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## GRANT SUMMARY SHEET

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**Grant Name:** Child & Adult Care Food Program 24-25

**Department:** PARKS & RECREATION

**Grantor:** TENNESSEE DEPARTMENT OF HUMAN SERVICES

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

**Total Award this Action:** \$754,013.00

**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 15 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	
<b>Grant Name:</b>		Child & Adult Care Food Program (CACFP) 24-25					
<b>Grantor:</b>		TENNESSEE DEPARTMENT OF HUMAN SERVICES			<b>Other:</b>		
<b>Grant Period From:</b>		10/01/24	(applications only) <b>Anticipated Application Date:</b>				
<b>Grant Period To:</b>		09/30/25	(applications only) <b>Application Deadline:</b>				
<b>Funding Type:</b>		STATE	<b>Multi-Department Grant</b>		<input type="checkbox"/> <b>If yes, list below.</b>		
<b>Pass-Thru:</b>			<b>Outside Consultant Project:</b>		<input type="checkbox"/>		
<b>Award Type:</b>		OTHER	<b>Total Award:</b>		\$754,013.00		
<b>Status:</b>		CONTINUATION	<b>Metro Cash Match:</b>		\$0.00		
<b>Metro Category:</b>		Est. Prior.	<b>Metro In-Kind Match:</b>		\$0.00		
<b>CFDA #</b>		N/A	<b>Is Council approval required?</b>		<input checked="" type="checkbox"/>		
<b>Project Description:</b>				<b>Applic. Submitted Electronically?</b>		<input checked="" 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 15 Parks locations.							
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>							
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.							
<b>How is Match Determined?</b>							
<b>Fixed Amount of \$</b>		N/A	<b>or</b>		<b>% of Grant</b>		<b>Other:</b> <input type="checkbox"/>
<b>Explanation for "Other" means of determining match:</b>							
N/A							
<b>For this Metro FY, how much of the required local Metro cash match:</b>							
<b>Is already in department budget?</b>		N/A		<b>Fund</b>		<b>Business Unit</b>	
<b>Is not budgeted?</b>				<b>Proposed Source of Match:</b>			
<b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>							
<b>Other:</b>							
<b>Number of FTEs the grant will fund:</b>		2.88		<b>Actual number of positions added:</b>		0.00	
<b>Departmental Indirect Cost Rate</b>		17.91%		<b>Indirect Cost of Grant to Metro:</b>		\$135,043.73	
<b>*Indirect Costs allowed?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>% Allow.</b>		<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)							
<b>Draw down allowable?</b> <input type="checkbox"/>							
<b>Metro or Community-based Partners:</b>							

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	FY25		\$565,509.75					\$565,509.75	\$101,282.80	\$0.00
Yr 2	FY26		\$188,503.25					\$188,503.25	\$33,760.93	\$0.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		<b>\$0.00</b>	<b>\$754,013.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$754,013.00</b>	<b>\$135,043.73</b>	<b>\$0.00</b>
<b>Date Awarded:</b>				10/04/24	<b>Tot. Awarded:</b>		\$754,013.00	<b>Contract#:</b>		
<b>(or) Date Denied:</b>					<b>Reason:</b>					
<b>(or) Date Withdrawn:</b>					<b>Reason:</b>					



## Enzo, Alan (Parks)

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**From:** Enzo, Alan (Parks)  
**Sent:** Wednesday, October 2, 2024 1:12 PM  
**To:** Enzo, Alan (Parks)  
**Subject:** VCA CACFP 2024-2025 - FY25-FY26 GRANT AWARD LETTER - FW: TIPS Application Packet Notification 2024-2025

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**From:** Fletcher, Tiffanie (Parks) <Tiffanie.Fletcher@nashville.gov>  
**Sent:** Tuesday, October 1, 2024 5:24 PM  
**To:** Morrow, Darlene L. (Parks) <darlene.morrow@nashville.gov>; Neloms, Stevon (Parks) <Stevon.Neloms@nashville.gov>; White, Chinita (Parks) <Chinita.White@nashville.gov>; Enzo, Alan (Parks) <Alan.Enzo@nashville.gov>  
**Cc:** Floyd, Thomas C (Parks) <Thomas.Floyd@nashville.gov>  
**Subject:** TIPS Application Packet Notification 2024-2025

It is with great pleasure to announce Metro Parks and Recreation's approval for the 2024-2025 Child and Adult Care Food Program.

Thank You!

*Tiffanie D. Fletcher*

### Metro Nashville Parks and Recreation

Wellness, Community Recreation, and Cultural Arts Division  
Special Program Coordinator Parks~ Nutrition, Kirkpatrick Community Center  
Program Administrator, Child and Adult Care Food Program

[Fletcher.tiffanie@nashville.gov](mailto:Fletcher.tiffanie@nashville.gov)

998 Sevier Street  
Nashville, TN 37206  
Office: 615-862-8453  
Cell: 615-638-0244

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**From:** Tennessee DHS Prod Help Desk <[helpdesk@cnpus.com](mailto:helpdesk@cnpus.com)>  
**Sent:** Tuesday, October 1, 2024 4:54 PM  
**To:** Fletcher, Tiffanie (Parks) <[Tiffanie.Fletcher@nashville.gov](mailto: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: 2024/2025

Program: Child & Adult Care Food Program (CACFP)

Application Packet Status: Approved



## 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

June 4, 2024

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, June 4, 2024, approved the renewal and ultimate acceptance of the Child and Adult Care Food Program (CACFP) grant for FY 2025.

