GRANT SUMMARY SHEET

Grant Name: Friends of MACC Grant Allocation #6 23

Department: HEALTH DEPARTMENT

Grantor: FRIENDS OF METRO ANIMAL CARE & CONTROL

Pass-Through Grantor

(If applicable):

Total Award this Action: \$5,068.00

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 \$4680 and Rabies/Microchips is granted \$388.

Plan for continuation of services upon grant expiration:

N/A

Grants Tracking Form

Pre-Application	0	Application ()	Award Acceptant	ce	Contract Amendme	ent O		
Departm	ent	Dept. No.			Contact			Phone	Fax
HEALTH DEPARTMENT	•	038	Brad Thompson					340-0407	
Grant Name:		Friends of MACC Grant Allocation #6 23							
Grantor:		FRIENDS OF MACC				▼ Other:			
Grant Period From:		07/01/22		(applications only)	Anticipated Applic	ation Date:			
Grant Period To:		06/30/23		(applications only)	Application Deadli	ne:			
Funding Type:		FOUNDATION	_	▼ Multi-Department Grant			► If yes, list be	elow.	
Pass-Thru:		Select Pass-Thru >	▼		Outside Consultan	t Project:			
Award Type:		OTHER	▼		Total Award:		\$5,068.00		
Status:		CONTINUATION	▼		Metro Cash Match	:			
Metro Category:		Est. Prior.	▼		Metro In-Kind Mat	ch:			
CFDA#		N/A			Is Council approva	al required?			
Project Description:			•		Applic. Submitted	Electronically?			
Plan for continuation N/A	n of service aft	er expiration of gra	nt/Budgetary Impad	ct:					
How is Match Deterr	mined?								
Fixed Amount of \$			or		% of Grant		Other:		
Explanation for "Oth	ner" means of d	letermining match:	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? Is not budgeted? Fund Business Unit Proposed Source of Match:									
		required local Met	ro cash match:						
Is already in departn	ment budget?			elow)					
Is already in departn Is not budgeted?	ment budget?			elow)					
Is already in departn Is not budgeted? (Indicate Match Amo	nent budget? unt & Source fo	or Remaining Grant		(selow)		osed Source of Matc		0.00	
Is already in departn Is not budgeted? (Indicate Match Amo Other:	nent budget? unt & Source fo grant will fund	or Remaining Grant		0.00	Propo	osed Source of Matc		0.00 \$1,238.11	
Is already in departn Is not budgeted? (Indicate Match Amo Other: Number of FTEs the	nent budget? unt & Source fo grant will fund ct Cost Rate	or Remaining Grant		0.00 24.43%	Propo	osed Source of Matc positions added: ant to Metro:			in budget
Is already in departn Is not budgeted? (Indicate Match Amo Other: Number of FTEs the Departmental Indirect	unt & Source for grant will fund ct Cost Rate ved?	or Remaining Grant :	Years in Budget B % Allow,	0.00 24.43% 0.00%	Actual number of Indirect Cost of Gr. Ind. Cost Requeste	positions added: ant to Metro:		\$1,238.11	in budget
Is already in departing Is not budgeted? (Indicate Match Amorother: Number of FTEs the Departmental Indirect Costs allow *(If "No", please attact Draw down allowable of the particular of the p	unt & Source for grant will fund ct Cost Rate eved?	or Remaining Grant : Yes No ion from the grant	Years in Budget B % Allow,	0.00 24.43% 0.00%	Actual number of Indirect Cost of Gr. Ind. Cost Requeste	positions added: ant to Metro:		\$1,238.11	in budget
Is already in departn Is not budgeted? (Indicate Match Amo Other: Number of FTEs the Departmental Indirect *Indirect Costs allow *(If "No", please attact	unt & Source for grant will fund ct Cost Rate eved?	or Remaining Grant : Yes No ion from the grant	Years in Budget B % Allow,	0.00 24.43% 0.00% ts are not allowable	Actual number of Indirect Cost of Gr Ind. Cost Requeste	positions added: ant to Metro:		\$1,238.11	in budget
Is already in departing Is not budgeted? (Indicate Match Amorother: Number of FTEs the Departmental Indirect Costs allow *(If "No", please attact Draw down allowable of the particular of the p	unt & Source for grant will fund ct Cost Rate eved?	or Remaining Grant : Yes No ion from the grant	Years in Budget B % Allow,	0.00 24.43% 0.00% ts are not allowable	Actual number of Indirect Cost of Gr Ind. Cost Requeste e. See Instructions	positions added: ant to Metro:		\$1,238.11	in budget
Is already in departing Is not budgeted? (Indicate Match Amoreo Other: Number of FTEs the Departmental Indirect *Indirect Costs allow *(If "No", please attact Draw down allowable Metro or Community Metro or Community Metro	unt & Source for grant will fund ct Cost Rate eved?	or Remaining Grant : Yes No ion from the grant	Years in Budget B % Allow,	0.00 24.43% 0.00% ts are not allowable	Actual number of Indirect Cost of Gr Ind. Cost Requeste	positions added: ant to Metro: ed from Grantor:		\$1,238.11	in budget Ind. Cost Neg. from Grantor

	Part Two 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			\$5,068.00				\$5,068.00	\$1,238.11	\$0.00
Yr 2	FY			\$0.00				\$0.00	\$0.00	
Yr 3	FY			\$0.00				\$0.00	\$0.00	
Yr 4	FY							\$0.00	\$0.00	
Yr 5	FY							\$0.00	\$0.00	
То	tal	\$0.00	\$0.00	\$5,068.00	\$0.00		\$0.00	\$5,068.00	\$1,238.11	\$0.00
	Da	te Awarded:		12/12/22	Tot. Awarded:	\$5,068.00	Contract#:			
	(or) Date Denied:				Reason:					
	(or) Date Withdrawn:			Reason:					

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

Rev. 5/13/13 5549 GCP Received 12/15/2022



GCP Approved 12/15/2022



Receipt Number: R22-253753 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: Tuesday, November 29, 2022

PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		RABIES/MC CL	\$388.00	1	388.00
DONATION		EMER. MEDIC,	4680.11	1	4,680.11
			Total F	ees Due:	\$5068.11
		Р	ayments:	Cash:	\$0.00
				Check:	\$5,068.11
			Cre	edit Card:	\$0.00
		Tot	al Payments R	eceived:	\$5068.11

Thank You!

Change: \$0.00 Balance Due: \$0.00

Pay to the Order of Mula Contact Contact Sound Contact Sou
1:0640000171: 023717769911 1091
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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.

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	12/9/2022
Director, Metro Public Health Department	Date
Down Characters	
Tiné Hamilton Franklin	12/16/2022
Chair, Board of Health	Date
Chair, Board of Ficaltif	Date
APPROVED AS TO AVAILABILITY OF FUNDS:	
— DocuSigned by:	1/4/2023
telly Flannery/m/w —Director₀Department of Finance	Date
APPROVED AS TO RISK AND INSURANCE:	
— Docusigned by: Balonum (abb	1/5/2023
— Birector ⁴of Risk Management Services	Date
APPROVED AS TO FORM AND LEGALITY:	
AT THE VEB AS TO FORWARD LEGALITY.	
CocuSigned by:	
Courtney Molian	1/4/2023
Metropolitan Attorney	Date
FILED:	
M. C. C. L.	
Metropolitan Clerk	Date