LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 08/19/25	ResolutionOrdinance
Contact/Prepared By: Alan Enzo	Date Prepared: 07/08/25
Title (Caption): Cedar Hill Park 2025 grant application. Metro Parks requests approval to ap	oply for an in-kind grant opportunity.
This in-kind grant from Blue Cross Healthy Places Project provides for improvements at Cedar Hil	Park. The value of the improvements from the
in-kind grant is approximately \$6,000,000.00. No money will be coming to Parks. No match or of	ther obligations for Parks or Metro government.
If the grant is awarded to Metro Parks, the completed improvements will then be donated to Me	etro Parks as an in-kind grant.
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 Coun	ncil District(s): 3
Legislative Category (check one): Bonds Budget - Pay Plan Budget - 4% Capital Improvements Capital Outlay Notes Code Amendment Condemnation Contract Approval Donation Easement Abandonment Easement Accept/Acquisition Grant Grant Application Improvement Acc.	Intergovernmental Agreement Lease Maps Master List A&E Settlement of Claims/Lawsuits Street/Highway Improvements Other:
Departmental/Agency Budget Revenue Bo Funds to Metro Self-Insured General Obligation Bonds Solid Waste Grant Unappropriat Increased Revenue Sources 4% Fund Other:	and Losses Inment Investment Project Inds Liability Reserve Ited Fund Balance Ice Director's Office: BY
ADMINISTRATION	
Council District Member Sponsors:	
Council Committee Chair Sponsors:	
Approved by Administration:	Date:
DEPARTMENT OF LAW Date to Dept. of Law: Approved Settlement Resolution/Memorandum Approve Date to Council: For Council Meeting All Dept. Signatures	d by: ng: E-mailed Clerk

GRANT APPLICATION SUMMARY SHEET

Grant Name: BlueCrossHealthyPlaces-Cedar Hill Park ML Field 2025

Department: PARKS & RECREATION

Grantor: BLUE CROSS OF TENNESSEE FOUNDATION

Pass-Through Grantor

(If applicable):

Total Applied For \$0.00 Metro Cash Match: \$0.00

Department Contact: Alan Enzo

862-8400

Status: NEW

Program Description:

Cedar Hill Park 2025 grant application. Metro Parks requests approval to apply for an inkind grant opportunity. This in-kind grant from Blue Cross Healthy Places Project provides for improvements at Cedar Hill Park. The value of the improvements from the in-kind grant is approximately \$6,000,000.00. No money will be coming to Parks. No match or other obligations for Parks or Metro government. If the grant is awarded to Metro Parks, the completed improvements will then be donated to Metro Parks as an in-kind grant.

Plan for continuation of services upon grant expiration:

N/A.

APPROVED AS TO AVAILABILITY
OF FUNDS:

APPROVED AS TO FORM AND
LEGALITY:

Juniur Rud/alm 7/21/2025 | 2:26 PM 90 Tacy lmos 7/22/2025 | 7:53 AM PDT

Director of Finance Date Metropolitan Attorney Date

APPROVED AS TO RISK AND

INSURANCE:

Balozin Cobl 7/21/2025 | 10:28 PM Christie O'Connell 7/22/2025 | 1:38 PM PDT

Director of Risk Management Date Metropolitan Mayor Date

Services (This application is contingent up happroval of the

application by the Metropolitan Council.)

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:	BlueCrossHealt	hyPlaces-Cedar	Hill Park ML Fie	ld 2025				
Grantor:	BLUE CROSS OF TENN	IESSEE FOUNDATION		▼	Other:			
Grant Period From:				nticipated Application	Date:	08/01/25		
Grant Period To:			(applications only) A	pplication Deadline:		08/31/25		
Funding Type:	FOUNDATION	▼		Multi-Department	Grant	_ 	If yes, list	below.
Pass-Thru:		•		Outside Consultar	nt Project:			
Award Type:	OTHER	▼		Total Award:		\$0.00		
Status:	NEW	▼		Metro Cash Matcl		\$0.00		
Metro Category:	New Initiative	T		Metro In-Kind Ma		\$0.00		
CFDA#	N/A			Is Council approv	•	<u> </u>		
Project Description:				Applic. Submitted Elec			<u> </u>	
Cedar Hill Park 2025 grant app								
Places Project provides for imp								
money will be coming to Parks improvements will then be done				government. If the	grant is award	led to Metro Park	s, the comple	.ea
Improvements will then be done	aled to Metro Far	ks as all ill-killu	grant.					
					1			
Plan for continuation of serv	ice after expirat	tion of grant/Bu	dgetary Impact	:				
N/A.								
Hayria Match Determined?								
How is Match Determined? Fixed Amount of \$	\$0.00	or	0.00/	% of Grant		Other:		
·		J	0.0%	/6 Of Grant		Other.		
Explanation for "Other" mea	ins of determini	ng matcn:						
For this Metro FY, how mucl	h of the required	l local Metro ca	sh match:					
Is already in department but	lget?		N/A	Fund		Business Unit		
Is not budgeted?			\$0.00		ed Source of	Match:	N	
(Indicate Match Amount & Sc	ource for Remain	ning Grant Year	s in Budget Be	low) Reques	sted from Con	t. Match Fund:	N	/A
Other:								
Number of FTEs the grant w			0.00	Actual number of		led:	0.00	
Departmental Indirect Cost F				Indirect Cost of G			\$0.00	
*Indirect Costs allowed?	○ Yes ● No	% Allow.		Ind. Cost Request		or:	\$0.00	in budget
*(If "No", please attach docume	ntation from the	grantor that indire	ect costs are not	allowable. See Inst	tructions)			
Draw down allowable?								
Metro or Community-based	Partners:							
			Part Tw	10				
				ant Budget				
			Gra	ant-budget			Indirect	Ind Cost
Budget Metro Federal	State Cranton	Other Grantor	Local Match	Match Source	Local Match	Total Grant	Indirect	Ind. Cost
Year Fiscal Grantor	State Grantor	Other Grantor	Cash	(Fund, BU)	In-Kind	Each Year	Cost to Metro	Neg. from Grantor
							MELIO	Grantor
Yr 1 FY26	Ĭ	A					**	
		\$0.00				\$0.00	\$0.00	\$0.00
Yr 2 FY Yr 3 FY		\$0.00				\$0.00	\$0.00	\$0.00



\$0.00

\$0.00

\$0.00

Yr 5 FY_

Total

\$0.00

Date Awarded:

(or) Date Denied:

(or) Date Withdrawn:

\$0.00

\$0.00

\$0.00

Tot. Awarded:

Reason:

Reason:

\$0.00

Contract#:

