

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 10/21/25

☒ Resolution ☐ Ordinance

Contact/Prepared By: Alan Enzo

Date Prepared: 08/19/25

Title (Caption): VCA CACFP 2025-2026 grant - APPLICATION. This grant application is for the Tennessee Department of Human Services Child

And Adult Care Food Program. This is a reimbursement grant providing food program services at 17 Parks locations.

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

Proposing Department: Parks and Recreation Requested By: Monique Odom

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

Legislative Category (check one):

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

FINANCE Amount +/-: \$ <u>\$ 918,334.28</u> Funding Source: Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources	Match: \$ <u>\$ 0.00</u> Judgments and Losses Local Government Investment Project Revenue Bonds Self-Insured Liability Solid Waste Reserve Unappropriated Fund Balance 4% Fund Other: _____
Approved by OMB: <u>Aaron Pratt</u> DH Approved by Finance/Accounts: _____ Approved by Div Grants Coordination: <u>Juanita Paulsen</u>	Date to Finance Director's Office: _____ APPROVED BY FINANCE DIRECTOR'S OFFICE: _____

ADMINISTRATION	
Council District Member Sponsors: _____	
Council Committee Chair Sponsors: _____	
Approved by Administration: _____	Date: _____

DEPARTMENT OF LAW	
Date to Dept. of Law: _____	Approved by Department of Law: _____
Settlement Resolution/Memorandum Approved by: _____	
Date to Council: _____	For Council Meeting: _____
☐ 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 APPLICATION SUMMARY SHEET

Grant Name: Child & Adult Care Food Program 25-26
Department: PARKS & RECREATION
Grantor: TENNESSEE DEPARTMENT OF HUMAN SERVICES
Pass-Through Grantor (If applicable):
Total Applied For \$918,334.28
Metro Cash Match: \$0.00
Department Contact: Alan Enzo
862-8400
Status: CONTINUATION

Program Description:
The Child & Adult Care Food Program provides reimbursement funding for meals and snacks served to children enrolled in at-risk after-school programs. New funding will provide food program services at 17 Parks locations.
Plan for continuation of services upon grant expiration:
This grant is offered annually and the department expects to re-apply each year when the grant program is announced. Should funds become unavailable the Parks Department will evaluate the availability of other resources for funding.

APPROVED AS TO AVAILABILITY OF FUNDS: APPROVED AS TO FORM AND LEGALITY:

Jennene Reed/mjw 9/23/2025 | 10:08 AM Hannah Zeitlin 9/23/2025 | 8:32 AM PDT
AP DH Date Date

APPROVED AS TO INSURANCE:

Balagun Cobb 9/23/2025 | 10:27 AM Freddie O'Connell 9/23/2025 | 2:46 PM CDT
k Management Date Date
Services (This application is contingent on approval 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:	Child & Adult Care Food Program 25-26			
Grantor:	TENNESSEE DEPARTMENT OF HUMAN SERVICES ▼	Other:		
Grant Period From:	10/01/25	(applications only) Anticipated Application Date:	10/01/25	
Grant Period To:	09/30/26	(applications only) Application Deadline:	10/01/25	
Funding Type:	STATE ▼	Multi-Department Grant	☐	→ If yes, list below.
Pass-Thru:	▼	Outside Consultant Project:	☐	
Award Type:	OTHER ▼	Total Award:	\$918,334.28	
Status:	CONTINUATION ▼	Metro Cash Match:	\$0.00	
Metro Category:	Est. Prior. ▼	Metro In-Kind Match:	\$0.00	
CFDA #	N/A	Is Council approval required?	☒	
Project Description:	Applic. Submitted Electronically? ☒			

The Child & Adult Care Food Program provides reimbursement funding for meals and snacks served to children enrolled in at-risk after-school programs. New funding will provide food program services at 17 Parks locations.

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

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

How is Match Determined?

