
GRANT SUMMARY SHEET

Grant Name: Child & Adult Care Food Program 23-24

Department: PARKS & RECREATION

Grantor: TN Dept. of Human Services

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

Total Award this Action: \$704,491.00

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 14 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 <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input checked="" type="radio"/>		Contract Amendment <input type="radio"/>	
Department	Dept. No.	Contact			Phone	Fax	
PARKS & RECREATION	040	Alan Enzo			862-8400	862-8414	
Grant Name:		Child & Adult Care Food Program 23-24					
Grantor:		TN Dept. of Human Services			Other:		
Grant Period From:		10/01/23	(applications only) Anticipated Application Date:				
Grant Period To:		09/30/24	(applications only) Application Deadline:				
Funding Type:		STATE	Multi-Department Grant		<input type="checkbox"/> If yes, list below.		
Pass-Thru:			Outside Consultant Project:		<input type="checkbox"/>		
Award Type:		OTHER	Total Award:		\$704,491.00		
Status:		CONTINUATION	Metro Cash Match:		\$0.00		
Metro Category:		Est. Prior.	Metro In-Kind Match:		\$0.00		
CFDA #		N/A	Is Council approval required?		<input checked="" type="checkbox"/>		
Project Description:			Applic. Submitted Electronically?		<input checked="" type="checkbox"/>		
<p>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 14 Parks locations.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
<p>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.</p>							
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:		0.00	Actual number of positions added:		0.00		
Departmental Indirect Cost Rate		20.51%	Indirect Cost of Grant to Metro:		\$144,491.10		
*Indirect Costs allowed?		<input type="radio"/> Yes <input checked="" type="radio"/> No	% Allow.	after grant approval	Ind. Cost Requested from Grantor:		grant approval 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	FY23	\$0.00	\$528,368.25	\$0.00	\$0.00		\$0.00	\$528,368.25	\$108,368.33	\$0.00
Yr 2	FY24	\$0.00	\$176,122.75	\$0.00	\$0.00		\$0.00	\$176,122.75	\$36,122.78	\$0.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$0.00	\$704,491.00	\$0.00	\$0.00		\$0.00	\$704,491.00	\$144,491.10	\$0.00
Date Awarded:				09/27/23	Tot. Awarded:		\$704,491.00	Contract#:		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

August 1, 2023

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, August 1, 2023, approved the renewal and ultimate acceptance of the Child and Adult Care Food Program (CACFP) grant for the grant period 10/1/23 - 9/30/24.

This program provides nutritious meals and snacks for children and Adults attending the after-school programs currently at fourteen (14) 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

"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

Enzo, Alan (Parks)

From: Fletcher, Tiffanie (Parks)
Sent: Friday, September 29, 2023 1:25 PM
To: Morrow, Darlene L. (Parks); Enzo, Alan (Parks); Neloms, Stevon (Parks)
Cc: Manuel, Barbara (Parks)
Subject: FW: TIPS Application Packet Notification

Pleased to announce our 2023-2024 CACFP Approval!!

From: Tennessee DHS Prod Help Desk <helpdesk@cnpus.com>
Sent: Wednesday, September 27, 2023 4:37 PM
To: Fletcher, Tiffanie (Parks) <Tiffanie.Fletcher@nashville.gov>
Subject: TIPS Application Packet Notification

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

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: 2023/2024
Program: Child & Adult Care Food Program (CACFP)
Application Packet Status: Approved

**Child & Adult Care Food Program
Sponsor Budget for 2023 - 2024**

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	14	
2.	Total Annual CACFP Revenue from prior 12 months	\$231,423.05	\$231,423.05
B. Projected Operating Costs: Labor			
	Executive Staff	\$0.00	\$0.00
	Management Staff	\$0.00	\$0.00
	Staff	\$47,366.00	\$47,366.00
C. Projected Administrative Costs: Labor			
	Executive Staff	\$0.00	\$0.00
	Management Staff	\$12,000.00	\$12,000.00
	Staff	\$2,000.00	\$2,000.00
D. Projected Operating Costs			
	Brief Description	Projected Cost	Approved Cost
1.	Food Purchases Food purchases for Meal Prep	\$585,000.00	\$585,000.00
2.	Meal Contracts (meal cost)	\$0.00	\$0.00
3.	Mileage (meal transporting cost) Fuel Cost	\$8,200.00	\$8,200.00
4.	Non-Food Supplies Paper Product	\$24,000.00	\$24,000.00
5.	Printing/Postage/Com munications Menus, Training Documents	\$625.00	\$625.00
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	\$665,191.00	\$665,191.00
E. Net Operating Amount			

1. Difference (A-D)	\$-433,767.95	\$-433,767.95
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F. Projected Administrative CACFP Expenditures

Brief Description	Projected Cost	Approved Cost
1. Durable Supplies under Kitchen Supplies \$5,000	\$5,000.00	\$5,000.00
2. Office Materials (Expendable) Supplies Office materials	\$500.00	\$500.00
3. Equipment Purchases over \$5,000	\$0.00	\$0.00
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 Workshop/Participant Training	\$600.00	\$600.00
10. Nutrition Education Materials Teaching Kitchens	\$4,000.00	\$4,000.00
11. Meetings, Conferences, and Staff Training Professional Staff Meetings, Conferences, Tra	\$5,000.00	\$5,000.00
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 CACFP Membership	\$10,000.00	\$10,000.00
16. Other Administrative Expenditures/Advertising Expenditures/Advertising	\$0.00	\$0.00
Total Administrative Costs	\$39,300.00	\$39,300.00

G. Summary

1. Total Expenditures (Operating and Administrative)	\$704,491.00	\$704,491.00
2. Total Anticipated Annual CACFP Reimbursement	\$704,491.00	\$704,491.00
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)	\$704,491.00	\$704,491.00
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

**SIGNATURE PAGE
FOR**

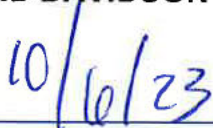
GRANT NO. VCA CACFP 2023-2024

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY




Department



Date

APPROVED AS TO AVAILABILITY OF FUNDS:



Director of Finance

1/2/2024 | 4:20 PM CST

Date

APPROVED AS TO RISK AND INSURANCE:



Director of Insurance

1/3/2024 | 6:32 AM PST

Date

APPROVED AS TO FORM AND LEGALITY:



Metropolitan Attorney

1/3/2024 | 8:23 AM CST

Date

FILED:

Metropolitan Clerk

Date

Child & Adult Care Food Program Sponsor Application for 2023 - 2024

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

- Does your organization operate the CACFP in any other state(s)? Yes No
Name(s) of State(s):
- Projected Program Start Date: 10/01/2023 Projected Program End Date: 09/30/2024

Addresses

Physical Address

- Address Line 1: 511 Oman Street
Address Line 2:
- City: Nashville
- State: TN Zip: 37203-1234 USPS Zip Code Lookup
- County: Davidson County (019)

Mailing Address

- Address Line 1: P.O. Box 196340
Address Line 2:
- City: Nashville
- 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] | |
| 12. Email Address: | | [REDACTED] | |
| 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] | |
| 18. Email Address: | | [REDACTED] | |

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] | |
| 24. Email Address: | | [REDACTED] | |
| 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] | |
| 30. Email Address: | | [REDACTED] | |
| 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.

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? 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: 7/17/2023 10:10:55 AM Modified By: DE49BCG on: 9/27/2023 7:31:05 AM

**Child & Adult Care Food Program
Sponsor Budget for 2023 - 2024**

00711 Status: Active

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DBA: Metro Parks and Recreation

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Document Attachments