Resolution No	
A resolution approving an application for a grant from the BlueCross BlueShield of Metropolitan Government, acting by and the Parks and Recreation, to provide funding League field to be fully integrated with amoregardless of physical or mental abilities at	of Tennessee Foundation to the through the Metropolitan Board of for the development of a Miracle enities to serve visitors of all ages
WHEREAS, the BlueCross BlueShield of Tenness BlueCross Healthy Places in-kind grant with an es no cash match required; and,	
WHEREAS, the Metropolitan Government is eligible	le to participate in this grant program; and,
WHEREAS, it is to the benefit of the citizens of Tl Davidson County that the application be approved	
NOW, THEREFORE, BE IT RESOLVED BY GOVERNMENT OF NASHVILLE AND DAVIDSON	
Section 1. That the application for a BlueC estimated value not to exceed \$6,000,000, a copy herein, is hereby approved, and the Metropolitan to submit said application to the BlueCross BlueSh	Board of Parks and Recreation, is authorized
Section 2. That this resolution shall take effective Metropolitan Government of Nashville and David	ct from and after its adoption, the welfare o
APPROVED AS TO AVAILABILITY OF FUNDS:	INTRODUCED BY:
APPROVED AS TO FORM AND LEGALITY:	Member(s) of Council

<u>Hannalı Zuillin</u> Assistant Metropolitan Attorney





BlueCross Healthy Place in Nashville



HOW TO APPLY

Let's Build BlueCross Healthy Places Together

Community Partnerships

The BlueCross BlueShield of Tennessee Foundation works with both government entities and non-profit organizations to create BlueCross Healthy Places.

We accept proposals for BlueCross Healthy Place grants Aug. 1-31 each year.

View our product catalog



Uniquely Designed for Your Community

BlueCross Healthy Places encompass a variety of features, from accessible play spaces to paved walking paths. We'll work with you to select the amenities that best meet the needs of the area you serve. Take a look below to see what your BlueCross Healthy Place could include.

COMMUNITY SPACES

LOCATION-SPECIFIC DESIGNS



Community pavilion at David Carnes Park in Memphis.

Need some more inspiration? View our full project catalog.

Application Guidelines

Before requesting funding for a BlueCross Healthy Place project in your area, learn what we're looking for in a proposal.

Applying organizations must:

- Be the legal titleholder of the property with full approval to execute the project and ensure site readiness
- Seek community input on project priorities before proposal submission
- Provide metes and bounds documentation and most recent land survey upon submission

Those guidelines help show the types of projects we'll prioritize, but it's also important to know what we're unable to provide funds for. Here are some examples:

- Purchasing land
- Private clubs or property
- Religious programming
- Individual schools
- Staffing pay
- Co-branded projects

View our product catalog

Notification Timing

Applicants who are not chosen as finalists will receive declination notices no later than the end of the application year.

Finalists will receive proposal results no later than Feb. 1.

For more information about applying for a BlueCross Healthy Place grant, email BlueCrossHealthyPlaces@BCBST.com.

Key Considerations

While working on your application, please keep in mind that your proposed project must:

- Be free and open to the public
- Demonstrate a community benefit and include community input
- Include a project implementation timeline
- Agree to exclusive BlueCross Healthy Place branding and naming rights

Want to bring a BlueCross Healthy Place to your community?

Locations

How to Apply

About Us

Contact Us

Terms of Service

Privacy Policy

Español | العربية | 繁體中文 | Tiếng Việt | 한국어 | Français | พาສາລາວ | አጣርኛ | Deutsch | 기장인데 | 日本語 | Tagalog | हिंदी | Русский | فارسى | Kreyòl Ayisyen | Polski | Português | Italiano | Diné Bizaad

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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 1, 2025

Mr. Joe Stovall
Assistant Director of Planning and Facilities Development
Metro Board of Parks and Recreation
511 Oman St.
Nashville, TN 37219-6300

Dear Mr. Stovall:

The Metropolitan Board of Parks and Recreation, on Tuesday, July 1, 2025 approved the application for submission for the Blue Cross Blue Shield Healthy Places in-kind grant valued at approximately \$6,000,000, to include the development of a "Miracle League" field, an inclusive playground, accessible restrooms, seating, gathering areas, and concessions.

There is no match or other obligation from Metro Parks or Government related to this grant. No money will be bestowed to Metro Parks. BlueCross Healthy Places, build and design partners, will construct and manage the project. The grant also includes a Maintenance Fund that will help offset Metro Parks resources.

If further information is needed regarding the donation process, please contact Mr. Alan Enzo of my staff; he may be reached at 615 862-8400. On behalf of Metro Parks, thank you for this generous contribution to our parks system.

Monique Horton Odom, Director

and Secretary to the Board

c: Ms. Chinita White Mr. Alan Enzo

METROPOLITAN BOARD OF PARKS AND RECREATION

Centennial Park Office Park Plaza at Oman St Nashville, TN 37219 (615) 862-8400 FAX (615) 862-8414 www.nashville.gov/Parks-and-Recreation.aspx

Monique Horton Odom, Director

May 30, 2025

Dear Metropolitan Board of Parks and Recreation,

The Parks Planning and Facilities Development Division is requesting approval from the Metro Board of Parks and Recreation to apply to the BlueCross BlueShield of Tennessee Foundation for the BlueCross Healthy Place grant. By promoting community and togetherness through BlueCross Healthy Place projects, the foundation can fund community assets that assist in the development of active and healthy lifestyles.

Metro Parks Planning and Facilities Development Division is requesting to apply for an in-kind grant opportunity from BlueCross Healthy Places, with a value of approximately \$6,000,000. The in-kind grant will provide the completion of a 2-part improvement project at Cedar Hill Park in Madison. Part 1 of the project will be the renovation of the existing softball field into a Miracle League field. This is a softball/baseball field that is fully integrated with associated amenities that will serve visitors of all ages regardless of physical or mental abilities. Partnership with the Miracle League comes with many additional benefits, including on-going national media recognition and eligibility opportunities for local players and directors to attend national All-Star events. Part 2 of the project will be an inclusive playground that will replace the existing playground. The Additional park improvements will enhance parking and circulation throughout the site and include accessible restrooms, seating, gathering areas, and concessions.

These improvements are in alignment with the Plan to Play document that was adopted by the Parks Board in 2017 and will remain in alignment with the update underway. This will be the first Miracle League field located in a public park in Nashville, marking a significant step forward in promoting accessibility and equity for all members of our community. No matching funds will be required from Metro Parks, and no money will be given to Metro Parks. BlueCross Healthy Places' design and build partners will construct and manage the project. The completed improvements will be donated to Metro Parks as an in-kind grant as part of the BlueCross Healthy Places program if the grant is awarded to Metro Parks. As part of the in-kind grant, BlueCross Healthy Place will also include a Maintenance Fund component that will offset the burden on our staff and resources. No money will come to Metro Parks and all maintenance expenses will be paid directly by the grantor foundation.

In the event that Metro Parks is awarded the in-kind grant being applied, the grant award letter from BlueCross Healthy Places will be presented to the Parks Board and City Council for approval of all improvements. Thank you for your time and consideration.