This program provides nutritious meals and snacks for children and Adults attending the after-school programs currently at fifteen (15) 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




**SIGNATURE PAGE  
FOR**

**GRANT NO. VCA CACFP 2024-2025**

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

  
\_\_\_\_\_  
Department

10/4/24  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY  
OF FUNDS:

Kevin Crumbo/mjw  
\_\_\_\_\_  
Director of Finance

10/21/2024 | 11:01 AM CDT  
\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb  
\_\_\_\_\_  
Director of Insurance

10/21/2024 | 3:24 PM CDT  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND  
LEGALITY:

Courtney Mohan  
\_\_\_\_\_  
Metropolitan Attorney

10/21/2024 | 1:54 PM CDT  
\_\_\_\_\_  
Date

FILED:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date

8/15/24, 9:34 AM

Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Application for 2024 - 2025

### Child & Adult Care Food Program Sponsor Application for 2024 - 2025

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

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: 10/01/2024 Projected Program End Date: 09/30/2025

#### 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:  |                       | <input type="text"/> (mm/dd/yyyy) |           |
| 12. Email Address:  |                       | tiffanie.fletcher@nashville.gov   |           |
| 13. Facility Phone: | (615) 862-8400        | Ext:                              | Fax:      |
| 14. Cell/Alt Phone: | <input type="text"/>  |                                   |           |
| 15. Title:          | Program Administrator |                                   |           |

##### Executive Director/Owner

- |                    | Salutation | First Name                        | Last Name |
|--------------------|------------|-----------------------------------|-----------|
| 16. Name:          | Mr.        | Stevon                            | Neloms    |
| 17. Date of Birth: |            | <input type="text"/> (mm/dd/yyyy) |           |
| 18. Email Address: |            | stevon.neloms@nashville.gov       |           |

8/15/24, 9:34 AM

Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Application for 2024 - 2025

- 19. Facility Phone: (615) 862-8400 Ext: Fax:
- 20. Cell/Alt Phone: [REDACTED]
- 21. Title: Assisnant 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 % |



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Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Application for 2024 - 2025

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

8/15/24, 9:34 AM

Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Application for 2024 - 2025

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: 6/15/2024 3:14:29 PM Modified By: Tiffanie.Fletcher@nashville.gov on: 7/11/2024 8:29:18 AM

8/15/24, 9:15 AM

Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Budget for 2024 - 2025

**Child & Adult Care Food Program  
Sponsor Budget for 2024 - 2025**

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	15	
2. Total Annual CACFP Revenue from prior 12 months	\$241,236.74	\$0.00

<b>B. Projected Operating Costs: Labor</b>		
Executive Staff	\$0.00	\$0.00
Management Staff	\$0.00	\$0.00
Staff	\$24,000.00	\$0.00

<b>C. Projected Administrative Costs: Labor</b>		
Executive Staff	\$0.00	\$0.00
Management Staff	\$77,478.00	\$0.00
Staff	\$0.00	\$0.00

<b>D. Projected Operating Costs</b>			
	Brief Description	Projected Cost	Approved Cost
1.	Food Purchases Food purchases for Meal Prep	\$585,000.00	\$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	\$26,000.00	\$0.00
5.	Printing/Postage/Com munications 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
	<b>Total Operating Costs</b>	<b>\$650,850.00</b>	<b>\$0.00</b>

**E. Net Operating Amount**

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Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Budget for 2024 - 2025

1.	Difference (A-D)	\$-409,613.26	\$0.00
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**F. Projected Administrative CACFP Expenditures**

	Brief Description	Projected Cost	Approved Cost
1.	Durable Supplies under Freezer \$5,000	\$3,000.00	\$0.00
2.	Office Materials Office materials (Expendable) Supplies	\$785.00	\$0.00
3.	Equipment Purchases over \$5,000	\$0.00	\$0.00
4.	Equipment Rental/Lease	\$0.00	\$0.00
5.	Printing/Postage/Com Signage munications	\$300.00	\$0.00
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 Workshop/Participant Training Workshops/Participant Training	\$800.00	\$0.00
10.	Nutrition Education Teaching Kitchens Materials	\$6,000.00	\$0.00
11.	Meetings, Conferences, Professional Staff Meetings, Conferences, and Staff Training Tra	\$8,000.00	\$0.00
12.	Contracted/Professiona Software l Services	\$6,000.00	\$0.00
13.	Insurance Premiums	\$0.00	\$0.00
14.	Bonds	\$0.00	\$0.00
15.	Memberships/Subscript CACFP Membership ions/Professional Activities	\$800.00	\$0.00
16.	Other Administrative Expenditures/Advertisi ng	\$0.00	\$0.00
	<b>Total Administrative Costs</b>	<b>\$103,163.00</b>	<b>\$0.00</b>

