Cost of GInd. Cost Requestle. See Instruction	f positions a	dded:	Business Unit	\$3,598.90	in budget
For this I salready is not but (Indicate Other: Number of Department of The Indirect of The In	Metro FY, y in depart depted? Match Am of FTEs the ental Indi Costs all please at wn allowa	how much of the rtment budget? nount & Source for the grant will fund rect Cost Rate owed? tach documentate able?	e required local Metor Remaining Grant I: O Yes No ion from the grant	ro cash match: Years in Budget B	0.00 24.82% 0.00% ts are not allowab	Actual number of Indirect Cost of GInd. Cost Requestle. See Instruction	f positions a	dded:	Business Unit	\$3,598.90	in budget
Fixed Am Explanat For this I Is already Is not bu (Indicate Other: Number of Departme *Indirect *(If "No", Draw dow Metro or	Metro FY, y in depart dgeted? Match An of FTEs the ental India Costs all please at wn allowa Commun	how much of the rtment budget? nount & Source for the grant will fund rect Cost Rate owed? tach documentate able?	e required local Metor Remaining Grant I: O Yes No ion from the grant	ro cash match: Years in Budget B	0.00 24.82% 0.00% ts are not allowab	Actual number of Indirect Cost of Gind. Cost Requestile. See Instruction	f positions a Grant to Metr ted from Gra	dded: o: antor:	Business Unit	\$3,598.90 \$0.00	
For this I salready is not but (Indicate Other: Number of Department of The Indirect of The In	Metro FY, y in depart depted? Match Am of FTEs the ental Indi Costs all please at wn allowa	how much of the rtment budget? nount & Source for the grant will fund rect Cost Rate owed? tach documentate able?	e required local Metor Remaining Grant I: O Yes No ion from the grant	ro cash match: Years in Budget B	0.00 24.82% 0.00% ts are not allowab Part Two Gr Local Match Cash	Actual number of Indirect Cost of GInd. Cost Requestile. See Instruction earth Budget Match Source (Furbur)	f positions a Grant to Metreted from Grans)	dded:	Business Unit	\$3,598.90	in budget Ind. Cost Neg. from Grantor \$0.00

					Part Two	•				
					Gr	ant 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			\$14,500.00	\$0.00		\$0.00	\$14,500.00	\$3,598.90	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Tot	tal	\$0.00	\$0.00	\$14,500.00	\$0.00		\$0.00	\$14,500.00	\$3,598.90	\$0.00
	Date Awarded: 12/13/21			Tot. Awarded:	\$14,500.00	Contract#:	CHEC	CK		
	(or) Date Denied:			Reason:						
	(or)	Date Withdrawn:			Reason:					

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

Rev. 5/13/13 5389

GCP RECEIVED 1/3/22

GCP APPROVED 1/3/22



FRIENDS OF MACC 812 FATHERLAND STREET	10
NASHVILLE, TN 37206	11.11-21
	11-10-61
Pay to the Metro animal Care	[(m/nol) \$ 19,500°
loster through live	hundred & to Dollars (3)
REGIONS BANK	Rescued is my
#12.50000 Medial Emergen	breed of choice.
For \$2,000 Sept not HZH neits	Melode list
**O64000017: 0237177699:	1063 8 6
Fiscound in My Broad of Choice Bradford Exchange Checks 1-000-122-8 tot swinted in Section 2.2.	

DocuSign Envelope ID: 92E9D3A5-AACF-474E-90CC-97410D36FF8E

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

METROPÖLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:	
Gill C Wright III, MD	12/13/2021
Director, Metro Public Health Department	Date
CocuSigned by:	
Tené Hamilton Franklin	12/13/2021
Chair, Board of Health	Date
APPROVED AS TO AVAILABILITY OF FUNDS:	
DocuSigned by:	1/6/2022
<u>kelly Flannery/mjw</u> Director, Dep artment of Finance	Date
APPROVED AS TO RISK AND INSURANCE:	
— Docusigned by: Balogun (obb	1/7/2022
Difeotor-of-Risk Management Services	Date
APPROVED AS TO FORM AND LEGALITY:	
— Descriptional has	
Model Eke	1/7/2022
Metropolitan Attorney	Date
FILED:	
Metropolitan Clerk	Date