

LEGISLATIVE TRACKING FORMFiling for Council Meeting Date: 02/03/26

Resolution



Ordinance

Contact/Prepared By: Everett Tucker FilbrunDate Prepared: 01/08/26Title (Caption): Carolyn Smith Foundation GrantSubmitted to Planning Commission? ☒

N/A



Yes-Date: _____

Proposal No: _____

Proposing Department: Office of Family SafetyRequested By: Diane LanceAffected Department(s): Office of Family SafetyAffected Council District(s): All

Legislative Category (check one):

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

FINANCE Amount +/-: \$ \$ 30,000.00Match: \$ \$ 0.00

Funding Source:

- ☐ Capital Improvement Budget
- ☐ Capital Outlay Notes
- ☐ Departmental/Agency Budget
- ☐ Funds to Metro
- ☐ General Obligation Bonds
- ☐ Grant
- ☐ Increased Revenue Sources

Judgments and Losses

- ☐ Local Government Investment Project
- ☐ Revenue Bonds
- ☐ Self-Insured Liability
- ☐ Solid Waste Reserve
- ☐ Unappropriated Fund Balance
- ☐ 4% Fund
- ☐ Other: _____

Approved by OMB: Aaron Pratt

Date to Finance Director's Office: _____

Approved by Finance/Accounts: _____

APPROVED BYApproved by Div Grants Coordination: Juanita Paulsen**FINANCE DIRECTOR'S OFFICE:** _____**ADMINISTRATION**

Council District Member Sponsors: _____

Council Committee Chair Sponsors: _____

Approved by Administration: _____ Date: _____

DEPARTMENT OF LAW

Date to Dept. of Law: _____

Approved by Department of Law: _____

Settlement Resolution/Memorandum Approved by: _____

Date to Council: _____

For Council Meeting: _____



E-mailed Clerk

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

Department of Law - White Copy

Administration - Yellow Copy

Finance Department - Pink Copy

GRANT SUMMARY SHEET

Grant Name: Carolyn Smith Foundation Grant 26

Department: OFFICE OF FAMILY SAFETY

Grantor: CAROLYN SMITH FOUNDATION

**Pass-Through Grantor
(If applicable):** COMMUNITY FDN OF MIDDLE TN.

Total Award this Action: \$30,000.00

Cash Match Amount \$0.00

Department Contact: LaToya Townsend
862-5159

Status: NEW

Program Description:

Providing funds for the OFS Holiday Shop for victims of domestic violence and their children. With the donation, OFS has been able to give children presents, caregiver gifts, clothing, coats, shoes, and more to the highest-risk families served.

Plan for continuation of services upon grant expiration:

We request donations on a rolling basis.

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
OFFICE OF FAMILY SAFETY	51	LaToya Townsend	862-5159	
Grant Name:		Carolyn Smith Foundation Grant 26		
Grantor:		CAROLYN SMITH FOUNDATION	Other:	
Grant Period From:		12/09/25	(applications only) Anticipated Application Date:	
Grant Period To:			(applications only) Application Deadline:	
Funding Type:	FOUNDATION	Multi-Department Grant <input type="checkbox"/> If yes, list below.		
Pass-Thru:	COMMUNITY FDN OF MIDDLE TN.	Outside Consultant Project: <input type="checkbox"/>		
Award Type:	COMPETITIVE	Total Award: \$30,000.00		
Status:	NEW	Metro Cash Match: \$0.00		
Metro Category:	New Initiative	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"/>		
Providing funds for the OFS Holiday Shop for victims of domestic violence and their children. With the donation, OFS has been able to give children presents, caregiver gifts, clothing, coats, shoes, and more to the highest-risk families served.				
Plan for continuation of service after expiration of grant/Budgetary Impact:				
We request donations on a rolling basis.				
How is Match Determined?				
Fixed Amount of \$	n/a	or	0.0%	% of Grant
Explanation for "Other" means of determining match:		Other: <input type="checkbox"/>		
n/a				
For this Metro FY, how much of the required local Metro cash match:				
Is already in department budget?	\$0.00	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	10.50%	Indirect Cost of Grant to Metro:	\$ 3,150.00	
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No	% Allow. 0.00%	Ind. Cost Requested from Grantor:	\$0.00	in budget
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)				
Draw down allowable?	<input type="checkbox"/>			
Metro or Community-based Partners:				

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY26	\$30,000.00						\$30,000.00	\$3,150.00	\$0.00
Yr 2										
Yr 3										
Yr 4										
Yr 5										
Total		\$30,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$30,000.00	\$3,150.00	\$0.00
Date Awarded:		01/09/26		Tot. Awarded:		\$30,000.00	Contract#:		CHECK	
(or) Date Denied:				Reason:						
(or) Date Withdrawn:				Reason:						

Contact: juanita.paulsen@nashville.gov
vaughn.wilson@nashville.gov

Rev. 5/13/13

6151

GCP Received 01/09/2026

GCP Approved 01/09/2026

JP

Resolution No. _____

A resolution accepting a grant from the Carolyn Smith Foundation in conjunction with the Community Foundation of Middle Tennessee to the Metropolitan Government, acting by and through the Office of Family Safety, to provide funding for the Holiday Shop for victims of domestic violence and their children.