Sincerely

Joseph Stovall, CPRP

Assistant Director of Planning and Facilities Development

Metro Nashville Parks and Recreation

"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"

PARTNER OVERVIEW SECTION

1. Organization Name

Metro Parks and Recreation Department of the Metropolitan Government of Nashville and Davidson County

2. Is your organization a non-profit or a municipality?

Municipality

3. Please give a brief overview of the organization's mission in the space provided:
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.

4. Organization Street Address

2565 Park Plaza

5. Organization City

Nashville

6. Organization State

Tennessee

7. Zip Code

37203

8. Mailing Address - if different than above

P.O. Box 196340 Nashville, TN 37219

9. Exact Project Location - Please share the exact location of your proposed project (i.e. Google maps link, or GPS coordinates).

https://g.co/kgs/aKokSR5

10. 501c3 Certification (upload)

N/A

11. Municipality 990 or W9 form (upload)

Uploaded

12. Federal Tax-Exempt Number

62-0694743

13. Contact Person Name

Alana Hibbler

14. Contact Person Title

Project Manager

15. Contact Person Telephone Number

(615) 862-8400

16. Contact Person Email Address

Alana.Hibbler@Nashville.gov

17. Elected Official Sponsor Name

Mayor Freddie O'Connell

18. Elected Official Phone Number

(615) 862-6000

19. Elected Official Email Address

mayor@nashville.gov

LEGAL DOCUMENTATION REVIEW & SITE PREPARATION REQUIREMENTS

- 20. Please check ONE of the following as it applies to this application.

 We have reviewed the Sample Contract with legal counsel and will request changes to the Sample Contract. (Please attach details.) We understand that exceptions to boilerplate contract language may not be approved and may result in the rejection of this application.
- 21. Documents for municipal legal team Municipal Legal Response:
 - Per our policy that is required of all Metro contracts, each document needs to include a signature spot for the Finance Director and Department of Law.
 - License Agreement:
 - -Terms are acceptable.
 - Donation Agreement:
 - -Venue needs to be the courts of Davidson County, Tennessee.
 - -We cannot agree to waive jury trails.
 - -Other terms are acceptable.
 - Transfer Agreement
 - -Terms are acceptable.
- 22. 2025 BlueCross Healthy Place Grant: Associated Officials Signature Form (upload) Uploaded
- 23. By checking this box, I affirm that I have fully read the above and understand the requirements and our expected responsibilities if our project is chosen as a 2026 BlueCross Healthy Place. Check mark

PROJECT DETAILS

24. Project Description

The Metropolitan Government of Nashville/Davidson County's Parks and Recreation Department (Metro Parks) hopes to locate a BlueCross Healthy Place within an existing park known as Cedar Hill Park located at 860 Old Hickory Boulevard in Madison, TN. This park is approximately 325-acres, with the project site area spanning approximately 10 acres. The park opened in 1965 with passive features such as open green space, hiking trails, and a man-made lake filled with fish, ducks, and swans. Over the years, active recreation improvements have brought much needed amenities to the historically underserved community. In 1977, a four-diamond softball complex opened to the public. Since then, Metro Parks has added picnic shelters, a playground, tennis courts, pickleball courts, an 18-hole disc golf course, and mountain bike trails.

The focus of this project will be to add a Miracle League Field and an inclusive playground. An underutilized existing softball field, just outside the highly popular softball complex, will be renovated into a Miracle League field. This is a softball/baseball field fully integrated with associated amenities that will serve both children and young adults with intellectual and

developmental disabilities. This project will reinforce that "Every child deserves a chance to play baseball." The adjacent inclusive playground will create safe and supportive spaces for both children and adults of all abilities to play together.

Other park amenities included in this project are a concession stand with accessible restrooms, spectator seating, a community pavilion, inclusive play spaces, bike racks, shade structures, lighting, a multipurpose field, walking track/trails, and gathering spaces. The additional supportive amenities will also enhance accessibility, increase activation and programing in Cedar Hill Park, and enhance parking and circulation throughout the site. By promoting community gathering in this safe and positive manner, Metro Parks will continue to encourage active and healthy lifestyles for increased gualities of life across all communities and generations.

25. Please briefly describe how a project like this would impact your community

Nashville Metro Parks is committed to supporting projects that enhance quality of life for all our citizens. Cedar Hill Park is in a historically underserved area with a high proportion of people of color and low-income households. In 2017, Metro Parks' Master Plan, "Plan to Play", identified Cedar Hill Park as a high-priority Regional Park for enhancements for our most vulnerable residents. This proposed project addresses a unique need in our community. The Miracle League describes their fields as assets that "serve children and adults who suffer from any physical or mental disabilities, which causes them to be excluded, whether intentionally or not, from conventional Baseball leagues." Metro Parks' disABILITIES program estimates that Davidson County is home to about 18,000 disabled individuals who could benefit from a Miracle League Field. The Miracle League also provides opportunities for local residents to attend national All-Star events.

The nearest Miracle League Field in Tennessee is over an hour's drive away, and completely inaccessible by public transit from many parts of our county. This new amenity will provide access to a new level of comradery for many Nashvillians. This initiative will have a significant positive impact on youth and adults alike to come together as neighbors to support and encourage one another through outdoor activities, regardless of abilities.

- 26. We're asking communities to design a park that meets their communities needs. Please indicate if you plan to select a custom design or select one of the following pre-designed options.

 Custom Design
- 27. Custom Design-Additional Information
 Bike Features (i.e. pump track, racks,
 maintenance stations, etc.)
 Community Pavilion
 Concession Stand
 Shade Structures
 Inclusive Play Area
 Lighting

Multi-purpose field Restroom Spectator Seating Sports Courts Walking Track Other

- 28. Please indicate which other custom design features you would like in your community:

 Miracle League Baseball Field
- 29. Please indicate which Sports Courts you would like in your community: Baseball

30. Please upload the proposed custom design images (Master plan designs will be finalized upon selection of finalists) (upload)

Uploaded

31. Does your site have access to water?

Yes

32. Does the proposed site have an existing public sewer access?

Yes

33. Will your current drainage/sewer system accommodate this new water feature? Yes

34. Does your proposed site have any existing drainage or flooding issues?

35. Please provide a description of the site's flooding or drainage issues here. If no issues, please type "N/A".

N/A

36. Estimated Project Budget

\$6,000,000

37. Is there a restroom facility or plumbing available within the project site? Yes

38. Does your proposed site have any existing drainage or flooding issues?

39. Will the proposed site be ready for construction by Quarter 2, 2025? Yes

40. Project Site Images (Please provide images of the site in its current condition (if you have a video, please email to keith_king@bcbst.com)
Uploaded and drone footage to be emailed.

41. Please provide proof of community engagement collected within the past two years. (Community input is critical for successful projects. Please provide details on how your community has been involved in this process. Also, if the proposed project is replacing an existing community asset, please show proof the community has be made aware of the removal). UPLOADS 29MB

Uploaded (PRINTED)

- 42. Project Name: Each BlueCross Healthy Place is formally named "BlueCross Healthy Place at [insert park name]. Please provide any naming preferences for your project if chosen.