**G. Summary**

1.	Total Expenditures (Operating and Administrative)	\$754,013.00	\$0.00
2.	Total Anticipated Annual CACFP Reimbursement	\$754,013.00	\$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		

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Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Budget for 2024 - 2025

5. Total Revenue (G2 + G3 + G4)	\$754,013.00	\$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**

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8/15/24, 9:15 AM

Tennessee Department of Human Services | Child & Adult Care Food Program Sponsor Budget for 2024 - 2025

Actions	Notes	Version	Uploaded By
---------	-------	---------	-------------

Created By: Tiffanie.Fletcher@nashville.gov on: 7/26/2024 2:26:54 PM Modified By: Tiffanie.Fletcher@nashville.gov on: 8/15/2024 9:12:17 AM

**Certificate Of Completion**

Envelope Id: A08CF77846DC4C8AA64B33AEF54C1D45	Status: Completed
Subject: Complete with DocuSign: Parks Child & Adult Care Food Program (CACFP) 24-25 Ready.pdf	
Source Envelope:	
Document Pages: 16	Signatures: 6
Certificate Pages: 15	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Juanita Paulson
Time Zone: (UTC-06:00) Central Time (US & Canada)	730 2nd Ave. South 1st Floor
	Nashville, TN 37219
	Juanita.Paulsen@nashville.gov
	IP Address: 170.190.198.185

**Record Tracking**

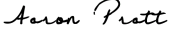
Status: Original	Holder: Juanita Paulson	Location: DocuSign
10/16/2024 11:05:42 AM	Juanita.Paulsen@nashville.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Metropolitan Government of Nashville and Davidson County	Location: DocuSign

**Signer Events**

Signer Events	Signature	Timestamp
Rose Wood		Sent: 10/16/2024 11:11:12 AM
rose.wood@nashville.gov		Viewed: 10/16/2024 3:09:12 PM
Finance Admin		Signed: 10/16/2024 3:09:20 PM
Metro Finance Dept. OMB		
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.43.5	


**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Aaron Pratt		Sent: 10/16/2024 3:09:23 PM
Aaron.Pratt@nashville.gov		Viewed: 10/21/2024 7:47:51 AM
Security Level: Email, Account Authentication (None)		Signed: 10/21/2024 7:47:58 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

**Electronic Record and Signature Disclosure:**

Accepted: 10/21/2024 7:47:51 AM  
ID: 8eed9b2c-1d51-4c66-887b-72216635d170

Kevin Crumbo/mjw		Sent: 10/21/2024 7:47:59 AM
MaryJo.Wiggins@nashville.gov		Viewed: 10/21/2024 11:00:11 AM
Security Level: Email, Account Authentication (None)		Signed: 10/21/2024 11:01:22 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.100	

**Electronic Record and Signature Disclosure:**

Accepted: 10/21/2024 11:00:11 AM  
ID: 7557cd96-b16c-4290-9271-b4af2bc739bc

Courtney Mohan		Sent: 10/21/2024 11:01:24 AM
Courtney.Mohan@nashville.gov		Viewed: 10/21/2024 1:48:59 PM
Security Level: Email, Account Authentication (None)		Signed: 10/21/2024 1:54:28 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.144	

**Electronic Record and Signature Disclosure:**

Signer Events	Signature	Timestamp
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Accepted: 10/21/2024 1:48:59 PM  
ID: 29a0038c-c7fc-4fd9-b957-29a760f553f6

Balogun Cobb  
balogun.cobb@nashville.gov  
Insurance Division Manager  
Security Level: Email, Account Authentication (None)

*Balogun Cobb*

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

Sent: 10/21/2024 1:54:30 PM  
Viewed: 10/21/2024 3:24:48 PM  
Signed: 10/21/2024 3:24:58 PM

**Electronic Record and Signature Disclosure:**

Accepted: 10/21/2024 3:24:48 PM  
ID: 99958103-973e-44ac-bd98-6b1b94c62f25

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
------------------------------	--------	-----------

Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Danielle Godin  
Danielle.Godin@nashville.gov  
Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 10/21/2024 3:24:59 PM  
Viewed: 10/21/2024 4:20:32 PM

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Sally Palmer  
sally.palmer@nashville.gov  
Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 10/21/2024 3:25:00 PM

**Electronic Record and Signature Disclosure:**

Accepted: 10/21/2024 8:34:33 AM  
ID: a6917d7e-4780-403a-b7d3-fab2bf59e7be

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	10/16/2024 11:11:12 AM
Certified Delivered	Security Checked	10/21/2024 3:24:48 PM
Signing Complete	Security Checked	10/21/2024 3:24:58 PM
Completed	Security Checked	10/21/2024 3:25:00 PM

Payment Events	Status	Timestamps
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**Electronic Record and Signature Disclosure**