

GRANT APPLICATION SUMMARY SHEET

Grant Name: Child and Adult Food Program 21-22
Department: PARKS & RECREATION

Grantor: TN Dept. of Human Services

**Pass-Through Grantor
(If applicable):**

Total Applied For: \$652,757.56
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 9 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:

DocuSigned by:
Kelly Flannery/mjw 11/5/2021
Director of Finance ^{DS} _{TE} **Date**

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Macy Amos 11/5/2021
Metropolitan Attorney ^{DS} **Date**

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb 11/5/2021
Director of Risk Management ^{DS} **Date**
Services

DocuSigned by:
John Cooper 11/5/2021
Metropolitan Mayor ^{DS} **Date**

(This application is contingent upon the application being approved by the Metropolitan Council)

5323

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 and Adult Food Program 21-22					
Grantor:		TN DEPT. OF HUMAN SERVICES		Other:			
Grant Period From:		10/01/21		<small>(applications only)</small> Anticipated Application Date:		09/30/21	
Grant Period To:		09/30/22		<small>(applications only)</small> Application Deadline:		09/30/21	
Funding Type:		STATE		Multi-Department Grant <input type="checkbox"/> → If yes, list below.			
Pass-Thru:				Outside Consultant Project: <input type="checkbox"/>			
Award Type:		FORMULA		Total Award: \$652,757.56			
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 9 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:		6.00	
Departmental Indirect Cost Rate		21.63%		Indirect Cost of Grant to Metro:		\$116,082.76	
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No		% Allow.		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	FY22		\$489,568.17		\$0.00		\$0.00	\$489,568.17	\$87,062.07	\$0.00
Yr 2	FY23		\$163,189.39		\$0.00		\$0.00	\$163,189.39	\$29,020.69	\$0.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
Total		\$0.00	\$652,757.56	\$0.00	\$0.00		\$0.00	\$652,757.56	\$116,082.76	\$0.00
Date Awarded:				Tot. Awarded:				Contract#:		
(or) Date Denied:				Reason:						
(or) Date Withdrawn:				Reason:						

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

JOHN COOPER, MAYOR



METROPOLITAN BOARD OF PARKS AND RECREATION

Centennial Park Office
Park Plaza at Oman Street
Nashville, TN 37201

(615) 862-8400
Fax (615) 862-8414
www.nashville.gov/parks

Monique Horton Odom, Director

July 6, 2021

Mr. Stevon Neloms
Assistant Director of Parks/Community Programs
P.O. Box 196340
Nashville, TN 37219

Dear Stevon:

As you are aware the Metro Parks Board, at its meeting held Tuesday, July 6, 2021, granted approval to your request to renew the application for FY22 for the Child and Adult Care Food Program to be offered in eight (8) of Metro Parks after school programs. The grant period is October 1, 2021 through September 30, 2022. This program provides consistent nutritious meals and snacks for children attending after school programming that contributes to their wellness, healthy growth, and development.

On behalf of the Metro Parks Board, thank you for all you do to bring innovative programming and assistance to the participants in our recreation center programs.

Sincerely,

Monique Horton Odom, Director
and Secretary to the Board

:mp

"It is the mission of Metro Parks and Recreation to sustainably and equitably provide everyone in Nashville with an inviting network of parks and greenways that offer health, wellness and quality of life through recreation, conservation and community"



FOR ADA ACCOMMODATIONS, PLEASE CONTACT 615-862-8400

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Child & Adult Care Food Program Sponsor Application for 2021 - 2022

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

Code	Warning Description
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301040	In order to be eligible for this program, a documented monitoring plan must be developed and adhered to.
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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: 10/01/2021

Projected Program End Date: 09/30/2022

Addresses**Physical Address**

3. Address Line 1: 511 Ornan 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.

	Salutation	First Name	Last Name
10. Name:		Tiffanie D	Fletcher
11. Date of Birth:		02/28/1970 (mm/dd/yyyy)	
12. Email Address:		tiffanie.fletcher@nashville.gov	
13. Facility Phone:	(615) 862-8400	Ext:	Fax:
14. Cell/Alt Phone:	(615) 638-0244		
15. Title:		Program Administrator	