 BlueCross Healthy Place Miracle League Baseball Field at Cedar Hill Park
- 43. Please provide details, history and background about the naming of your park. UPLOADS Cedar Hill Park was founded in 1964. It was initially named "Old Center Park" after the nearby Old Center School. The park was renamed "Cedar Hill Park" a year later, inspired by the park's rolling hills and native cedar trees.
- 44. Briefly share your plan for activation and programming of the proposed project upon completion. (plan for engaging and continuing the vision of the vision of the project, encouraging community connection and healthy activity, the future of the space)

 The plan for this park improvement project is to be activated and programmed in part by Metro Parks disABILITIES program. This will provide another space to build upon activities and services for youth and adults of all ages and abilities. We will be able to foster and support community connection and healthy activity. By partnering with the Miracle League Field organization to bringing baseball/softball to all youth and adults no matter their abilities, we will be able to grow opportunities for play on this field. This will expand our capacity to meet the needs of our

disabled community by providing a fantastic public facility to accommodate and support their needs. The inclusionary playground and play spaces will also add much needed areas of wellness in this area of the county.

45. By submitting this application I agree that quotes can be used for communications. Check mark

PROJECT LOCATION INFORMATION

- 46. What is the available square footage and/or acreage for the proposed site?

 The entire park is approximately 325 acres, with the proposed project area spanning approximately 10 acres.
- **47.** Does the square footage estimate include a laydown space for construction team? Yes
- 48. Please provide proof of land ownership (If the property ownership includes unique elements such as permanent easement or 99 year lease, please include details of that arrangement and proof of full authority to execute the project as proposed.) UPLOAD https://maps.nashville.gov/ParcelViewer/PrintRecord.html?pin=21516
- 49. Please provide the formal sign ordinance policy for our review https://library.municode.com/tn/metro government of nashville and davidson county/codes /code of ordinances?nodeId=CD_TIT17ZO_CH17.32SIRE
- 50. All BlueCross Healthy Place projects include entry archway signage (15.4 feet tall by 10.4 feet wide). Is this signage requirement acceptable within your local sign ordinance?

 Yes
- 51. Most recent land survey
 (If one is not currently available, please send along to keith_king@bcbst.com at earliest convenience.) "survey to follow and will be emailed to the provided contact email"

 Uploaded (PRINTED)
- **52.** Property Metes and Bounds UPLOADS Uploaded (PRINTED)
- 53. Property utility locations (water, electricity, sewer) UPLOADS Uploaded (PRINTED)
- 54. Tree or land ordinance we should be aware of (upload 1) UPLOAD https://library.municode.com/tn/metro_government_of_nashville_and_davidson_county/codes /code_of_ordinances?nodeId=CD_TIT17ZO_CH17.40ADPR_ARTXTRPRREPR
- **55.** Please disclose any actual or constructive restrictions, ordinances, regulations applicable to the property where the Project will be located, such as:
 - Easements, rights-of-way, or similar property rights

- Donor imposed restrictions on the use of the property or otherwise
- Rights of reversion, re-entry, or similar property rights
- Federal, state, or local government or agency rules and regulations, ordinances, restrictions, or other similarly-imposed obligations or limitations regarding the use of the property
- Special or required obligations regarding the maintenance of the property (e.g., with respect to trees, curbs, walkways, roads, parking lots, etc.)
- Zoning restrictions
- Past environmental hazards, conditions, or issues for the property where the Project will be located or affirm that there are no known environmental hazards, conditions, or issues for such property.
- If the property where the Project will be located is in a floodplain.

USE THIS SPACE TO INCLUDE ANY PERTINENT INFORMATION TIED TO THE LIST ABOVE (fill in the space provided) $\ensuremath{\mathsf{N/A}}$

- 56. By checking this box, I acknowledge that there are no liens or secondary owners on this land. Check mark
- 57. Letter of Recommendation (3) (more than 3 then email them with a notice)
 - o Mayor Freddie O'Connell
 - o Councilwoman Jennifer Gamble
 - Metro Parks disABILITY Program [Glen Atkins/Misty Adfield]
 - Nashville Parks Foundation [Louise Bryan]
- 58. If your application is selected, can your organization support in collecting health and usage data to help better improve this program in the future?

 Check mark
- 59. By submitting this application I agree that quotes can be used for communications.

 Check mark



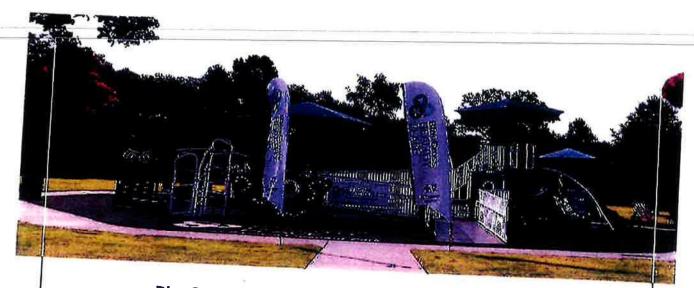
BlueCross Healthy Place: Key Stakeholder Sign-Off

Each BlueCross Healthy Place project requires many levels of approvals and cooperation for success. This form should be used to facilitate conversations and document key stakeholder awareness.

DEPARTMENT	NAME	TITLE	SIGNATURE
Construction Dept.	Gerald Smith Sr.	Director of General Services	ances
Fire Marshal			
Parks & Rec Dept.			
Permitting Dept.			
Planning Dept.		3.00	
Stormwater Engineering			
Utility Dept.			
Zoning Dept.			







BlueCross Healthy Place: Key Stakeholder Sign-Off

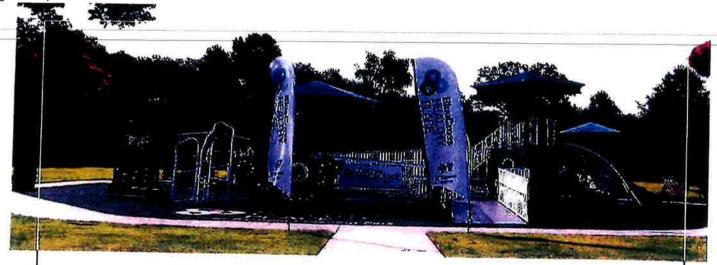
Each BlueCross Healthy Place project requires many levels of approvals and cooperation for success This form should be used to facilitate conversations and document key stakeholder awareness.

DEPARTMENT	NAME	TITLE	SIGNATURE
Construction Dept.			
Fire Marshal	Lawrence Hutchison	Fire Marshal	havre DHutty
Parks & Rec Dept.		THE POSITION	- Vanner Dipunny
Permitting Dept.			
Planning Dept.			
Stormwater Engineering			
tility Dept.			
oning Dept.			





