

Resolution No. RS2020-620

A resolution approving an application for a Child and Adult Care Food Program (CACFP) grant from the Tennessee Department of Human Services to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Parks and Recreation Department, to provide nutritious meals and snacks for children attending after school programs in six park locations.

WHEREAS, the Tennessee Department of Human Services is accepting applications for a Child and Adult Care Food Program (CACFP) grant with an award of \$525,660.84 with no cash match required; and,

WHEREAS, The Metropolitan Government of Nashville and Davidson County is eligible to participate in this grant program; and,

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

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

Section 1. That the Metropolitan Government's application for a Child and Adult Care Food Program (CACFP) grant with an award of \$525,660.84, a copy of which is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Parks and Recreation Department is authorized to submit said application to the Tennessee Department of Human Services.

Section 2. 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:

DocuSigned by:

*Kevin Crumbo*

Kevin Crumbo, Director  
Department of Finance

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

*Meki Eke*

Assistant Metropolitan Attorney

INTRODUCED BY:

*Kyomte Jomiss*

*[Signature]*

Member(s) of Council

*Zulfat Suara*

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## GRANT APPLICATION SUMMARY SHEET

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**Grant Name:** Child and Adult Care Food Program 20-21

**Department:** PARKS & RECREATION

**Grantor:** TN Dept. of Children's Services

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

**Total Applied For** \$525,660.84

**Metro Cash Match:** \$0.00

**Department Contact:** Alan Enzo  
862-8400

**Status:** NEW

**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 6 Parks locations.

**Plan for continuation of services upon grant expiration:**

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

**APPROVED AS TO AVAILABILITY  
OF FUNDS:**

**APPROVED AS TO FORM AND  
LEGALITY:**

DocuSigned by:  
Kevin Crumboltz 10/21/2020  
**Director of Finance** **Date**

DocuSigned by:  
Nicki Eke 10/21/2020  
**Metropolitan Attorney** **Date**

**APPROVED AS TO RISK AND  
INSURANCE:**

DocuSigned by:  
Balogun Cobb 10/21/2020  
**Director of Risk Management** **Date**  
**Services**

### Grants Tracking Form

Part One

<b>Pre-Application</b> <input type="radio"/>		<b>Application</b> <input checked="" type="radio"/>		<b>Award Acceptance</b> <input type="radio"/>		<b>Contract Amendment</b> <input type="radio"/>	
<b>Department</b>	<b>Dept. No.</b>	<b>Contact</b>		<b>Phone</b>	<b>Fax</b>		
PARKS & RECREATION	040	Alan Enzo		862-8400	862-8414		
<b>Grant Name:</b>		Child and Adult Care Food Program 20-21					
<b>Grantor:</b>		TN Dept. of Human Services		<b>Other:</b>			
<b>Grant Period From:</b>		10/01/20		<small>(applications only)</small> <b>Anticipated Application Date:</b>		09/30/20	
<b>Grant Period To:</b>		09/30/21		<small>(applications only)</small> <b>Application Deadline:</b>		09/30/20	
<b>Funding Type:</b>		State		<b>Multi-Department Grant</b>		<input type="checkbox"/> <b>If yes, list below.</b>	
<b>Pass-Thru:</b>				<b>Randall Funding Project:</b>		<input type="checkbox"/>	
<b>Award Type:</b>		Formula		<b>Total Award:</b>		\$525,660.84	
<b>Status:</b>		New		<b>Metro Cash Match:</b>		\$0.00	
<b>Metro Category:</b>		New Initiative		<b>Metro In-Kind Match:</b>		\$0.00	
<b>CFDA #</b>		N/A		<b>Is Council approval required?</b>		<input type="checkbox"/>	
<b>Project Description:</b>				<b>Applic. Submitted Electronically?</b>		<input type="checkbox"/>	

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 6 Parks locations.