Fixed Amount of \$ N/A **or** **% of Grant** **Other:** ☐

Explanation for "Other" means of determining match:

N/A

For this Metro FY, how much of the required local Metro cash match:

Is already in department budget?	N/A	Fund	Business Unit
Is not budgeted?		Proposed Source of Match:	
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)			
Other:			
Number of FTEs the grant will fund:	2.88	Actual number of positions added:	0.00
Departmental Indirect Cost Rate	15.07%	Indirect Cost of Grant to Metro:	\$138,392.98
*Indirect Costs allowed? ☐ Yes ☒ No % Allow.	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? ☐

Metro or Community-based Partners:

Part Two

Grant Budget

Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY26		\$688,750.71					\$688,750.71	\$103,794.73	\$0.00
Yr 2	FY27		\$229,583.57					\$229,583.57	\$34,598.24	\$0.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
Total		\$0.00	\$918,334.28	\$0.00	\$0.00		\$0.00	\$918,334.28	\$138,392.98	\$0.00
Date Awarded:					Tot. Awarded:		Contract#:			
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

JP

Resolution No. _____

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, acting by and through the Metro Parks and Recreation Department, to provide nutritious meals and snacks for children attending after school programs at 17 community center locations.

WHEREAS, the Tennessee Department of Human Services is accepting applications for a Child and Adult Care Food Program (CACFP) grant with an award of \$918,334.28 with no cash match required; and,

WHEREAS, the Metropolitan Government 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 the 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 application for a Child and Adult Care Food Program (CACFP) grant, with an award of \$918,334.28, a copy of which is attached hereto and incorporated herein, is hereby approved, and the Metro 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:

Jenneen Reed/mjw
Jenneen Reed, Director
Department of Finance

INTRODUCED BY:

APPROVED AS TO FORM AND
LEGALITY:

Hannah Britlin
Assistant Metropolitan Attorney

Member(s) of Council

VCA CACFP 2025-2026 Grant - Notice of Funding Opportunity

Child and Adult Care Food Program (CACFP)

<https://www.tn.gov/humanservices/children/dhs-nutrition-programs/child-and-adult-care-food-program.html>

The Child and Adult Care Food Program (CACFP) is a federally funded program that provides reimbursement for eligible meals that are served to participants who meet age and income requirements. Administrative payments are also provided for those agencies that sponsor the participation of day care homes. All payments are based on annual rates established by the U.S. Department of Agriculture (USDA). CACFP provides aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons. Research shows that well-nourished children are healthier, more attentive, and have better mental performance than children who are under-nourished. Findings also indicate that children served by CACFP eat healthier food than children who bring food from home. The CACFP helps facilities implement "best practices" to ensure children have access to a variety of nutritious foods.

Request Information about CACFP

Current CACFP Sites

Contact Us:

Phone: (615) 313-4749

Email: CACFP.DHS@tn.gov

Address: Tennessee Department of Human Services
Nutrition Programs-CACFP
James K. Polk Building
505 Deaderick Street, 15th Floor
Nashville, Tennessee 37243-1403

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. **fax:**

(833) 256-1665 or (202) 690-7442; or

3. **email:**

Program.Intake@usda.gov

This institution is an equal opportunity provider.

[History of the program](#)
[Monitoring Information](#)
[CACFP eligible programs](#)
[How to Apply](#)
[Application Assistance](#)
[CACFP Policy Memos](#)
[Financial Information](#)
[Forms](#)
[Manuals](#)
[Additional Resources](#)
[At-Risk Afterschool Meals](#)



METROPOLITAN BOARD OF PARKS AND RECREATION

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

(615) 862-8400
Fax (615) 862-8414
www.nashville.gov/parks

Monique Horton Odom, Director

May 6, 2025

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

Dear Mr. Neloms:

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

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

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

Sincerely,

Monique Horton Odom, Director
and Secretary to the Board

c: Chinita White
Alan Enzo

"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

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

00711 Status: Active

NASHVILLE & DAVIDSON COUNTY METRO GOVERNMENT

DBA: Metro Parks and Recreation

511 Oman Street

Nashville, TN 37203-1234

Type of Agency: Government Agency

Agreement Type: Sponsor of Affiliated Sites

Code	Warning Description
301040	In order to be eligible for this program, a documented monitoring plan must be developed and adhered to.

