LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 11/04/25 ☑ **Resolution** ☐ **Ordinance**

Contact/Prepared By: Alan Enzo **Date Prepared:** 10/03/25

Title (Caption): VCA CACFP 2025-2026 grant - AWARD. This grant award is for the Tennessee Department of Human Services Child And Adult Care Food Program. This is a reimbursement grant providing food program services at 17 Parks locations.

Submitted to Planning Commission? ☑ **N/A** ☐ **Yes-Date:** _____ **Proposal No:** _____

Proposing Department: Parks and Recreation **Requested By:** Monique Odom

Affected Department(s): Parks and Recreation **Affected Council District(s):** All

Legislative Category (check one):

☐ Bonds	☐ Contract Approval	☐ Intergovernmental Agreement
☐ Budget - Pay Plan	☐ Donation	☐ Lease
☐ Budget - 4%	☐ Easement Abandonment	☐ Maps
☐ Capital Improvements	☐ Easement Accept/Acquisition	☐ Master List A&E
☐ Capital Outlay Notes	☑ Grant	☐ Settlement of Claims/Lawsuits
☐ Code Amendment	☐ Grant Application	☐ Street/Highway Improvements
☐ Condemnation	☐ Improvement Acc.	☐ Other: _____

FINANCE **Amount +/-: $** $ 918,334.28 **Match: $** $ 0.00

Funding Source:

- Capital Improvement Budget
- Capital Outlay Notes
- Departmental/Agency Budget
- Funds to Metro
- General Obligation Bonds
- Grant
- Increased Revenue Sources
- Judgments and Losses
- Local Government Investment Project
- Revenue Bonds
- Self-Insured Liability
- Solid Waste Reserve
- Unappropriated Fund Balance
- 4% Fund
- Other: _____

Approved by OMB: Aaron Pratt DH

Approved by Finance/Accounts: _____

Approved by Div Grants Coordination: Juanita Paulsen

Date to Finance Director's Office: _____

APPROVED BY FINANCE DIRECTOR'S OFFICE: _____

ADMINISTRATION

Council District Member Sponsors: _____

Council Committee Chair Sponsors: _____

Approved by Administration: _____ **Date:** _____

DEPARTMENT OF LAW Date to Dept. of Law: _____ Approved by Department of Law: _____

Settlement Resolution/Memorandum Approved by: _____

Date to Council: _____ For Council Meeting: _____ ☐ E-mailed Clerk

☐ All Dept. Signatures ☐ Copies ☐ Backing ☐ Legislative Summary ☐ Settlement Memo ☐ Clerk Letter ☐ Ready to File

Department of Law – White Copy *Administration –Yellow Copy* *Finance Department - Pink Copy*

GRANT SUMMARY SHEET

Grant Name:	Child & Adult Care Food Program 25-26
Department:	PARKS & RECREATION
Grantor:	TENNESSEE DEPARTMENT OF HUMAN SERVICES
Pass-Through Grantor (If applicable):	
Total Award this Action:	$918,334.28
Cash Match Amount	$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 17 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.

Grants Tracking Form

Part One

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

Department	Dept. No.	Contact	Phone	Fax
PARKS & RECREATION	040	Alan Enzo	862-8400	862-8414

Grant Name:	Child & Adult Care Food Program 25-26		
Grantor:	TENNESSEE DEPARTMENT OF HUMAN SERVICES	**Other:**	
Grant Period From:	10/01/25	(applications only) **Anticipated Application Date:**	
Grant Period To:	09/30/26	(applications only) **Application Deadline:**	
Funding Type:	STATE	**Multi-Department Grant** ☐ → **If yes, list below.**	
Pass-Thru:	OTHER	**Outside Consultant Project:** ☐	
Award Type:	COMPETITIVE	**Total Award:**	$918,334.28
Status:	CONTINUATION	**Metro Cash Match:**	$0.00
Metro Category:	Est. Prior.	**Metro In-Kind Match:**	$0.00
CFDA #	N/A	**Is Council approval required?**	☑
		Applic. Submitted Electronically?	☑