Executive Director/Owner

	Salutation	First Name	Last Name
16. Name:	Mr.	Stevon	Neloms
17. Date of Birth:		01/26/1979 (mm/dd/yyyy)	
18. Email Address:		stevon.neloms@nashville.gov	
19. Facility Phone:	(615) 862-8400	Ext:	Fax:

20. Cell/Alt Phone: (615) 305-0815
 21. Title: Assisant to Director

Claim Preparer

- | | Salutation | First Name | Last Name |
|---------------------|---------------------------------|--------------|-----------|
| 22. Name: | | Tiffanie D | Fletcher |
| 23. Date of Birth: | 02/28/1970 | (mm/dd/yyyy) | |
| 24. Email Address: | tiffanie.fletcher@nashville.gov | | |
| 25. Facility Phone: | (615) 862-8400 | Ext: | Fax: |
| 26. Cell/Alt Phone: | (615) 638-0244 | | |
| 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: | 09/22/1974 | (mm/dd/yyyy) | |
| 30. Email Address: | darlene.morrow@nashville.gov | | |
| 31. Facility Phone: | (615) 862-8400 | Ext: | Fax: |
| 32. Cell/Alt Phone: | (615) 430-4633 | | |
| 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 | 4.00 % |
| Black or African American: | 57 | 56.10 % |
| Native Hawaiian or Pacific Islander: | 2 | 2.00 % |

White: 37 37.00 %

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 data 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?
41. Do you have a documented monitoring plan for monitoring your sites?
42. Do you prefer Cash-in-Lieu of Commodities instead of Donated Foods?
43. Are you a church?

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?

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?

If yes, answer question #3.

3. Were the violations corrected and eligibility restored, including payments of debts owed?

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?

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 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: 7/26/2021 3:42:14 PM Modified By: DE49B99 on: 9/30/2021 4:47:10 PM

**Child & Adult Care Food Program
Sponsor Budget for 2021 - 2022**

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: Revision 2

		Sponsor Complete This Column	FOR STATE USE ONLY Approved
A. Anticipated Annual CACFP Revenue			
1.	Number of sites anticipated for sponsorship	9	
2.	Total Annual CACFP Revenue from prior 12 months	\$29,393.32	\$29,393.32
B. Projected Operating Costs: Labor			
	Executive Staff	\$0.00	\$0.00
	Management Staff	\$0.00	\$0.00
	Staff	\$54,674.80	\$54,674.80
C. Projected Administrative Costs: Labor			
	Executive Staff	\$0.00	\$0.00
	Management Staff	\$0.00	\$0.00
	Staff	\$7,000.00	\$7,000.00
D. Projected Operating Costs			
	Brief Description	Projected Cost	Approved Cost
1.	Food Purchases Food Purchases for Meal Prep	\$438,000.00	\$438,000.00
2.	Meal Contracts (meal cost)	\$0.00	\$0.00
3.	Mileage (meal transporting cost) Fuel Cost	\$5,200.00	\$5,200.00
4.	Non-Food Supplies Paper Product	\$20,000.00	\$20,000.00
5.	Printing/Postage/Com munications Menus Training Documents	\$400.00	\$400.00
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	\$518,274.80	\$518,274.80
E. Net Operating Amount			

1. Difference (A-D)		\$-488,881.48	\$-488,881.48
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F. Projected Administrative CACFP Expenditures