Version: Original**Sponsor Type**

1. Does your organization operate the CACFP in any other state(s)? Yes ☐ No ☒
- Name(s) of State(s):
2. Projected Program Start Date: 10/01/2025 Projected Program End Date: 09/30/2026

Addresses**Physical Address**

3. Address Line 1: 511 Oman Street
Address Line 2:
4. City: Nashville
5. State: TN Zip: 37203-1234 [USPS Zip Code Lookup](#)
6. County: Davidson County (019)

Mailing Address

7. Address Line 1: P.O. Box 196340
Address Line 2:
8. City: Nashville
9. State: TN Zip: 37219-6340 [USPS Zip Code Lookup](#)

Contacts**Program Contact**

The Program Contact must be an individual who has been authorized to act on behalf of the Sponsor by agreeing to and signing the Statement of Authority.

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

Executive Director/Owner

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

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

Claim Preparer

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

Authorized Individual

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

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

Ethnicity Data

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

34. Geographic Area (enter percentages)

Hispanic or Latino: 12.00 %
 Non-Hispanic or Latino: 88.00 %

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

35. Program Participants (enter number of enrolled participants)

Hispanic or Latino: 12 12.00 %
 Non-Hispanic or Latino: 88 88.00 %

Racial Data

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

36. Geographic Area (enter percentages)

American Indian or Alaskan Native: 0.00 %
 Asian: 4.00 %
 Black or African American: 57.00 %
 Native Hawaiian or Pacific Islander: 2.00 %
 White: 37.00 %

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

37. Program Participants (enter number of enrolled participants)

American Indian or Alaskan Native: 0 0.00 %
 Asian: 4 4.04 %

Black or African American:	56	56.57 %
Native Hawaiian or Pacific Islander:	2	2.02 %
White:	37	37.37 %

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

Metropolitan Schools

39. Describe your procedure to collect and maintain ethnic and racial data of children enrolled in participating centers.

Ethnic and racial will be collected in the fall during enrollment process and maintained yearly with program enrollment.

General Questions

40. Has the Sponsor received \$750,000 or more in TOTAL federal funds for any programs administered? Yes ☐ No ☒
41. Do you have a documented monitoring plan for monitoring your sites? ☒ Yes No ☐
42. Do you prefer Cash-in-Lieu of Commodities instead of Donated Foods? ☒ Yes No ☐
43. Are you a church? Yes ☐ No ☒

Certification

44. Federal regulations require an agency to certify information regarding past business participation and criminal background. Please answer the following questions:

1. Has the agency or any of the agency's principals participated in any publicly funded programs within the past seven years? ☒ Yes No ☐

NOTE: Principal means any individual who holds a management position within, or is an officer of, the Sponsor (sponsor), including all members of the Sponsor's board of directors, or otherwise exercises control of, or determines the actions of, the Sponsor.

Publicly funded means money that is received from a local, state, or federal governmental agency.

If yes, submit a listing of the publicly funded programs in which the Sponsor and its principals have participated in the past seven years and currently participate in.

2. Within the past seven years, has the Sponsor or any principals been declared ineligible to participate in any other publicly funded programs for violating program requirements? Yes ☐ No ☒

If yes, answer question #3.

3. Were the violations corrected and eligibility restored, including payments of debts owed? Yes ☐ No ☒

If yes, submit documentation of reinstatement, including proof of payment of debts owed, if applicable.

If no, submit a detailed explanation.

4. Has the Sponsor or any of the Sponsor's principals been convicted of any activity that occurred within the past seven years that indicated a lack of business integrity? Yes ☐ No ☒

NOTE: A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.

If yes, submit a detailed explanation.

45. ☒ This is to certify that this Sponsor intends that all electronic signatures executed by our employees, agents, or representatives, located anywhere in the world, are legally binding equivalent of traditional handwritten signatures. By checking the box, this Sponsor is certifying by electronic signature that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and

correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

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

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

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

00711 Status: Active

NASHVILLE & DAVIDSON COUNTY METRO GOVERNMENT

DBA: Metro Parks and Recreation

511 Oman Street

Nashville, TN 37203-1234

Type of Agency: Government Agency

Agreement Type: Sponsor of Affiliated Sites

Budget Version: OriginalSponsor Complete
This Column**FOR STATE USE ONLY**
Approved**A. Anticipated Annual CACFP Revenue**