Docusign Envelope ID: 031AAEAA-53C6-47B0-9D4E-939CF851F392



BlueCross Healthy Place: Key Stakeholder Sign-Off

Each BlueCross Healthy Place project requires many levels of approvals and cooperation for success. This form should be used to facilitate conversations and document key stakeholder awareness.

DEPARTMENT	NAME	TITLE	SIGNATURE
Construction Dept.			
Fire Marshal			
Parks & Rec Dept.	Monique Odom		Lauch e Hilder
Permitting Dept.			The state of the s
Planning Dept.			
Stormwater Engineering			
Jtility Dept.			
oning Dept.			





Docusign Envelope ID: 031AAEAA-53C6-47B0-9D4E-939CF851F392



BlueCross Healthy Place: Key Stakeholder Sign-Off

Each BlueCross Healthy Place project requires many levels of approvals and cooperation for success. This form should be used to facilitate conversations and document key stakeholder awareness.

DEPARTMENT	NAME	TITLE	SIGNATURE
Construction Dept.			
Fire Marshal			
Parks & Rec Dept.			
Permitting Dept.	N/A	N/A	N/A
Planning Dept.			
Stormwater Engineering			- 45
Utility Dept.			
Zoning Dept.			







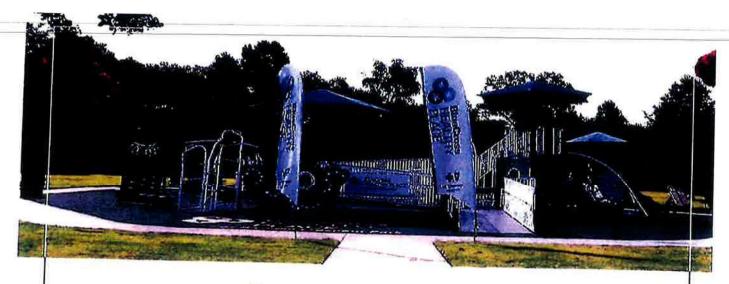
BlueCross Healthy Place: Key Stakeholder Sign-Off

Each Blue Cross Healthy Place project requires many levels of approvals and cooperation for success. This form should be used to facilitate conversations and document key stakeholder awareness.

DEPARTMENT	NAME	TITLE	SIGNATURE	
Construction Dept.				
Fire Marshal				
Parks & Rec Dept.				
Permitting Dept.				
Planning Dept.	Lucy Kempf		Sucy A. K.	lana a
Stormwater Engineering			σ	1000
Jtility Dept.				
Zoning Dept.	Lucy Kempf		Sucre A. He	LA A







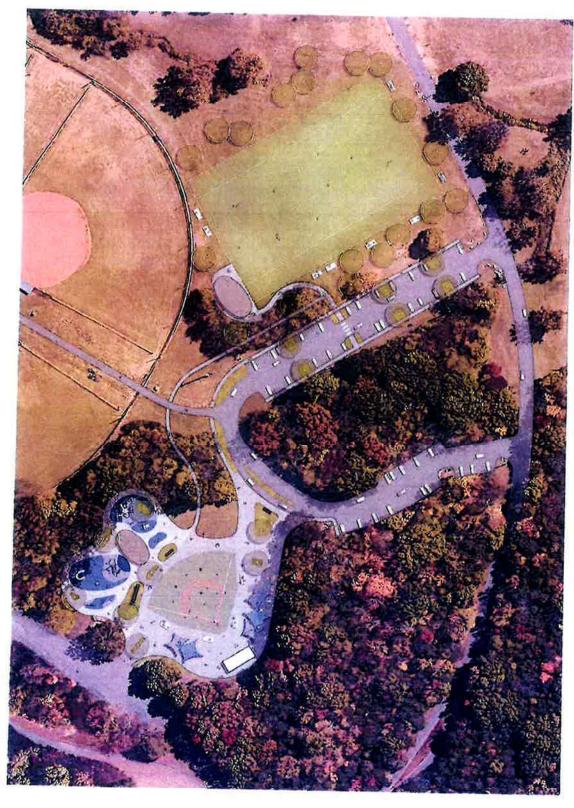
BlueCross Healthy Place: Key Stakeholder Sign-Off

Each BlueCross Healthy Place project requires many levels of approvals and cooperation for success. This form should be used to facilitate conversations and document key stakeholder awareness.

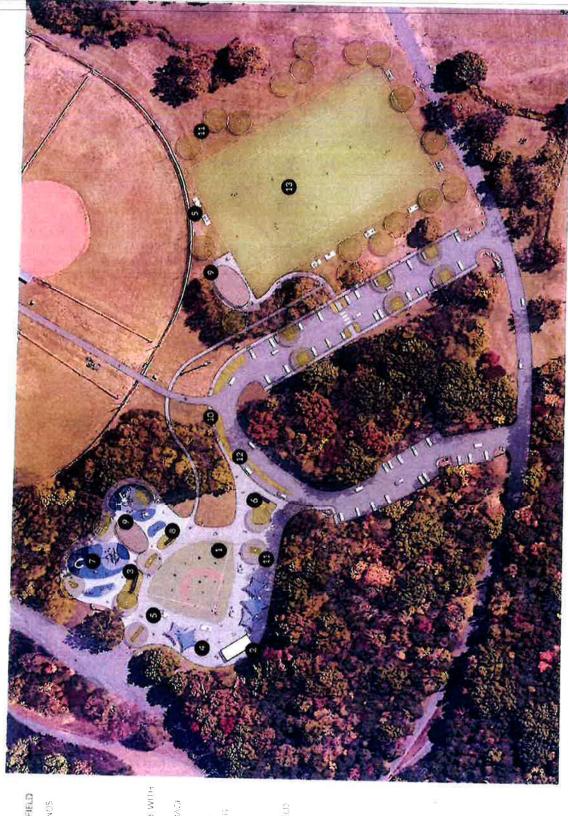
DEPARTMENT	NAME	TITLE	SIGNATURE
Construction Dept.			
Fire Marshal			
Parks & Rec Dept.			
Permitting Dept.			
Planning Dept.			
Stormwater Engineering	Scott Potter	Director	8Vst
Utility Dept.	Scott Potter	Director	8 Fet
Zoning Dept,			