**Plan for continuation of service after expiration of grant/Budgetary Impact:**

The 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 \$** \_\_\_\_\_ **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:**

<b>Is already in department budget?</b>		<input type="checkbox"/>	<b>Fund</b>	<b>Business Unit</b>
<b>Is not budgeted?</b>		<input type="checkbox"/>	<b>Proposed Source of Match:</b>	
<b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>			<b>Requested from Cont. Match Fund:</b>	

**Other:**

<b>Number of FTEs the grant will fund:</b>		0.00	<b>Actual number of positions added:</b>		0.00
<b>Departmental Indirect Cost Rate</b>		17.66%	<b>Indirect Cost of Grant to Metro:</b>		\$92,831.70
<b>*Indirect Costs allowed?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>% Allow.</b>		0.00%
			<b>Ind. Cost Requested from Grantor:</b>		\$0.00
<b>in budget</b>					

\*(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	FY20		\$394,245.63		\$0.00		\$0.00	\$394,245.63		\$0.00
Yr 2	FY21		\$131,415.21		\$0.00		\$0.00	\$131,415.21		\$0.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		<b>\$0.00</b>	<b>\$525,660.84</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$525,660.84</b>	<b>\$92,831.70</b>	<b>\$0.00</b>
<b>Date Awarded:</b>			<b>Tot. Awardec</b>			<b>Contract#:</b>				
<b>(or) Date Denied:</b>			<b>Reason:</b>							
<b>(or) Date Withdrawn:</b>			<b>Reason:</b>							

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

GCP Rec'd  
10/13/20

GCP Approved  
10/13/20

*VW*

JOHN COOPER, MAYOR

# METROPOLITAN BOARD OF PARKS AND RECREATION

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



(615) 862-8400  
Fax (615) 862-8414  
[www.nashville.gov/parks](http://www.nashville.gov/parks)

Monique Horton Odom, Director

August 6, 2020

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

Dear Stevon:

As you are aware the Metro Parks Board, at its meeting held Tuesday, August 4, 2020, granted approval to your request to renew the application for FY21 for the Child and Adult Care Food Program to be offered in six (6) of Metro Parks' after school programs. This program provides consistent nutritious meals and snacks for children attending after school programming that contributes to their wellness, healthy growth and development.

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

Sincerely,

Monique Horton Odom, Director  
and Secretary to the Board

:jf

*"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

9/28/2020

Tennessee Department of Human Services | Child &amp; Adult Care Food Program Sponsor Application for 2020 - 2021

## Child & Adult Care Food Program Sponsor Application for 2020 - 2021

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: 10/01/2020                      Projected Program End Date: 09/30/2021

**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:  |                       | 02/28/1970 (mm/dd/yyyy)         |           |
| 12. Email Address:  |                       | tiffanie.fletcher@nashville.gov |           |
| 13. Facility Phone: | (615) 862-8400        | Ext:                            | Fax:      |
| 14. Cell/Alt Phone: | (615) 638-0244        |                                 |           |
| 15. Title:          | Program Administrator |                                 |           |

**Executive Director/Owner**

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

9/28/2020

Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Application for 2020 - 2021

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

**Claim Preparer**

- |                     | Salutation            | First Name                      | Last Name |
|---------------------|-----------------------|---------------------------------|-----------|
| 22. Name:           |                       | Tiffanie D                      | Fletcher  |
| 23. Date of Birth:  |                       | 02/28/1970 (mm/dd/yyyy)         |           |
| 24. Email Address:  |                       | tiffanie.fletcher@nashville.gov |           |
| 25. Facility Phone: | (615) 862-8400        | Ext:                            | Fax:      |
| 26. Cell/Alt Phone: | (615) 638-0244        |                                 |           |
| 27. Title:          | Program Administrator |                                 |           |

**Authorized Individual**

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

- |                     | Salutation     | First Name                   | Last Name |
|---------------------|----------------|------------------------------|-----------|
| 28. Name:           | Mrs.           | Darlene                      | Morrow    |
| 29. Date of Birth:  |                | 09/22/1974 (mm/dd/yyyy)      |           |
| 30. Email Address:  |                | darlene.morrow@nashville.gov |           |
| 31. Facility Phone: | (615) 862-8400 | Ext:                         | Fax:      |
| 32. Cell/Alt Phone: | (615) 430-4633 |                              |           |
| 33. Title:          | Superintendent |                              |           |

**Ethnicity Data**

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

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

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

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

**Racial Data**

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

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

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

37. Program Participants (enter number of enrolled participants)
- |                                    |    |         |
|------------------------------------|----|---------|
| American Indian or Alaskan Native: | 0  | 0.00 %  |
| Asian:                             | 4  | 4.00 %  |
| Black or African American:         | 57 | 56.10 % |

