
GRANT APPLICATION SUMMARY SHEET

Grant Name: Child & Adult Care Food Program 24-25
Department: PARKS & RECREATION
Grantor: TENNESSEE DEPARTMENT OF HUMAN SERVICES
Pass-Through Grantor (If applicable):
Total Applied For \$754,013.00
Metro Cash Match: \$0.00
Department Contact: Alan Enzo
862-8400
Status: CONTINUATION

Program Description:

The Child & Adult Care Food Program provides reimbursement funding for meals and snacks served to children enrolled in at-risk after-school programs. New funding will provide food program services at 15 Parks locations.

Plan for continuation of services upon grant expiration:

This grant is offered annually and the department expects to re-apply each year when the grant program is announced. Should funds become unavailable the Parks Department will evaluate the availability of other resources for funding.

APPROVED AS TO AVAILABILITY OF FUNDS:

APPROVED AS TO FORM AND LEGALITY:

Kevin Crumbo/mjw
Director of Finance

8/27/2024 |
Date

4:11 PM CDT
Courtney Mohan
Metropolitan Attorney

8/30/2024 |
Date

9:04 AM CDT

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb
Director of Risk Management Services

8/30/2024 | 9:24 AM CDT
Date

Grants Tracking Form

Part One

Pre-Application <input type="radio"/> Application <input checked="" type="radio"/> Award Acceptance <input type="radio"/> Contract Amendment <input type="radio"/>				
Department	Dept. No.	Contact	Phone	Fax
PARKS & RECREATION	040	Alan Enzo	862-8400	862-8414
Grant Name:	Child & Adult Care Food Program 24-25			
Grantor:	TENNESSEE DEPARTMENT OF HUMAN SERVICES	Other:		
Grant Period From:	10/01/24	(applications only) Anticipated Application Date:	10/01/24	
Grant Period To:	09/30/25	(applications only) Application Deadline:	10/01/24	
Funding Type:	STATE	Multi-Department Grant <input type="checkbox"/> → If yes, list below.		
Pass-Thru:		Outside Consultant Project: <input type="checkbox"/>		
Award Type:	OTHER	Total Award: \$754,013.00		
Status:	CONTINUATION	Metro Cash Match: \$0.00		
Metro Category:	Est. Prior.	Metro In-Kind Match: \$0.00		
CFDA #	N/A	Is Council approval required? <input checked="" type="checkbox"/>		
Project Description:	The Child & Adult Care Food Program provides reimbursement funding for meals and snacks served to children enrolled in at-risk after-school programs. New funding will provide food program services at 15 Parks locations.			
Plan for continuation of service after expiration of grant/Budgetary Impact:				
This grant is offered annually and the department expects to re-apply each year when the grant program is announced. Should funds become unavailable the Parks Department will evaluate the availability of other resources for funding.				
How is Match Determined?				
Fixed Amount of \$	N/A	or	% of Grant	Other: <input type="checkbox"/>
Explanation for "Other" means of determining match:				
N/A				
For this Metro FY, how much of the required local Metro cash match:				
Is already in department budget?	N/A	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:	2.88	Actual number of positions added:	0.00	
Departmental Indirect Cost Rate	17.91%	Indirect Cost of Grant to Metro:	\$135,043.73	
*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:				

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	\$565,509.75	\$0.00	\$0.00		\$0.00	\$565,509.75	\$101,282.80	\$0.00
Yr 2	FY25	\$0.00	\$188,503.25	\$0.00	\$0.00		\$0.00	\$188,503.25	\$33,760.93	\$0.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
Total		\$0.00	\$754,013.00	\$0.00	\$0.00		\$0.00	\$754,013.00	\$135,043.73	\$0.00
Date Awarded:					Tot. Awarded:		Contract#:			
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

VCA CACFP 2024-2025 Grant - Notice of Funding Opportunity

Child and Adult Care Food Program (CACFP)

<https://www.tn.gov/humanservices/children/dhs-nutrition-programs/child-and-adult-care-food-program.html>

The Child and Adult Care Food Program (CACFP) is a federally funded program that provides reimbursement for eligible meals that are served to participants who meet age and income requirements. Administrative payments are also provided for those agencies that sponsor the participation of day care homes. All payments are based on annual rates established by the U.S. Department of Agriculture (USDA). CACFP provides aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons. Research shows that well-nourished children are healthier, more attentive, and have better mental performance than children who are under-nourished. Findings also indicate that children served by CACFP eat healthier food than children who bring food from home. The CACFP helps facilities implement "best practices" to ensure children have access to a variety of nutritious foods.