CEDAR HILL PARK - MARACLE LEAGUE FIELD AND PLAYGROUND

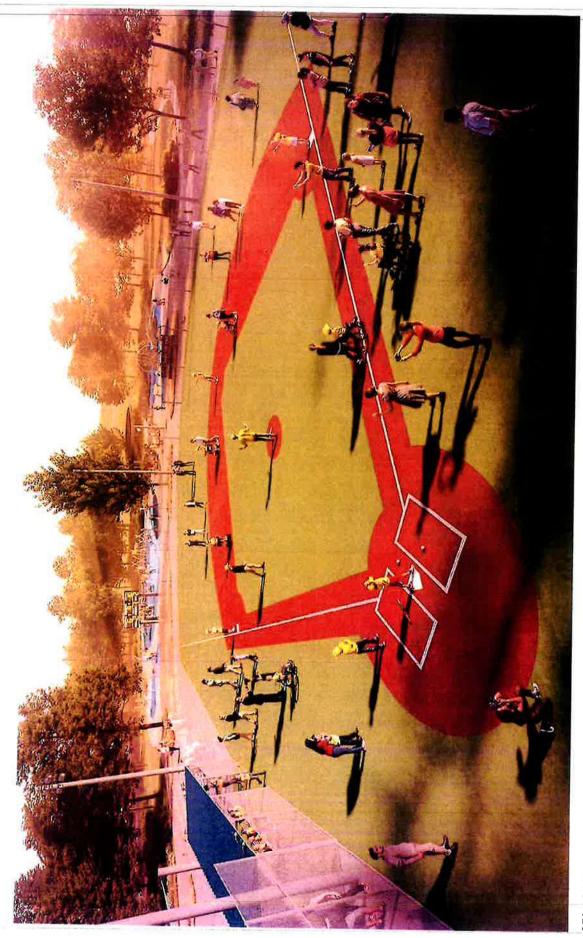


CEDAR HILL PARK - MARACLE LEAGUE FIELD AND PLAYGROUND

LEGEND

888

CEDAR HILL PARK - MARACLE LEAGUE FIELD AND PLAYGROUND 34,224 (CONCEPT RENDER



CEDAR HILL PARK - MARACLE LEAGUE FIELD AND PLAYGROUND







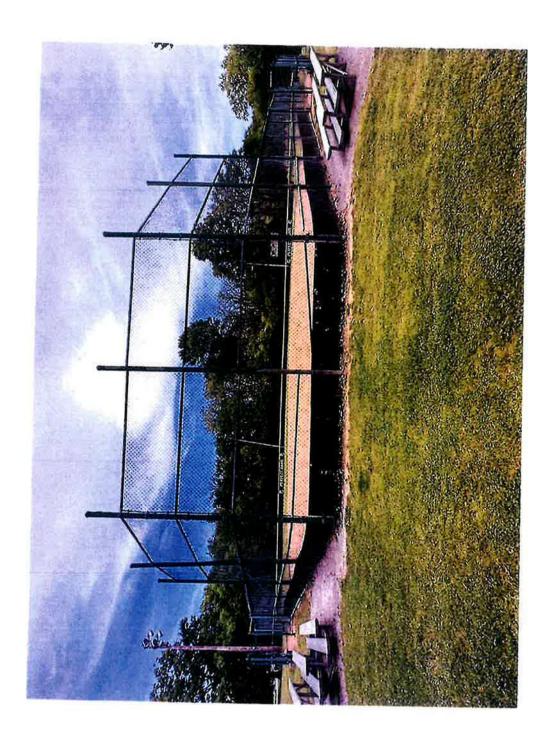


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Community Engagement Opportunities

Cedar Hill Park, Madison, TN





05/07/24 Board of Parks and Recreation

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Metro Parks Board Meeting

displayed for the public during and after the meeting. The public and the Parks Board had the opportunity to Assistant Director of Parks Planning and Special Projects, Joseph Stovall, CPRP, presented the Cedar Hill Park improvement project at the Parks Board Meeting in May 2024. Project design boards were shown and speak on and ask questions and show support for this project.

MAY 2024 BOARD AGENDA Page 3 of 4

VIII. NEW BUSINESS

05-24-04

required from Metro. No money will be bestowed to Metro Parks. BlueCross Healthy Places build and design partners will construct and Staff requests approval for submission and ultimate acceptance of the manage the project. The grant also includes a Maintenance Fund that Blue Cross Blue Shield Healthy Places grant for the development of a Miracle Field and Playground at Cedar Hill Park. The grant valued at The grant will be in-kind to Metro Parks. No matching funds will be accessible restrooms, seating, gathering arears, and concessions. development of a "Miracle League" field, an inclusive playground, approximately \$5,000,000 will fund improvements including the will help offset Metro Parks resources. Council District 3

BOARD APPROVES REQUEST FOR SUBMISSION OF THE BLUE CROSS BLUE SHIELD HEALTHY PLACES GRANT APPLICATION FOR THE DEVELOPMENT OF A MIRACLE FIELD AND PLAYGROUND AT CEDAR HILL PARK.

Ms. Scott-Barnes made a motion to amend the request to read "staff request approval for submission of the Blue Cross Blue Shield Healthy Places grant for the development of a Miracle Field and Playground at Cedar Hill Park". Upon motion of Mr. Henley, seconded by Mr. DeLay and discussion, the amended request, was approved. Council District 3







Nashville Parks Foundation Board Reception

The President of the Nashville Parks Foundation presented the Cedar Hill Park Improvement Project to their Board, friends, and supporters. Miracle League Field park design boards were displayed and Metro Parks staff were in attendance and provided insight and answered questions about the project.













Cedar Hill Park Community Day

Councilwoman Jennifer Gamble came together with neighbors for the Inaugural Cedar Hill Park Community Day in May 2024. Booth participation of more than 25 community organizations offered resources, games, and food at the event. Residents were able to ask questions about Metro Parks improvement projects and other projects happening in the district.



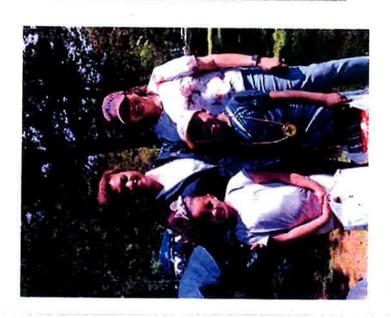












APPLICATION FOR

(Write name of grant here) <u>Cedar Hill Park ML Field 2025</u>

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Department

Date



Certificate Of Completion

Envelope Id: CB1694E3-BD4B-406C-9292-FDB9C71D7023 Status: Completed

Subject: Complete with Docusign: Parks-BlueCrossHealthPlacesCedar Hill Park ML Field 2025-APP Ready.pdf

Source Envelope:

Document Pages: 42 Signatures: 4 Envelope Originator:
Certificate Pages: 16 Initials: 3 Juanita Paulson

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Envelopeld Stamping: Enabled

Nashville, TN 37219

Time Zone: (UTC-06:00) Central Time (US & Canada)

Juanita.Paulsen@nashville.gov

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Signer Events Signature Timestamp

Daniel Harden

Daniel.Harden@nashville.gov

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Aaron.Pratt@nashville.gov Viewed: 7/18/2025 8:27:17 AM

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Jenneen Reed/adm

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Signature Adoption: Pre-selected Style
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ID. 311ddb0b-731b-43u0-039e-u9270u2e273u

Balogun Cobb
balogun.cobb@nashville.gov
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Using IP Address: 170.190.198.185

Security Level: Email, Account Authentication (None)