9/28/2020

Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Application for 2020 - 2021

Native Hawaiian or Pacific Islander: 2 2.00 %  
 White: 37 37.00 %

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

Metro Nashville School Data

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

9/28/2020

Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Application for 2020 - 2021

misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

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

Created By: Tiffanie.Fletcher@nashville.gov on: 6/24/2020 10:03:55 AM Modified By: Tiffanie.Fletcher@nashville.gov on: 6/24/2020 10:15:50 AM



## Child & Adult Care Food Program Sponsor Budget for 2020 - 2021

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	<b>FOR STATE USE ONLY Approved</b>
<b>A. Anticipated Annual CACFP Revenue</b>		
1. Number of sites anticipated for sponsorship	6	
2. Total Annual CACFP Revenue from prior 12 months	\$1.00	\$1.00

**B. Projected Operating Costs: Labor**

Executive Staff	\$0.00	\$0.00
Management Staff	\$0.00	\$0.00
Staff	\$121160.84	\$121,160.84

**C. Projected Administrative Costs: Labor**

Executive Staff	\$0.00	\$0.00
Management Staff	\$0.00	\$0.00
Staff	\$0.00	\$0.00

**D. Projected Operating Costs**

	Brief Description	Projected Cost	Approved Cost
1. Food Purchases	Food Purchases for meal prep	\$374,400.00	\$374,400.00
2. Meal Contracts (meal cost)		\$0.00	\$0.00
3. Mileage (meal transporting cost)	Gas Purchases	\$5,200.00	\$5,200.00
4. Non-Food Supplies	paper products	\$18,000.00	\$18,000.00
5. Printing/Postage/Communications	Menus, Training Documents	\$400.00	\$400.00
6. Purchased Services	Milk Delivery	\$1,000.00	\$1,000.00
7. Food Service Space		\$0.00	\$0.00
8. Reimbursement to Unaffiliated Centers		\$0.00	\$0.00
<b>Total Operating Costs</b>		<b>\$520,160.84</b>	<b>\$520,160.84</b>

**E. Net Operating Amount**

1. Difference (A-D)		\$-520,159.84	\$-520,159.84
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### F. Projected Administrative CACFP Expenditures

	Brief Description	Projected Cost	Approved Cost
1.	Durable Supplies under \$5,000	\$0.00	\$0.00
2.	Office Materials (Expendable) Supplies Toner, paper	\$500.00	\$500.00
3.	Equipment Purchases over \$5,000 Blenders, Professional Cookware, Juicer, Utensils	\$3,000.00	\$3,000.00
4.	Equipment Rental/Lease	\$0.00	\$0.00
5.	Printing/Postage/Com munications flyers, post cards, mail outs	\$200.00	\$200.00
6.	Office Space/Rental/Lease/De preciation Use Allowance	\$0.00	\$0.00
7.	Utilities/Facility Maintenance/Janitorial Services	\$0.00	\$0.00
8.	Travel for Program Operations	\$0.00	\$0.00
9.	Center Workshops/Participant Training workshops	\$200.00	\$200.00
10.	Nutrition Education Materials educational programs	\$500.00	\$500.00
11.	Meetings, Conferences, and Staff Training Staff Training	\$300.00	\$300.00
12.	Contracted/Professiona l Services	\$0.00	\$0.00
13.	Insurance Premiums	\$0.00	\$0.00
14.	Bonds	\$0.00	\$0.00
15.	Memberships/Subscript ions/Professional Activities NRPA Conference	\$800.00	\$800.00
16.	Other Administrative Expenditures/Advertisi ng	\$0.00	\$0.00
<b>Total Administrative Costs</b>		<b>\$5,500.00</b>	<b>\$5,500.00</b>

### G. Summary

1.	Total Expenditures (Operating and Administrative)	\$525,660.84	\$525,660.84
2.	Total Anticipated Annual CACFP Reimbursement	\$525,660.84	\$525,660.84
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)	\$525,660.84	\$525,660.84

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

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- 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

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Actions	Notes	Version	Uploaded By

Created By: Tiffanie.Fletcher@nashville.gov on: 7/13/2020 2:59:19 PM Modified By: Tiffanie.Fletcher@nashville.gov on: 7/14/2020 5:33:17 PM