GRANT SUMMARY SHEET

Grant Name: Friends of Metro Animal Care & Control Emergency Medical

Fund 22

Department: HEALTH DEPARTMENT

Grantor: FRIENDS OF METRO ANIMAL CARE & CONTROL

Pass-Through Grantor

(If applicable):

Total Award this Action: \$5,000.00

Cash Match \$0.00

Department Contact: Brad Thompson

340-0407

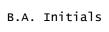
Status: NEW

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 grant expiration:

N/A



5354



Grants Tracking Form

Part One										
Pre-Appli	ication O		Application C)	Award Acceptance	ce 🖲 C	Contract Amendme	ent O		
	Department		Dept. No.			Contact			Phone	Fax
HEALTH DE	PARTMENT	•	038	Brad Thompson					340-0407	
Grant Na	nt Name: Friends of Metro Animal Care & Control Er				Emergency Medica	al Fund 22				
Grantor:			FRIENDS OF METRO ANIMAL CARE & CONTROL Other:							
Grant Per	riod From:		07/01/21		(applications only)	Anticipated Applicat	tion Date:			
Grant Per	riod To:		06/30/22		(applications only)	Application Deadline	e:			
Funding	Туре:		FOUNDATION	▼		Multi-Department G	rant		► If yes, list be	elow.
Pass-Thru	ı:			▼		Outside Consultant	Project:			
Award Ty	rpe:		OTHER	~		Total Award:		\$5,000.00		
Status:			NEW	▼		Metro Cash Match:		\$0.00	1	
Metro Ca	tegory:		New Initiative	▼		Metro In-Kind Matcl	h:	\$0.00		
CFDA#			N/A			Is Council approval	required?	V		
Project D	escription:			l		Applic. Submitted E	lectronically?			
		onprofit Fr	iends of Metro Anim	nal Care & Control is	to provide emerge	ncy medical care to ar	nimals at Metro Anir	mal Care and Contro		
Plan for o	continuation of se	rvice afte	er expiration of gra	nt/Budgetary Impa	ct:					
N/A										
How is M	atch Determined?	?								
Fixed Am	<u> </u>			or		% of Grant		Other:		
	<u> </u>	eans of d	etermining match:			% of Grant		Other:		
	<u> </u>	eans of d	etermining match:			% of Grant		Other:		
	<u> </u>	eans of d	etermining match:			% of Grant		Other:		
Explanati	ion for "Other" me		etermining match:			% of Grant		Other:		
Explanati	ion for "Other" me	ch of the				% of Grant		Other:		
Explanati	ion for "Other" me Metro FY, how mud y in department bu	ch of the				Fund	sed Source of Mate	Business Unit		
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Contact: trinity.weathersby@nashville.gov vauqhn.wilson@nashville.gov

(or) Date Withdrawn:

Rev. 5/13/13 5354

GCP RECEIVED 10/21/21

Reason:

GCP APPROVED 10/27/21

T(1)



Receipt Number: R21-200472 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: Thursday, September 16, 2021

PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each	Amount:
DONATION		EMER. MED. F	\$5000.00	1	5,000.00
			Total F	ees Due:	\$5000.00
MI			Payments:	Cash: Check:	\$0.00 \$5,000.00
			Cre	edit Card:	\$0.00
		•	Total Pavments R	eceived:	\$5000.00

Thank You!

Change: \$0.00 Balance Due: \$0.00

	I saved my best friend. 1061
FRIENDS OF MACC 812 FATHERLAND STREET NASHVILLE, TN 37206	9/16/21 Date
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Pay to the Matro United In	Dollars Dollars
flue Transana: 1100	1 / /
Medial Emig	he ladallist m
For Fund	1061
1:0640000 171: 0237177699III	

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	10/19/2021
Director, Metro Public Health Department	Date
—DocuSigned by:	
Tené Hamilton Franklin	10/21/2021
Chair, Board of Health	Date
APPROVED AS TO AVAILABILITY OF FUNDS:	
DocuSigned by:	11/4/2021
<u>kelly Flannery/mjw</u> Director, Be partment of Finance	Date
APPROVED AS TO RISK AND INSURANCE:	
Docusigned by: Balogun Cobb	11/5/2021
Director²of⁴Risk Management Services	Date
APPROVED AS TO FORM AND LEGALITY:	
DocuSigned by:	11/5/2021
Macy Forrest Amos Metropolitem Attorney	Date
FILED:	