WHEREAS, the Carolyn Smith Foundation in conjunction with the Community Foundation of Middle Tennessee has awarded a grant in an amount not to exceed \$30,000.00 with no cash match required to the Metropolitan Government, acting by and through the Office of Family Safety, to provide funding for the Holiday Shop for victims of domestic violence and their children; and,

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

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

Section 1. That the grant by and between the Carolyn Smith Foundation in conjunction with the Community Foundation of Middle Tennessee, in an amount not to exceed \$30,000.00 to the Metropolitan Government, acting by and through the Office of Family Safety, to provide funding for the Holiday Shop for victims of domestic violence and their children, a copy of which is attached hereto and incorporated herein, is hereby approved.

Section 2. That the amount of this grant is to be appropriated to the Office of Family Safety based on the revenues estimated to be received and any match to be applied.

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

APPROVED AS TO AVAILABILITY
OF FUNDS:

Jenneen Reed/mjr
Jenneen Reed, Director
Department of Finance

INTRODUCED BY:

APPROVED AS TO FORM
AND LEGALITY:

Courtney Mohan
Assistant Metropolitan Attorney

Member(s) of Council

Timeline of Donation

11/13/25- OFS reached out to the Mayor's Office via email about the loss of a large holiday donor.

11/19/25- OFS met with Justin Gaines from the Mayor's Office and the Executive Director of the Carolyn Smith Foundation to discuss the loss of a donation partner and ask for money towards the program.

11/21/25- Executive Director met with family to discuss the need for funds.

11/24/25 - The Board of the Carolyn Smith Foundation approved the funds to be sent to the OFS account at the Community Foundation.

12/9/25- \$30,000 donation from the Carolyn Smith Foundation arrived at the Community Foundation.

From: Lance, Diane (OFS) <dianelance@jisonashville.gov>

Sent: Friday, November 21, 2025 12:02 PM

To: Amy Fair <afair@cfmt.org>

Cc: Gaines, Justin (Mayor's Office) <justin.gaines@nashville.gov>; Muller, Courtney (OFS) <CourtneyJMuller@jisonashville.gov>

Subject: Metro Office of Family Safety & Community Foundation

Hello Amy,

We are potentially going to receive a donation soon and the potential funder is asking us about where the deposit should be made.

Are we on track to establish a donation fund with you all? Is there anything else you need from me?

Many Thanks

Diane

From: Lance, Diane (OFS) <dianelance@jisonashville.gov>

Sent: Monday, November 24, 2025 9:23 AM

To: Amy Fair <afair@cfmt.org>

Cc: Muller, Courtney (OFS) <CourtneyJMuller@jisonashville.gov>

Subject: Re: Metro Office of Family Safety & Community Foundation

Good morning Amy,

We will be receiving a \$30,000 donation - we just received the news this morning! The donor would like to know when you think we will be good to go - what are your thoughts?

If there is something for me to sign outside of Docusign can I swing by your building and do it there, I live nearby.

Many thanks!

Diane

***Donation Funds are being used to reimburse the OFS account. In the meantime, we have used our own funds to purchase holiday gifts and meet the needs of our clients.

From: Amy Fair <afair@cfmt.org>

Sent: Tuesday, December 9, 2025 5:10 PM

To: Muller, Courtney (OFS) <CourtneyJMuller@jnsnashville.gov>; Stowe, Jennifer (OFS) <JenniferRStowe@jnsnashville.gov>; Lance, Diane (OFS) <dianelance@jnsnashville.gov>

Cc: McGuire, Sean (OFS) <SeanPMcguire@jnsnashville.gov>

Subject: RE: Metro Office of Family Safety & Community Foundation

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

Money from Carolyn Smith Fdn arrived today: \$30,000

Documents will be sent over for review tomorrow.

Thanks everyone, Amy

CAROLYN SMITH FOUNDATION
1080 GLENBROOK WAY STE 400 #300
MEMPHIS, TN 38103

12/2/25
1381
10-1000
OF
\$1000.00

Pay to the
Order of CFMT

\$ 30,000.00

Thirty-thousand & 00/100

RECEIVED

DEC 8 9 2025

Charlotte White Spivey
For: Office of Family Safety Fund

Jessica DeFoy

SIGNATURE PAGE
FOR
GRANT NO. Community Foundation-Carolyn Smith Foundation

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

METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY

Signed by:
Diane Lance/ldt
3138D429935C485...
Director
Metro Office of Family Safety

1/9/2026
Date

APPROVED AS TO AVAILABILITY
OF FUNDS:

Jennine Reed/jrw
Director of Finance
Department of Finance

1/18/2026 | 6:46 PM CST
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Insurance

1/21/2026 | 9:50 AM CST
Date

APPROVED AS TO FORM AND
LEGALITY:

Courtney Mohan
Metropolitan Attorney

1/20/2026 | 9:16 AM CST
Date

FILED:

Metropolitan Clerk

Date