1. Number of sites anticipated for sponsorship	17	
2. Total Annual CACFP Revenue from prior 12 months	\$241,236.74	\$0.00

B. Projected Operating Costs: Labor

Executive Staff	\$0.00	\$0.00
Management Staff	\$63,513.50	\$0.00
Staff	\$0.00	\$0.00

C. Projected Administrative Costs: Labor

Executive Staff	\$0.00	\$0.00
Management Staff	\$38,370.78	\$0.00
Staff	\$0.00	\$0.00

D. Projected Operating Costs

	Brief Description	Projected Cost	Approved Cost
1. Food Purchases	Food Supplies for meals	\$750,000.00	\$0.00
2. Meal Contracts (meal cost)		\$0.00	\$0.00
3. Mileage (meal transporting cost)	Delivery and maintenance cost	\$15,000.00	\$0.00
4. Non-Food Supplies	Food Serving Supplies	\$30,000.00	\$0.00
5. Printing/Postage/Communications	Menus and marketing	\$850.00	\$0.00
6. Purchased Services		\$0.00	\$0.00
7. Food Service Space		\$0.00	\$0.00
8. Reimbursement to Unaffiliated Centers		\$0.00	\$0.00
Total Operating Costs		\$859,363.50	\$0.00

E. Net Operating Amount

1. Difference (A-D)	\$-618,126.76	\$0.00
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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	\$0.00	\$0.00
3.	Equipment Purchases over \$5,000	\$0.00	\$0.00
4.	Equipment Rental/Lease	\$0.00	\$0.00
5.	Printing/Postage/Communications	\$0.00	\$0.00
6.	Office Space/Rental/Lease/Depreciation Use Allowance	\$0.00	\$0.00
7.	Utilities/Facility Maintenance/Janitorial Services	\$0.00	\$0.00
8.	Travel for Program Operations	\$0.00	\$0.00
9.	Center Workshops/Participant Training	\$0.00	\$0.00
10.	Nutrition Education Teaching Kitchens Materials	\$6,000.00	\$0.00
11.	Meetings, Conferences, Conference and Staff Training	\$8,000.00	\$0.00
12.	Contracted/Professional Software Services	\$6,000.00	\$0.00
13.	Insurance Premiums	\$0.00	\$0.00
14.	Bonds	\$0.00	\$0.00
15.	Memberships/Subscriptions/Professional Activities	\$600.00	\$0.00
16.	Other Administrative Expenditures/Advertising	\$0.00	\$0.00
Total Administrative Costs		\$58,970.78	\$0.00

G. Summary

1.	Total Expenditures (Operating and Administrative)	\$918,334.28	\$0.00
2.	Total Anticipated Annual CACFP Reimbursement	\$918,334.28	\$0.00
3.	Prior Year Carryover Non Profit Food Program Revenue	\$0.00	\$0.00
4.	Total Other Revenue	\$0.00	\$0.00
Explanation of Source of Other Revenue			

5.	Total Revenue (G2 + G3 + G4)	\$918,334.28	\$0.00
6.	Net Balance (G5 Total Revenue – G1 Total Expenditures)	\$0.00	\$0.00
7.	There are expenditures that require prior approval or specific written prior approval (SPWA).		

Certification



I certify that the information on this form, and supporting documents, is true and correct and that I will immediately report to the Department of Human Services any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Department of Human Services may verify information; and the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Document Attachments

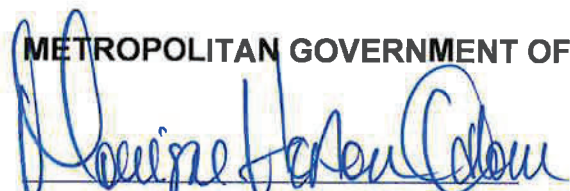
Actions	Notes	Version	Uploaded By

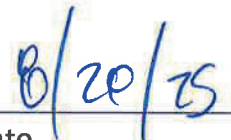
Created By: Tiffanie.Fletcher@nashville.gov on: 7/28/2025 11:57:38 AM Modified By: Tiffanie.Fletcher@nashville.gov on: 8/19/2025 12:00:24 PM

APPLICATION FOR

(Write name of grant here) VCA CACFP 2025-2026

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY


Department


Date