Signature Adoption: Pre-selected Style

Electronic Record and Signature Disclosure:

(None)

Security Level: Email, Account Authentication

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Macy.Amos@nashville.gov	Macy Amos	Viewed: 7/22/2025 9:53:33 AM
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Kristin Wilson		Sent: 7/22/2025 9:53:50 AM
Kristin.Wilson@nashville.gov	£U0	Viewed: 7/22/2025 10:02:26 AM
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mayor@nashville.gov	Freddie O'Connell	Viewed: 7/22/2025 3:37:40 PM
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Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Alan Enzo		Sent: 7/22/2025 3:38:05 PM
Alan.Enzo@nashville.gov	COPIED	
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via Docusign		
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Chinita.White@nashville.gov	COPIED	

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Notary Events	Signature	Timestamp		
Envelope Summary Events	Status	Timestamps		
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Signing Complete	Security Checked	7/22/2025 3:38:02 PM		
Completed	Security Checked	7/22/2025 3:38:06 PM		
Payment Events	Status	Timestamps		
Electronic Record and Signature Disclosure				

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Service Plan without notice. Subscriber's usage under a Service Plan is measured based on the actual number of Seats as described in the Service Plan on the Site. Once a per-Seat Service Plan is established, the right of the named Authorized User to access and use the Subscription Service is not transferable; any additional or differently named Authorized Users must purchase per-Seat Service Plans to send Envelopes. Extra seats, users and/or per use fees will be charged as set forth in Subscriber's Service Plan if allowed by such Service Plan. If a Services Plan defines a monthly Envelope Allowance (i.e. # Envelopes per month allowed to be sent), all Envelopes sent in excess of the Envelope Allowance will incur a per-Envelope charge. Any unused Envelope Allowances will expire and not carry over from one billing period to another under a Service Plan. Subscriber's Account will be deemed to have consumed an Envelope at the time the Envelope is sent by Subscriber, regardless of whether Envelopes were received by recipients, or whether recipients have performed any actions upon any eContract in the Envelope. Powerforms are considered Envelopes within an Envelope Allowance Service Plan, and will be deemed consumed at the time they are "clicked� by any end user regardless of whether or not any actions are subsequently performed upon such Envelope. For Service Plans that specify the Envelope Allowance is "Unlimited,� Subscriber is allowed to send a reasonable number of Envelopes from the number of Seats purchased. If DocuSign suspects that the number of Envelopes sent from a particular Seat or a group of Seats is abusive and/or unduly burdensome, DocuSign will promptly notify Subscriber, discuss the use-case scenario with Subscriber and any continued monitoring, additional discussions and/or information required to make a final determination on the course of action based on such information. In the event Subscriber exceeds, in DocuSign's sole discretion, reasonable use restrictions under a Service Plan, DocuSign reserves the right to transfer Subscriber into a higher-tier Service Plan without notice. If you misrepresent your eligibility for any Service Plan, you agree to pay us the additional amount you would have been charged under the most favorable pricing structure for which you are eligible. DocuSign may discontinue a Service Plan at any time, and with prior notice to you, may migrate your Account to a similar Service Plan that may carry a different fee. You agree to allow us to charge your credit card for the fees associated with a substitute Service Plan, even if those fees are higher than those you agreed to when you registered your Account. Optional asures, are measured at the time of use, and such charges are specific to the number of units of the service(s) used during the billing period. Optional services subject to periodic charges, such as additional secure storage, are charged on the same periodic basis as the Service Plan fees for the Subscription Service. 7. SUBSCRIBER SUPPORT DocuSign will provide Subscriber support to Subscriber as specified in the Service Plan selected by Subscriber, and that is further detailed on DocuSign's website. 8. STORAGE DocuSign will store eContracts per the terms of the Service Plan selected by Subscriber. For Service Plans that specify the Envelope storage amount is "Unlimited,� DocuSign will store an amount of Envelopes that is not abusive and/or unduly burdensome, in DocuSign's sole discretion. Subscriber may retrieve and store copies of eContracts for storage outside of the System at any time during the Term of the Service Plan when Subscriber is in good financial standing under these Terms and Conditions, and may delete or purge eContracts from the System at its own discretion. DocuSign may, at its sole discretion, delete an uncompleted eContract from the System immediately and without notice upon earlier of: (i) expiration of the Envelope (where Subscriber has established an expiration for such Envelope, not to exceed 365 days); or (ii) expiration of the Term. DocuSign assumes no liability or responsibility for a party's failure or inability to electronically sign any eContract within such a period of time. DocuSign may retain Transaction Data for as long as it has a

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overdraft, insufficient funds, and over the credit limit fees. You agree to notify us about any billing problems or discrepancies within 20 days after they first appear on your invoice. If you do not bring them to our attention within 20 days, you agree that you waive your right to dispute such problems or discrepancies. We may modify the price, content, or nature of the Subscription Service and/or your Service Plan at any time. If we modify any of the foregoing terms, you may cancel your use of the Subscription Service. We may provide notice of any such changes by e-mail, notice to you upon log-in, or by publishing them on the Site. Your payment obligations survive any termination of your use of the Subscription Service before the end of the billing cycle. Any amount not paid when due will be subject to finance charges equal to 1.5% of the unpaid balance per month or the highest rate permitted by applicable usury law, whichever is less, determined and compounded daily from the date due until the date paid. Subscriber will reimburse any costs or expenses (including, but not limited to, reasonable attorneys' fees) incurred by DocuSign to collect any amount that is not paid when due. DocuSign may accept any check or payment in any amount without prejudice to DocuSign's right to recover the balance of the amount due or to pursue any other right or remedy. Amounts due to DocuSign under these Terms and Conditions may not be withheld or offset by Subscriber for any reason against amounts due or asserted to be due to Subscriber from DocuSign. Unless otherwise noted and Conditions are denominated in United States dollars, and Subscriber will pay all such amounts in United States dollars. Other than federal and state net income taxes imposed on DocuSign by the United States, Subscriber will bear all taxes, duties, VAT and other governmental charges (collectively, "taxes�) resulting from these Terms and Conditions or transactions conducted in relation to these Terms and Conditions. Subscriber will pay any additional taxes as are necessary to ensure that the net amounts received and retained by DocuSign after all such taxes are paid are equal to the amounts that DocuSign would have been entitled to in accordance with these Terms and Conditions as if the taxes did not exist. 11. DEPOSITS, SERVICE LIMITS, CREDIT REPORTS, AND RETURN OF BALANCES You authorize us to ask consumer reporting agencies or trade references to furnish us with employment and credit information, and you consent to our rechecking and reporting personal and/or business payment and credit history if, in our sole discretion, we so choose. If you believe that we have reported inaccurate information about your account to a consumer reporting agency, you may send a written notice describing the specific inaccuracy to the address provided in the Notices section below. For you to use the Subscription Service, we may require a deposit or set a service limit. The deposit will be held as a partial guarantee of payment. It cannot be used by you to pay your invoice or delayed payment. Unless otherwise required by law, deposits may be mixed with other funds and will not earn interest. We reserve the right to increase your deposit if we deem appropriate. You may request that we reevaluate your deposit on an annual basis, which may result in a partial or total refund of the deposit to you or credit to your account. If you default or these Terms and Conditions are terminated, we may, without notice to you, apply any deposit towards payment of any amounts you owe to us. After approximately 90 days following termination of these Terms and Conditions, any remaining deposit or other credit balance in excess of amounts owed will be returned without interest, unless otherwise required by law, to you at your last known address. You agree that any amounts under \$15 will not be refunded to cover our costs of closing your account. If the deposit balance is undeliverable and returned to us, we will hold it for you for one year from the date of return and, during that period, we may charge a service fee against the deposit balance. You hereby grant us a security interest in any deposit we require to secure the performance of your obligations under these Terms and