[Request Information about CACFP](#)

Current CACFP Sites

Contact Us:

Phone: (615) 313-4749

Email: CACFP.DHS@tn.gov

Address: Tennessee Department of Human Services
Nutrition Programs-CACFP
James K. Polk Building
505 Deaderick Street, 15th Floor
Nashville, Tennessee 37243-1403

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. **fax:**

(833) 256-1665 or (202) 690-7442; or

3. **email:**

Program.Intake@usda.gov

This institution is an equal opportunity provider.

[History of the program](#)
[Monitoring Information](#)
[CACFP eligible programs](#)
[How to Apply](#)
[Application Assistance](#)
[CACFP Policy Memos](#)
[Financial Information](#)
[Forms](#)
[Manuals](#)
[Additional Resources](#)
[At-Risk Afterschool Meals](#)



United States Department of Agriculture

A Quick Guide to... Applications and Renewals

To participate in CACFP, an application is submitted to the State agency for review and approval, a permanent agreement is signed, and the application is periodically updated to document changes. The renewal process no longer requires an institution with a valid agreement to submit a new application to continue to participate in CACFP. And that means a significant savings in time for the institution and for the State agency!

The Application

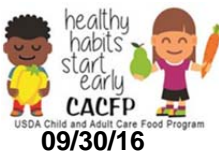
New institutions must comply with State application requirements. The information in the initial application should demonstrate to the State agency that the institution has:

- Financial viability – Enough resources to properly operate CACFP;
- Administrative capability – An adequate level of staffing and expertise to comply with all of the Program's requirements; and
- Accountability – The appropriate internal controls in place to assure that Program funds are properly spent.

In the long run, applying these criteria to evaluate applications saves time and makes better use of a State agency's resources. Instead of spending time on oversight and technical assistance for institutions that are likely to drop out or require termination, why not devote the time and resources to help those institutions that can be successful?

Permanent Agreement

Once the State agency has determined that the institution has the financial resources, ability, and management systems in place to properly operate CACFP, a permanent agreement is signed. This written agreement is a legal contract that specifies the institution's rights and responsibilities for compliance with CACFP requirements.



STREAMLINE_CACFP!
USDA is an Equal Opportunity Provider,
Employer and Lender



The agreement documents that, among other things, the institution will:

- Accept final financial and administrative responsibility for management of a proper, efficient, and effective food service;
- Adhere to civil rights requirements; and
- Allow State and Federal officials to make announced and unannounced reviews.

Application Renewal

The renewal process requires institutions with valid agreements to annually confirm licensing and annually submit to the State agency any additional information to confirm compliance with CACFP regulations.

CACFP no longer requires renewal applications. There should be no need for a renewing institution to submit documentation demonstrating that it meets CACFP requirements, since this information is already a part of the approved application.

All the renewing institution needs to provide is certification that it is still in compliance. Information, such as licenses, management plans, job descriptions, and company policies, should be submitted throughout the year when changes are made.

Instead of completing a renewal application, USDA's Food and Nutrition Service (FNS) recommends five easy steps for institutions with valid agreements to keep their paperwork current:

- Update licensing information;
- Certify that information previously submitted to the State agency is current;
- Replace information that has changed;
- Submit a current budget, if required by the State agency; and
- Submit a media release, if the State agency does not issue a statewide media release.





Annual Certification

State agencies determine what information is annually required for proper oversight of CACFP. FNS suggests that this information be captured in a single certification which would document that information previously submitted to the State agency is current, or that the institution has submitted changes to keep the application current.

What is required to be certified under existing CACFP policy? See the checklist on page 4.

Best Practices

How are States streamlining and finding additional time savings for their agencies and institutions? Here are several ideas that work!

- Obtain changes in licensing information directly from the State licensing agency.
- Allow licenses to be submitted either as they are renewed or, in States where licenses are permanent, when changes are made.
- Require a single electronic certificate to document that all CACFP requirements have been met and changes have been submitted to the State agency.
- Require resubmission of information, such as licenses, management plans, job descriptions, and company policies, only when changes are made.
- Issue a statewide media release on behalf of all CACFP institutions.
- Make streamlining a part of the conversation in designing the State's annual renewal process and determining any additional requests for information.