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 17 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:** ☐

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:	0.96	**Actual number of positions added:**	0.00	
Departmental Indirect Cost Rate	15.07%	**Indirect Cost of Grant to Metro:**	$138,392.98	
***Indirect Costs allowed?** ○ Yes ◉ No **% Allow.**	ted with application	**Ind. Cost Requested from Grantor:**	with application	**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	FY26		$688,750.71					$688,750.71	$103,794.73	$0.00
Yr 2	FY27		$229,583.57					$229,583.57	$34,598.24	$0.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
Total		$0.00	$918,334.28	$0.00	$0.00		$0.00	$918,334.28	$138,392.98	$0.00

Date Awarded:	10/03/25	**Tot. Awarded:**	$918,334.28	**Contract#:**	
(or) **Date Denied:**		**Reason:**			
(or) **Date Withdrawn:**		**Reason:**			

6103

GCP Received 10/03/25

GCP Approved 10/03/25

JP

Resolution No. _____

A resolution accepting a Child and Adult Care Food Program (CACFP) grant from the Tennessee Department of Human Services to the Metropolitan Government, acting by and through the Metro Parks and Recreation Department, to provide nutritious meals and snacks for children attending after school programs at 17 community center locations.

WHEREAS, the Tennessee Department of Human Services has awarded a grant in an amount not to exceed $918,334.28 with no cash match required to the Metropolitan Government, acting by and through the Metro Parks and Recreation Department, to provide nutritious meals and snacks for children attending after school programs at 17 community center locations; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that this grant be accepted.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That the grant by and between the Tennessee Department of Human Services, in an amount not to exceed $918,334.28, to the Metropolitan Government, acting by and through the Metro Parks and Recreation Department, to provide nutritious meals and snacks for children attending after school programs at 17 community center locations, a copy of which is attached hereto and incorporated herein, is hereby approved.

Section 2. That the amount of this grant be appropriated to the Metro Parks and Recreation Department, based on the revenues estimated to be received and any match to be applied.

Section 3. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS:

Jenneen Reed/mjw
Jenneen Reed, Director
Department of Finance

INTRODUCED BY:

_____

_____

_____
Member(s) of Council

APPROVED AS TO FORM AND LEGALITY:

Hannah Baitlin
Assistant Metropolitan Attorney

FREDDIE O'CONNELL, 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

May 6, 2025

Mr. Stevon Neloms
Assistant Director Community Recreation, and Cultural Arts
Metro Board of Parks and Recreation
P.O. Box 196340
Nashville, Tennessee 37219-6340

Dear Mr. Neloms:

The Parks Board, at its meeting held Tuesday, May 6, 2025, approved the renewal and ultimate acceptance of the Child and Adult Care Food Program (CACFP) grant for FY 2026.

This program provides nutritious meals and snacks for children and Adults attending the after-school programs currently at seventeen (17) community centers.

Please note there is no required match or other obligation by Parks associated with this grant.

Sincerely,

Monique Horton Odom, Director
and Secretary to the Board

c: Chinita White
Alan Enzo

Enzo, Alan (Parks)

From: Fletcher, Tiffanie (Parks)
Sent: Friday, October 3, 2025 9:47 AM
To: Enzo, Alan (Parks)
Cc: White, Chinita (Parks); Morrow, Darlene L. (Parks)
Subject: FW: TIPS Application Packet Notification

Good morning Alan, Here is the approval CACFP Application!
Thank you!