Conditions. 12. TERM AND TERMINATION The term of these Terms and Conditions for each Account begins on the date you register for an Account and continues for the term specified by the Service Plan you purchase (the "Term�). You may terminate your Account at any time upon 10 days advance written notice to DocuSign following the Notice procedures set forth in these Terms and Conditions. Unless you terminate your Account or you set your Account to not auto renew, your Service Plan will automatically renew at the end of its Term (each a "Renewal Term�), and you authorize us (without notice) to collect the then-applicable fee and any taxes for the renewed Service Plan, using any credit card we have on record for you. Service Plan fees and features may change over time. Your Service Plan for a Renewal Term will be the one we choose as being closest to your Service Plan from the prior Term. For any termination (including when you switch your Account), you will be responsible for payment of all fees and charges through the end of the billing cycle in which termination occurs. If you terminate your annual Service Plan Account within the first 30 days of the Term, you may submit written request to DocuSign following the Notice procedures set forth in these Terms and Conditions, for a full refund of the prepaid fees paid by you to DocuSign. You will be limited to one refund. You agree that termination of an annual Service Plan after the first 30 days will not entitle you to any refund of prepaid fees. You will be in default of these Terms and Conditions if you: (a) fail to pay any amount owed to us or an affiliate of ours or any amount appearing on your invoice; (b) have amounts still owing to us or an affiliate of ours from a prior account; (c) breach any provision of these Terms and Conditions; (d) violate any policy applicable to the Subscription Service; (e) are subject to any proceeding under the Bankruptcy Code or similar laws; or (f) if, in our sole discretion, we believe that your continued use of the Subscription Service presents a threat to the security of other users of the Subscription Service. If you are in default, we may, without notice to you, suspend your Account and use of the Subscription Service, withhold refunds and terminate your Account, in addition to all other remedies available to us. We may require reactivation charges to reactivate your Account after termination or suspension. The following provisions will survive the termination of these Terms and Conditions and your Account: Sections 3, 9-11, and 15-23. 13. SUBSCRIBER WARRANTIES You hereby represent and warrant to DocuSign that: (a) you have all requisite rights and authority to use the Subscription Service under these Terms and Conditions and to grant all applicable rights herein; (b) the performance of your obligations under these Terms and Conditions will not violate, conflict with, or result in a default under any other agreement, including confidentiality agreements between you and third parties; (c) you will use the Subscription Service for lawful purposes only and subject to these Terms and Conditions; (d) you are responsible for all use of the Subscription Service in your Account; (e) you are solely responsible for maintaining the confidentiality of your Account names and password(s); (f) you agree to immediately notify us of any unauthorized use of your Account of which you become aware; (g) you agree that DocuSign will not be liable for any losses incurred as a result of a third party's use of your Account, regardless of whether such use is with or without your knowledge and consent; (h) you will not use the Subscription Service in any manner that could damage, disable, overburden or impair the System, or interfere with another's use of the Subscription Service by others; (i) any information submitted to DocuSign by you is true, accurate, and correct; and (j) you will not attempt to gain unauthorized access to the System or the Subscription Service, other accounts, computer systems, or networks under the control or responsibility of DocuSign through hacking, cracking, password mining, or any other unauthorized means. 14. DOCUSIGN WARRANTIES DocuSign represents and warrants that: (a) the Subscription Service as delivered to Subscriber

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Sent: 9/16/2025 1:38:09 PM Viewed: 9/16/2025 3:33:08 PM Signed: 9/16/2025 3:34:04 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Aaron Pratt

Aaron.Pratt@nashville.gov

Security Level: Email, Account Authentication

(None)

Acron Prott

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

Sent: 9/16/2025 3:34:07 PM Viewed: 9/16/2025 3:35:40 PM Signed: 9/16/2025 3:36:17 PM

Electronic Record and Signature Disclosure:

Accepted: 9/16/2025 3:35:40 PM

ID: 1f7613f8-995e-4676-a4c5-571e285e7523

Jenneen Reed/mjw

MaryJo.Wiggins@nashville.gov

Security Level: Email, Account Authentication

(None)

Jenneen Reed/m/w

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.100

Sent: 9/16/2025 3:36:19 PM Viewed: 9/16/2025 3:37:56 PM Signed: 9/16/2025 3:38:57 PM

Electronic Record and Signature Disclosure:

Accepted: 9/16/2025 3:37:56 PM

ID: 23a9cced-8b33-43d9-ad87-53bc9471ac8f

Hannah Zeitlin

Hannah.Zeitlin@nashville.gov Security Level: Email, Account Authentication

(None)

Hannale Zeitlin

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.192

Sent: 9/16/2025 3:38:59 PM Viewed: 9/16/2025 3:43:29 PM Signed: 9/16/2025 3:43:50 PM

Electronic Record and Signature Disclosure:

- C	•	• • • • • • • • • • • • • • • • • • •
Accepted: 9/16/2025 3:43:29 PM ID: 97f90063-0553-44e6-9179-4173ef26775c		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Karina Valdez karina.valdez@nashville.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure:	COPIED	Sent: 9/16/2025 3:43:53 PM
Sally Palmer sally.palmer@nashville.gov	COPIED	Sent: 9/16/2025 3:43:53 PM Viewed: 9/16/2025 3:44:47 PM

Timestamp

Signature

Signer Events

Security Level: Email, Account Authentication

Electronic Record and Signature Disclosure: Accepted: 9/16/2025 8:34:40 AM ID: d1fe788b-0336-49b4-91fd-4f26188084a6

Witness Events	Signature	Timestamp		
Notary Events	Signature	Timestamp		
Envelope Summary Events	Status	Timestamps		
Envelope Sent	Hashed/Encrypted	9/16/2025 1:38:09 PM		
Certified Delivered	Security Checked	9/16/2025 3:43:29 PM		
Signing Complete	Security Checked	9/16/2025 3:43:50 PM		
Completed	Security Checked	9/16/2025 3:43:53 PM		
Payment Events	Status	Timestamps		
Electronic Record and Signature Disclosure				

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