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GRANT SUMMARY SHEET

Grant Name:	Friends of MACC Grant Allocation #5 24
Department:	HEALTH DEPARTMENT
Grantor:	FRIENDS OF METRO ANIMAL CARE & CONTROL
Pass-Through Grantor (If applicable):	
Total Award this Action:	$19,638.00
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, Safety Net received $3750, the Foster Program received $2500, and the Rabies program received $888.

Plan for continuation of services upon grant expiration:

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Grants Tracking Form

Part One

Pre-Application	Application	Award Acceptance	Contract Amendment
○	○	◉	○

Department	Dept. No.	Contact	Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson	340-0407	

Grant Name:	Friends of MACC Grant Allocation #5 24		
Grantor:	FRIENDS OF METRO ANIMAL CARE & CONTROL	**Other:**	
Grant Period From:	07/01/23	(applications only) **Anticipated Application Date:**	
Grant Period To:	06/30/24	(applications only) **Application Deadline:**	
Funding Type:	FOUNDATION	**Multi-Department Grant** ☐ → **If yes, list below.**	
Pass-Thru:		**Outside Consultant Project:** ☐	
Award Type:	OTHER	**Total Award:**	$19,638.00
Status:	CONTINUATION	**Metro Cash Match:**	$0.00
Metro Category:	Est. Prior.	**Metro In-Kind Match:**	$0.00
CFDA #	N/A	**Is Council approval required?** ☐	
Project Description:		**Applic. Submitted Electronically?** ☐	

This is a donation from the nonprofit Friends of Metro Animal Care & Control for the provision of animals. Emergency Medical received $12,500, Safety Net received $3750, the Foster Program received $2500, and the Rabies program received $888.

Plan for continuation of service after expiration of grant/Budgetary Impact:

How is Match Determined?

Fixed Amount of $		**or**		**% of Grant**	**Other:** ☐

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	21.47%	**Indirect Cost of Grant to Metro:**	$4,216.28	
***Indirect Costs allowed?** ○ Yes ◉ 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? ☐

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	FY24	$0.00	$0.00	$19,638.00	$0.00		$0.00	$19,638.00	$4,216.28	$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		$0.00	$0.00	$19,638.00	$0.00		$0.00	$19,638.00	$4,216.28	$0.00

Date Awarded:	05/10/24	**Tot. Awarded:**	$19,638.00	**Contract#:**	
(or) **Date Denied:**		**Reason:**			
(or) **Date Withdrawn:**		**Reason:**			

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

Rev. 5/13/13
5832

GCP Received 05/14/2024

GCP Approved 05/14/2024

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METRO NASHVILLE
ANIMAL CARE & CONTROL

Receipt Number: R24-288606

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: Tuesday, April 23, 2024

PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		EMER. MEDIC/	$12500.00	1	12,500.00
DONATION		FOSTER	2500.00	1	2,500.00
DONATION		SAFETY NET	3750.00	1	3,750.00
DONATION		RABIES CLINI(	888.00	1	888.00

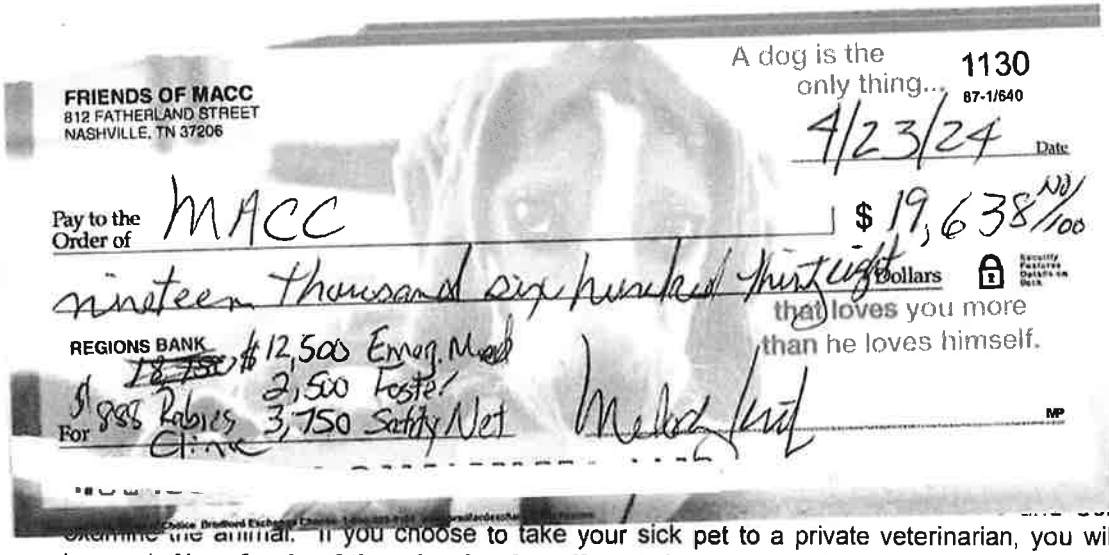
Total Fees Due: **$19638.00**

Payments:
Cash: $0.00
Check: $19,638.00
Credit Card: $0.00

Total Payments Received: $19638.00

Thank You!

Change: $0.00
Balance Due: $0.00



If your new pet becomes sick [illegible] 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

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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 — 5/10/2024
Date

DocuSigned by:
Tenné Hamilton Franklin
BEBF0BBF14D14B0...
Chair, Board of Health — 5/14/2024
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumbo/mgw
Director, Department of Finance — 5/17/2024 | 9:04 AM CDT
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Risk Management Services — 5/21/2024 | 6:42 AM CDT
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney — 5/20/2024 | 9:39 AM CDT
Date

FILED:

Metropolitan Clerk — Date