Tiffanie D. Fletcher

Metro Nashville Parks and Recreation
Wellness, Community Recreation, and Cultural Arts Division
Special Programs Coordinator Parks~ Nutrition, Kirkpatrick Community Center
Program Administrator, Child and Adult Care Food Program
Tiffanie.fletcher@nashville.gov
998 Sevier Street
Nashville, TN 37206
Office: 615-862-8453
Cell: 615-638-0244

From: Tennessee DHS Prod Help Desk <helpdesk@cnpus.com>
Sent: Tuesday, September 23, 2025 3:44 PM
To: Fletcher, Tiffanie (Parks) <Tiffanie.Fletcher@nashville.gov>
Subject: TIPS Application Packet Notification

CFDA – 10.558 – Child and Adult Care Food Program
CFDA – 10.559 – Summer Food Service Program for Children

NOTIFICATION EMAIL FOR CACFP APPLICATION PACKET

Tennessee Information Payment System (TIPS)
Tennessee Department of Human Services

Thank you for submitting your Application Packet for the Child & Adult Care Food Program. Your application packet has been APPROVED.

Sponsor Name: NASHVILLE & DAVIDSON COUNTY METRO GOVERNMENT
Sponsor ID: 00711
Program Year: 2025/2026
Program: Child & Adult Care Food Program (CACFP)

Application Packet Status: Approved

SIGNATURE PAGE
FOR

GRANT NO. VCA CACFP 2025-2026 Award

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Department

10/3/25
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jennieen Reed/mjw
Director of Finance

10/16/2025 | 10:15 AM CDT
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Insurance

10/20/2025 | 8:25 AM CDT
Date

APPROVED AS TO FORM AND LEGALITY:

Hannah Zeitlin
Metropolitan Attorney

10/20/2025 | 6:24 AM PDT
Date

FILED:

Metropolitan Clerk

Date

Child & Adult Care Food Program
Sponsor Application for 2025 - 2026

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
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: 10/01/2025 Projected Program End Date: 09/30/2026

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.

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

Executive Director/Owner

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

19. Facility Phone: (615) 862-8400 Ext: Fax:
20. Cell/Alt Phone: [redacted]
21. Title: Assisant 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 %

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.

Metropolitain 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

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: 7/22/2025 4:23:19 PM Modified By: Tiffanie.Fletcher@nashville.gov on: 7/22/2025 4:54:00 PM

Child & Adult Care Food Program
Sponsor Budget for 2025 - 2026

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	17	
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	$63,513.50	$0.00
	Staff	$0.00	$0.00
C. Projected Administrative Costs: Labor			
	Executive Staff	$0.00	$0.00
	Management Staff	$38,370.78	$0.00
	Staff	$0.00	$0.00

D. Projected Operating Costs

		Brief Description	Projected Cost	Approved Cost
1.	Food Purchases	Food Supplies for meals	$750,000.00	$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	$30,000.00	$0.00
5.	Printing/Postage/Communications	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		$859,363.50	$0.00

E. Net Operating Amount

1.	Difference (A-D)	$-618,126.76	$0.00

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		$0.00	$0.00
3.	Equipment Purchases over $5,000		$0.00	$0.00
4.	Equipment Rental/Lease		$0.00	$0.00
5.	Printing/Postage/Communications		$0.00	$0.00
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		$0.00	$0.00
10.	Nutrition Education Materials	Teaching Kitchens	$6,000.00	$0.00
11.	Meetings, Conferences, and Staff Training	Conference	$8,000.00	$0.00
12.	Contracted/Professional Services	Software	$6,000.00	$0.00
13.	Insurance Premiums		$0.00	$0.00
14.	Bonds		$0.00	$0.00
15.	Memberships/Subscriptions/Professional Activities	CACFP National Organization	$600.00	$0.00
16.	Other Administrative Expenditures/Advertising		$0.00	$0.00
	Total Administrative Costs		$58,970.78	$0.00

G. Summary

1.	Total Expenditures (Operating and Administrative)	$918,334.28	$0.00
2.	Total Anticipated Annual CACFP Reimbursement	$918,334.28	$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		

5.	Total Revenue (G2 + G3 + G4)	$918,334.28	$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

Actions	Notes	Version	Uploaded By

Created By: Tiffanie.Fletcher@nashville.gov on: 7/28/2025 11:57:38 AM Modified By: Tiffanie.Fletcher@nashville.gov on: 8/19/2025 12:00:24 PM