	Brief Description	Projected Cost	Approved Cost
1.	Durable Supplies under \$5,000	\$0.00	\$0.00
2.	Office Materials (Expendable) Supplies Toner, Paper	\$500.00	\$500.00
3.	Equipment Purchases over \$5,000 Freezer and Refrigerator	\$5,500.00	\$5,500.00
4.	Equipment Rental/Lease	\$0.00	\$0.00
5.	Printing/Postage/Communications Signage	\$200.00	\$200.00
6.	Office Space/Rental/Lease/Depreciation 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 Workshops/Participant Training Required Trainings	\$200.00	\$200.00
10.	Nutrition Education Materials Teaching Kitchens	\$2,000.00	\$2,000.00
11.	Meetings, Conferences, and Staff Training Staff Professional Development and Staff Training	\$3,000.00	\$3,000.00
12.	Contracted/Professional Services	\$0.00	\$0.00
13.	Insurance Premiums	\$0.00	\$0.00
14.	Bonds	\$0.00	\$0.00
15.	Memberships/Subscriptions/Professional Activities	\$0.00	\$0.00
16.	Other Administrative Expenditures/Advertising Indirect Cost	\$116,082.76	\$112,102.83
Total Administrative Costs		\$134,482.76	\$130,502.83

G. Summary

1.	Total Expenditures (Operating and Administrative)	\$652,757.56	\$648,777.63
2.	Total Anticipated Annual CACFP Reimbursement	\$652,757.56	\$648,777.63
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		
5.	Total Revenue (G2 + G3 + G4)	\$652,757.56	\$648,777.63

- 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

Actions	Notes	Version	Uploaded By

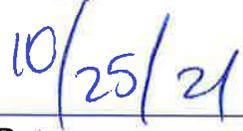
Created By: Tiffanie.Fletcher@nashville.gov on: 10/25/2021 11:44:21 AM Modified By: Tiffanie.Fletcher@nashville.gov on: 10/25/2021 12:00:05 PM

APPLICATION FOR

(Write name of grant here) VCA CACFP 2021-2022

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY


Department


Date

Enzo, Alan (Parks)

From: Enzo, Alan (Parks)
Sent: Monday, October 18, 2021 12:21 PM
To: Morrow, Darlene L. (Parks); Fletcher, Tiffanie (Parks)
Cc: White, Chinita (Parks)
Subject: RE: Child and Adult Food Program 21-22 App due 09/30/21 - VCA CACFP 2021-2022 grant - Application - Response to Legal

Thank you Darlene,
I'll just have to explain to Legal about "all fields are required" when we send it down there.
Working on getting the package together now.
Best,
Alan

From: Morrow, Darlene L. (Parks) <darlene.morrow@nashville.gov>
Sent: Monday, October 18, 2021 11:41 AM
To: Enzo, Alan (Parks) <Alan.Enzo@nashville.gov>; Fletcher, Tiffanie (Parks) <Tiffanie.Fletcher@nashville.gov>
Cc: White, Chinita (Parks) <Chinita.White@nashville.gov>
Subject: RE: Child and Adult Food Program 21-22 App due 09/30/21 - VCA CACFP 2021-2022 grant - Application

In the 2 places where the answer should be left blank: All fields are required; we do not have a choice to leave the field blank.

In response to the question about the incomplete sentence – please answer if the first sentence goes with the last sentence in section A, on Page 15: Yes

From: Enzo, Alan (Parks) <Alan.Enzo@nashville.gov>
Sent: Monday, October 18, 2021 7:58 AM
To: Morrow, Darlene L. (Parks) <darlene.morrow@nashville.gov>; Fletcher, Tiffanie (Parks) <Tiffanie.Fletcher@nashville.gov>
Cc: White, Chinita (Parks) <Chinita.White@nashville.gov>
Subject: Child and Adult Food Program 21-22 App due 09/30/21 - VCA CACFP 2021-2022 grant - Application

Hi Darlene,
Thank you for the application. We are getting there.

You mention page 6, page 13, and page 14, but there are only 4 pages to the application attached to your email.

Were all changes made as requested by Legal?

I've attached the original email from Legal requesting the changes.
Please note that they are asking:

In two places: Since the answer to question #2 is no, #3 should not be answered – please leave #3 blank. In the second case, #2 answer is no, so the next question should not be answered – please leave blank.

In response to the question about the incomplete sentence – please answer if the first sentence goes with the last sentence in section A, on Page 15. I believe the answer is "Yes".

Please send the revised application – with the appropriate questions left blank, and with an answer to the question about pages 14-15.

