

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 Allocation #2 23				
Grantor: FRIENDS OF METRO ANIMAL CARE & CONTROL Other: <input type="text"/>				
Grant Period From: 07/01/22		Anticipated Application Date: <input type="text"/>		
Grant Period To: 06/30/23		Application Deadline: <input type="text"/>		
Funding Type: FOUNDATION <input type="checkbox"/> If yes, list below.				
Pass-Thru: <input type="checkbox"/>				
Award Type: OTHER <input type="checkbox"/>				
Status: CONTINUATION <input type="checkbox"/>				
Metro Category: Est. Prior. <input type="checkbox"/>				
CFDA # N/A <input type="checkbox"/>				
Project Description: <input type="checkbox"/> 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 \$6,000.00, Foster Behavioral Support is granted \$3,000.00, and Safety Net is granted \$5,000.00.				
Plan for continuation of service after expiration of grant/Budgetary Impact: <input type="text"/>				
How is Match Determined?				
Fixed Amount of \$ <input type="text"/>		or <input type="text"/>		% of Grant <input type="text"/>
Explanation for "Other" means of determining match: <input type="text"/>				Other: <input type="checkbox"/>
For this Metro FY, how much of the required local Metro cash match:				
Is already in department budget? <input type="checkbox"/>		Fund <input type="text"/>		
Is not budgeted? <input type="checkbox"/>		Business Unit <input type="text"/>		
Proposed Source of Match: <input type="text"/>				
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)				
Other:				
Number of FTEs the grant will fund: <input type="text"/>		Actual number of positions added: <input type="text"/>		
Departmental Indirect Cost Rate 24.82%		Indirect Cost of Grant to Metro: \$3,474.80		
*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: <input type="text"/>				

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			\$14,000.00	\$0.00		\$0.00	\$14,000.00	\$3,474.80	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$0.00	\$0.00	\$14,000.00	\$0.00		\$0.00	\$14,000.00	\$3,474.80	\$0.00
Date Awarded:				12/13/21	Tot. Awarded:		\$14,000.00	Contract#: CHECK		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

TW

GCP RECEIVED 6/20/22

GCP APPROVED 6/22/22

GRANT SUMMARY SHEET

Grant Name: Friends of MACC Allocation #2 23

Department: HEALTH DEPARTMENT

Grantor: FRIENDS OF METRO ANIMAL CARE & CONTROL

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

Total Award this Action: \$14,000.00

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 \$6,000.00, Foster Behavioral Support is granted \$3,000.00, and Safety Net is granted \$5,000.00.

Plan for continuation of services upon grant

N/A

5463

B.A. Initials

DS
BB



METRO NASHVILLE
ANIMAL CARE & CONTROL

Receipt Number: R22-231456 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: Saturday, May 14, 2022
PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		EMERGENCY I	\$6000.00	1	6,000.00
DONATION		SAFETY NET C	5000.00	1	5,000.00
DONATION		TRAINING/FOE	3000.00	1	3,000.00

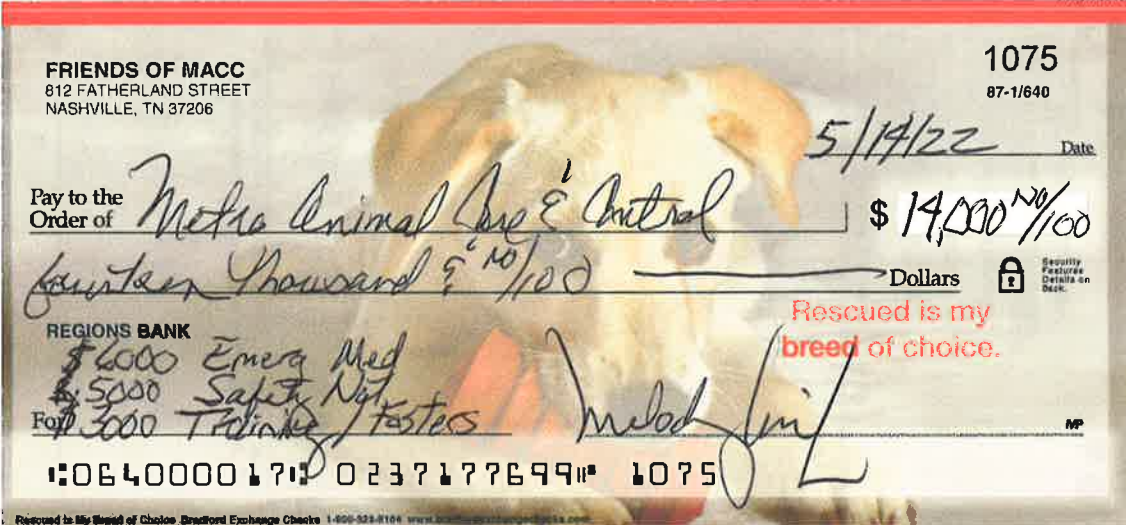
Total Fees Due: \$14000.00

Payments: Cash: \$0.00
Check: \$14,000.00
Credit Card: \$0.00

Total Payments Received: \$14000.00

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
0460AC21E1CC408...

Director, Metro Public Health Department

6/13/2022

Date

DocuSigned by:
Tené Hamilton Franklin
BEBF08BF14D1480...

Chair, Board of Health

6/14/2022

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kelly Flannery
C5543D4D90813FB...

Director, Department of Finance

6/29/2022

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
C88849512FD74...

Director of Risk Management Services

6/29/2022

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Meki Eke
20FFED01C81E400...

Metropolitan Attorney

6/29/2022

Date

FILED:

Metropolitan Clerk

Date