Annual Certification

Information	Sponsoring Organization	Independent Center
The management plan on file with the State agency is complete and up to date.	✘	NA
No sponsored facility or principal of a sponsored facility is currently on the CACFP National Disqualified List.	✘	NA
The outside employment policy most recently submitted to the State agency remains current and in effect.	✘	NA
The names, mailing addresses, and dates of birth of all current institution principals have been submitted to the State agency.	✘	✘
The institution itself and its principals are not currently on the CACFP National Disqualified List.	✘	✘
The list of any publicly funded programs that the institution itself and its principals have participated in the past seven years is current.	✘	✘
The institution itself and its principals have not been determined ineligible for any other publicly funded program, due to violation of the program's requirements, in the past seven years.	✘	✘
No principals of the institution have been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity.	✘	✘
The institution is currently compliant with the required performance standards of financial viability, administrative capability, and Program accountability.	✘	✘





Resources

CACFP 19-2011, Child Nutrition Reauthorization 2010: *Child and Adult Care Food Program Applications*

<http://www.fns.usda.gov/child-nutrition-reauthorization-2010-child-and-adult-care-food-program-applications>

CACFP Proposed Rule: *Amendments Related to the Healthy, Hunger-Free Kids Act of 2010*

<https://www.federalregister.gov/articles/2012/04/09/2012-8332/child-and-adult-care-food-program-amendments-related-to-the-healthy-hunger-free-kids-act-of-2010>

For Additional Information

Review these ideas and adopt the strategies that seem reasonable to you and fit with your Program. For additional questions, CACFP participants and the general public should contact the State agency for help. State agencies should contact their FNS Regional Office.

List of FNS Regional Offices: <http://www.fns.usda.gov/fns-regional-offices>

List of State Agencies: <http://www.fns.usda.gov/cnd/Contacts/StateDirectory.htm>

USDA and its recipient institutions share responsibility for compliance and oversight to ensure good stewardship of Federal funds.



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Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Application for 2024 - 2025

Child & Adult Care Food Program Sponsor Application for 2024 - 2025

00711 Status: Active

NASHVILLE & DAVIDSON COUNTY METRO GOVERNMENT

DBA: Metro Parks and Recreation
511 Oman Street
Nashville, TN 37203-1234

Type of Agency: Government Agency
Agreement Type: Sponsor of Affiliated Sites

301040 In order to be eligible for this program, a documented monitoring plan must be developed and adhered to.

Version: Original

Sponsor Type

1. Does your organization operate the CACFP in any other state(s)? Yes No

Name(s) of State(s):

2. Projected Program Start Date: 10/01/2024 Projected Program End Date: 09/30/2025

Addresses

Physical Address

3. Address Line 1: 511 Oman Street
Address Line 2:
4. City: Nashville
5. State: TN Zip: 37203-1234 [USPS Zip Code Lookup](#)
6. County: Davidson County (019)

Mailing Address

7. Address Line 1: P.O. Box 196340
Address Line 2:
8. City: Nashville
9. State: TN Zip: 37219-6340 [USPS Zip Code Lookup](#)

Contacts

Program Contact

The Program Contact must be an individual who has been authorized to act on behalf of the Sponsor by agreeing to and signing the Statement of Authority.

10. Name: Salutation First Name Last Name
Tiffanie D Fletcher
11. Date of Birth: (mm/dd/yyyy)
12. Email Address: tiffanie.fletcher@nashville.gov
13. Facility Phone: (615) 862-8400 Ext: Fax:
14. Cell/Alt Phone:
15. Title: Program Administrator

Executive Director/Owner

16. Name: Salutation First Name Last Name
Mr. Stevon Neloms
17. Date of Birth: (mm/dd/yyyy)
18. Email Address: stevon.neloms@nashville.gov

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Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Application for 2024 - 2025

- 19. Facility Phone: (615) 862-8400 Ext: Fax:
- 20. Cell/Alt Phone: [REDACTED]
- 21. Title: Assisnant to Director

Claim Preparer

- | | Salutation | First Name | Last Name |
|---------------------|----------------|---------------------------------|-----------|
| 22. Name: | | Tiffanie D | Fletcher |
| 23. Date of Birth: | | [REDACTED] (mm/dd/yyyy) | |
| 24. Email Address: | | tiffanie.fletcher@nashville.gov | |
| 25. Facility Phone: | (615) 862-8400 | Ext: | Fax: |
| 26. Cell/Alt Phone: | [REDACTED] | | |
| 27. Title: | | Program Administrator | |

Authorized Individual

An Authorized Individual is an Individual who has been authorized to act on behalf of the Sponsor by agreeing to and signing the Statement of Authority.