Thank you,
Alan

From: Morrow, Darlene L. (Parks) <darlene.morrow@nashville.gov>
Sent: Friday, October 15, 2021 3:30 PM
To: Enzo, Alan (Parks) <Alan.Enzo@nashville.gov>; Fletcher, Tiffanie (Parks) <Tiffanie.Fletcher@nashville.gov>
Cc: White, Chinita (Parks) <Chinita.White@nashville.gov>
Subject: FW: Scanned document from HP ePrint user

Alan,

Attached is the updated application. Please not the following responses:

On page 6 & page 13 the answer to question # is no, question #3 should not be answered.
Response- All questions on the form are required to be answered. We can not submit the application with it blank.

Page 14 the first sentence seems incomplete.
Response- This is the same information that was approved last year.

Thanks

From: eprintcenter@hp8.us <eprintcenter@hp8.us>
Sent: Friday, October 15, 2021 3:17 PM
To: Morrow, Darlene L. (Parks) <darlene.morrow@nashville.gov>
Subject: Scanned document from HP ePrint user

Attention: This email originated from a source external to Metro Government. Please exercise caution when opening any attachments or links from external sources.

This email and attachment are sent on behalf of darlene.morrow@nashville.gov.

If you do not want to receive this email in future, you may contact darlene.morrow@nashville.gov directly or you may consult your email application for spam or junk email filtering options.

Regards,
HP Team

Enzo, Alan (Parks)

From: Morrow, Darlene L. (Parks)
Sent: Thursday, September 2, 2021 2:26 PM
To: Enzo, Alan (Parks)
Subject: Re: VCA CACFP 2021-2022 grant - Child and Adult Care Food Program - Labor, Personnel, FTEs

Yes, that's correct. Thanks Alan

D. Morrow

From: Enzo, Alan (Parks) <Alan.Enzo@nashville.gov>
Sent: Thursday, September 2, 2021 2:24:38 PM
To: Morrow, Darlene L. (Parks) <darlene.morrow@nashville.gov>
Subject: RE: VCA CACFP 2021-2022 grant - Child and Adult Care Food Program - Labor, Personnel, FTEs

Still doing 9 sites, but with 6 people – 2.88 FTEs – correct?

From: Morrow, Darlene L. (Parks) <darlene.morrow@nashville.gov>
Sent: Thursday, September 2, 2021 2:23 PM
To: Enzo, Alan (Parks) <Alan.Enzo@nashville.gov>; Fletcher, Tiffanie (Parks) <Tiffanie.Fletcher@nashville.gov>
Subject: Re: VCA CACFP 2021-2022 grant - Child and Adult Care Food Program - Labor, Personnel, FTEs

No changes to FTEs.

Thanks

D. Morrow

From: Enzo, Alan (Parks) <Alan.Enzo@nashville.gov>
Sent: Thursday, September 2, 2021 2:22:16 PM
To: Morrow, Darlene L. (Parks) <darlene.morrow@nashville.gov>; Fletcher, Tiffanie (Parks) <Tiffanie.Fletcher@nashville.gov>
Subject: VCA CACFP 2021-2022 grant - Child and Adult Care Food Program - Labor, Personnel, FTEs

Hi Tiffanie and Darlene,

I noticed on the new 2021-2022 application that there are 9 sites. We had 6 sites last year, so I need to know if there was any change with the personnel and FTE's.

From last year (see email attached):

The BU for VCA CACFP 2020-2021 is **40383900**

Budgeted for 6 positions, .48 FTE each, 9020 Seasonal/Temp/PT, \$15/hr. each.
19 hours per week, 46 weeks per year.

Given that we will now have 9 sites, will the new numbers be:

9 positions, .48 FTE each (4.32 FTE total), 9020 Seasonal/Temp/PT, \$15/hr. each. 19 hours per week, 46 weeks per year.

Please confirm this is correct.

Thank you,

Alan

Alan Enzo, MBA

Finance Officer

Metro Nashville Parks and Recreation

511 Oman St.

Nashville, TN 37203

615-862-8400 x72922

