

## GRANT SUMMARY SHEET

**Grant** Friends of Metro Animal Care & Control  
Emergency Medical Fund 21

**Department:** HEALTH DEPARTMENT

**Grantor:** FRIENDS OF METRO ANIMAL CARE & CONTROL

**Pass-Through Grantor**

**Total Award this** \$2,500.00

**Cash Match** \$0.00

**Department** Brad Thompson  
340-0407

**Status** NEW

**Program Description:**

This is a donation from the nonprofit Friends of Metro Animal Care & Control is to provide emergency medical care to animals at Metro Animal Care and Control.

**Plan for continuation of services upon**

N/A

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 Metro Animal Care & Control Emergency Medical Fund 21						
Grantor:	FRIENDS OF METRO ANIMAL CARE & CONTROL	Other:					
Grant Period From:	07/01/20	(applications only) Anticipated Application Date:					
Grant Period To:	06/30/21	(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:		\$2,500.00			
Status:	NEW	Metro Cash Match:		\$0.00			
Metro Category:	New Initiative	Metro In-Kind Match:		\$0.00			
CFDA #	N/A	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:	Applic. Submitted Electronically?		<input type="checkbox"/>				

This is a donation from the nonprofit Friends of Metro Animal Care & Control is to provide emergency medical care to animals at Metro Animal Care and Control.

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

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	23.73%	Indirect Cost of Grant to Metro:	\$593.25
*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?

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	FY21			\$2,500.00	\$0.00		\$0.00	\$2,500.00	\$593.25	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$0.00	\$0.00	\$2,500.00	\$0.00		\$0.00	\$2,500.00	\$593.25	\$0.00
Date Awarded:				03/12/21	Tot. Awarded:		\$2,500.00	Contract#:		CHECK
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

GCP Rec'd  
03/16/21

GCP  
Approved  
03/17/21

*VW*

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

DocuSigned by:  
*Tina Lester*  
5EE94599A8D0403...  
\_\_\_\_\_  
Interim Administrative Director  
Metro Public Health Department

3/12/2021  
\_\_\_\_\_  
Date

DocuSigned by:  
*Cl Br*  
7F673F49A96A4DF...  
\_\_\_\_\_  
Chair, Board of Health

3/12/2021  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
*Kevin Crumboltz*  
D1P297885F4E...  
\_\_\_\_\_  
Director, Department of Finance

3/19/2021  
\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
*Balogun Cobb*  
\_\_\_\_\_  
Director of Risk Management Services

3/19/2021  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
*Meki Eke*  
\_\_\_\_\_  
Metropolitan Attorney

3/19/2021  
\_\_\_\_\_  
Date

FILED:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date