- | | Salutation | First Name | Last Name |
|---------------------|----------------|------------------------------|-----------|
| 28. Name: | Mrs. | Darlene | Morrow |
| 29. Date of Birth: | | [REDACTED] (mm/dd/yyyy) | |
| 30. Email Address: | | darlene.morrow@nashville.gov | |
| 31. Facility Phone: | (615) 862-8400 | Ext: | Fax: |
| 32. Cell/Alt Phone: | [REDACTED] | | |
| 33. Title: | | Superintendent | |

Ethnicity Data

Provide the ethnic makeup of the participants served by the Sponsor's service area.

34. Geographic Area (enter percentages)
- | | |
|-------------------------|---------|
| Hispanic or Latino: | 12.00 % |
| Non-Hispanic or Latino: | 88.00 % |

Provide the ethnic makeup of the participants served by the Sponsor. Provide actual numbers of enrolled participants at all sites.

35. Program Participants (enter number of enrolled participants)
- | | | |
|-------------------------|----|---------|
| Hispanic or Latino: | 12 | 12.00 % |
| Non-Hispanic or Latino: | 88 | 88.00 % |

Racial Data

Provide the racial makeup of the participants served by the Sponsor's service area.

36. Geographic Area (enter percentages)
- | | |
|--------------------------------------|---------|
| American Indian or Alaskan Native: | 0.00 % |
| Asian: | 4.00 % |
| Black or African American: | 57.00 % |
| Native Hawaiian or Pacific Islander: | 2.00 % |
| White: | 37.00 % |

Provide the racial makeup of the participants served by the Sponsor. Provide actual numbers of enrolled participants at all sites.

37. Program Participants (enter number of enrolled participants)
- | | | |
|------------------------------------|---|--------|
| American Indian or Alaskan Native: | 0 | 0.00 % |
| Asian: | 4 | 4.04 % |

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Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Application for 2024 - 2025

Black or African American:	56	56.57 %
Native Hawaiian or Pacific Islander:	2	2.02 %
White:	37	37.37 %

38. Identify the source of the ethnic and racial data for the geographic area.

Metropolitan Schools

39. Describe your procedure to collect and maintain ethnic and racial data of children enrolled in participating centers.

Ethnic and racial will be collected in the fall during enrollment process and maintained yearly with program enrollment.

General Questions

- 40. Has the Sponsor received \$750,000 or more in TOTAL federal funds for any programs administered? Yes No
- 41. Do you have a documented monitoring plan for monitoring your sites? Yes No
- 42. Do you prefer Cash-in-Lieu of Commodities instead of Donated Foods? Yes No
- 43. Are you a church? Yes No

Certification

44. Federal regulations require an agency to certify information regarding past business participation and criminal background. Please answer the following questions:

- 1. Has the agency or any of the agency's principals participated in any publicly funded programs within the past seven years? Yes No

NOTE: Principal means any individual who holds a management position within, or is an officer of, the Sponsor (sponsor), including all members of the Sponsor's board of directors, or otherwise exercises control of, or determines the actions of, the Sponsor.

Publicly funded means money that is received from a local, state, or federal governmental agency.

If yes, submit a listing of the publicly funded programs in which the Sponsor and its principals have participated in the past seven years and currently participate in.

- 2. Within the past seven years, has the Sponsor or any principals been declared ineligible to participate in any other publicly funded programs for violating program requirements? Yes No

If yes, answer question #3.

- 3. Were the violations corrected and eligibility restored, including payments of debts owed? Yes No

If yes, submit documentation of reinstatement, including proof of payment of debts owed, if applicable.

If no, submit a detailed explanation.

- 4. Has the Sponsor or any of the Sponsor's principals been convicted of any activity that occurred within the past seven years that indicated a lack of business integrity? Yes No

NOTE: A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.

If yes, submit a detailed explanation.

- 45. This is to certify that this Sponsor intends that all electronic signatures executed by our employees, agents, or representatives, located anywhere in the world, are legally binding equivalent of traditional handwritten signatures. By checking the box, this Sponsor is certifying by electronic signature that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and

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Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Application for 2024 - 2025

correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Created By: Tiffanie.Fletcher@nashville.gov on: 6/15/2024 3:14:29 PM Modified By: Tiffanie.Fletcher@nashville.gov on: 7/11/2024 8:29:18 AM

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Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Budget for 2024 - 2025

**Child & Adult Care Food Program
Sponsor Budget for 2024 - 2025**

00711 Status: Active
NASHVILLE & DAVIDSON COUNTY METRO GOVERNMENT
 DBA: Metro Parks and Recreation
 511 Oman Street
 Nashville, TN 37203-1234

Type of Agency: Government Agency
 Agreement Type: Sponsor of Affiliated Sites

Budget Version: Original

	Sponsor Complete This Column	FOR STATE USE ONLY Approved
A. Anticipated Annual CACFP Revenue		
1. Number of sites anticipated for sponsorship	15	
2. Total Annual CACFP Revenue from prior 12 months	\$241,236.74	\$0.00

B. Projected Operating Costs: Labor		
Executive Staff	\$0.00	\$0.00
Management Staff	\$0.00	\$0.00
Staff	\$24,000.00	\$0.00

C. Projected Administrative Costs: Labor		
Executive Staff	\$0.00	\$0.00
Management Staff	\$77,478.00	\$0.00
Staff	\$0.00	\$0.00

D. Projected Operating Costs			
	Brief Description	Projected Cost	Approved Cost
1.	Food Purchases Food purchases for Meal Prep	\$585,000.00	\$0.00
2.	Meal Contracts (meal cost)	\$0.00	\$0.00
3.	Mileage (meal transporting cost) Delivery and maintenance cost	\$15,000.00	\$0.00
4.	Non-Food Supplies Food Serving Supplies	\$26,000.00	\$0.00
5.	Printing/Postage/Com munications Menus and marketing	\$850.00	\$0.00
6.	Purchased Services	\$0.00	\$0.00
7.	Food Service Space	\$0.00	\$0.00
8.	Reimbursement to Unaffiliated Centers	\$0.00	\$0.00
	Total Operating Costs	\$650,850.00	\$0.00

E. Net Operating Amount

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Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Budget for 2024 - 2025

1.	Difference (A-D)	\$-409,613.26	\$0.00
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F. Projected Administrative CACFP Expenditures

	Brief Description	Projected Cost	Approved Cost
1.	Durable Supplies under Freezer \$5,000	\$3,000.00	\$0.00
2.	Office Materials Office materials (Expendable) Supplies	\$785.00	\$0.00
3.	Equipment Purchases over \$5,000	\$0.00	\$0.00
4.	Equipment Rental/Lease	\$0.00	\$0.00
5.	Printing/Postage/Com Signage munications	\$300.00	\$0.00
6.	Office Space/Rental/Lease/De preciation Use Allowance	\$0.00	\$0.00
7.	Utilities/Facility Maintenance/Janitorial Services	\$0.00	\$0.00
8.	Travel for Program Operations	\$0.00	\$0.00
9.	Center Workshop/Participant Training Workshops/Participant Training	\$800.00	\$0.00
10.	Nutrition Education Teaching Kitchens Materials	\$6,000.00	\$0.00
11.	Meetings, Conferences, Professional Staff Meetings, Conferences, and Staff Training Tra	\$8,000.00	\$0.00
12.	Contracted/Professiona Software l Services	\$6,000.00	\$0.00
13.	Insurance Premiums	\$0.00	\$0.00
14.	Bonds	\$0.00	\$0.00
15.	Memberships/Subscript CACFP Membership ions/Professional Activities	\$800.00	\$0.00
16.	Other Administrative Expenditures/Advertisi ng	\$0.00	\$0.00
	Total Administrative Costs	\$103,163.00	\$0.00

G. Summary

1.	Total Expenditures (Operating and Administrative)	\$754,013.00	\$0.00
2.	Total Anticipated Annual CACFP Reimbursement	\$754,013.00	\$0.00
3.	Prior Year Carryover Non Profit Food Program Revenue	\$0.00	\$0.00
4.	Total Other Revenue	\$0.00	\$0.00
	Explanation of Source of Other Revenue		

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Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Budget for 2024 - 2025

5.	Total Revenue (G2 + G3 + G4)	\$754,013.00	\$0.00
6.	Net Balance (G5 Total Revenue - G1 Total Expenditures)	\$0.00	\$0.00
7.	There are expenditures that require prior approval or specific written prior approval (SPWA).		

Certification

✓ I certify that the information on this form, and supporting documents, is true and correct and that I will immediately report to the Department of Human Services any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Department of Human Services may verify information; and the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Document Attachments

8/15/24, 9:15 AM


Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Budget for 2024 - 2025


Actions	Notes	Version	Uploaded By
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Created By: Tiffanie.Fletcher@nashville.gov on: 7/26/2024 2:26:54 PM Modified By: Tiffanie.Fletcher@nashville.gov on: 8/15/2024 9:12:17 AM

APPLICATION FOR

(Write name of grant here) VCA CACFP 2024-2025

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Department


Date


Certificate Of Completion

Envelope Id: 34FE26FD6314407284E68C906F04690F	Status: Completed
Subject: Complete with DocuSign: Parks-Child & Adult Care Food Program 24-25 Ready.pdf	
Source Envelope:	
Document Pages: 20	Signatures: 6
Certificate Pages: 15	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Juanita Paulson
Time Zone: (UTC-06:00) Central Time (US & Canada)	730 2nd Ave. South 1st Floor
	Nashville, TN 37219
	Juanita.Paulsen@nashville.gov
	IP Address: 170.190.198.185

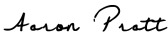
Record Tracking

Status: Original	Holder: Juanita Paulson	Location: DocuSign
8/27/2024 1:36:57 PM	Juanita.Paulsen@nashville.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Metropolitan Government of Nashville and Davidson County	Location: DocuSign


Signer Events

Signer Events	Signature	Timestamp
Rose Wood		Sent: 8/27/2024 1:43:31 PM
rose.wood@nashville.gov		Viewed: 8/27/2024 2:01:13 PM
Finance Admin		Signed: 8/27/2024 2:01:27 PM
Metro Finance Dept. OMB	Signature Adoption: Pre-selected Style	
Security Level: Email, Account Authentication (None)	Using IP Address: 170.190.198.191	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Aaron Pratt		Sent: 8/27/2024 2:01:29 PM
Aaron.Pratt@nashville.gov		Viewed: 8/27/2024 2:04:56 PM
Security Level: Email, Account Authentication (None)		Signed: 8/27/2024 2:05:07 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.100	

Electronic Record and Signature Disclosure:
Accepted: 8/27/2024 2:04:56 PM
ID: d0ad31ea-55c4-4e89-9676-4cf2659691d3

Kevin Crumbo/mjw		Sent: 8/27/2024 2:05:10 PM
MaryJo.Wiggins@nashville.gov		Viewed: 8/27/2024 4:10:22 PM
Security Level: Email, Account Authentication (None)		Signed: 8/27/2024 4:11:57 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 160.129.251.201	
	Signed using mobile	

Electronic Record and Signature Disclosure:
Accepted: 8/27/2024 4:10:22 PM
ID: 830936a3-7ca7-482d-828e-292a460cc8f6

Courtney Mohan		Sent: 8/27/2024 4:11:59 PM
Courtney.Mohan@nashville.gov		Viewed: 8/30/2024 8:51:41 AM
Security Level: Email, Account Authentication (None)		Signed: 8/30/2024 9:04:30 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.144	

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
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Accepted: 8/30/2024 8:51:41 AM
ID: 90f0e2ab-ed1c-4606-82d7-12fba216d070

Balogun Cobb
balogun.cobb@nashville.gov
Insurance Division Manager
Security Level: Email, Account Authentication (None)

Balogun Cobb

Signature Adoption: Pre-selected Style
Using IP Address: 170.190.198.185

Sent: 8/30/2024 9:04:31 AM
Viewed: 8/30/2024 9:24:28 AM
Signed: 8/30/2024 9:24:36 AM

Electronic Record and Signature Disclosure:

Accepted: 8/30/2024 9:24:27 AM
ID: df045952-fa0e-4210-99db-12dce78ebd59

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Danielle Godin
Danielle.Godin@nashville.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 8/30/2024 9:24:38 AM
Viewed: 8/30/2024 1:54:43 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Sally Palmer
sally.palmer@nashville.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 8/30/2024 9:24:39 AM

Electronic Record and Signature Disclosure:

Accepted: 8/28/2024 9:26:27 AM
ID: ddafa96a-17c9-4204-86ca-6e943eb26385

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	8/27/2024 1:43:32 PM
Certified Delivered	Security Checked	8/30/2024 9:24:28 AM
Signing Complete	Security Checked	8/30/2024 9:24:36 AM
Completed	Security Checked	8/30/2024 9:24:39 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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