

LEGISLATIVE TRACKING FORMFiling for Council Meeting Date: 07/21/26

Resolution



Ordinance

Contact/Prepared By: Tammy HuntDate Prepared: 06/18/26Title (Caption): Nutrition Program 27 ApplicationNutrition Grant to provide meals for seniors.Submitted to Planning Commission? ☒ N/A ☐ Yes-Date: _____ Proposal No: _____Proposing Department: Social Services Requested By: Renee PrattAffected Department(s): Social Services 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 +/-: \$ \$ 175,000.00**Match:** \$ \$ 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 PrattApproved by Finance/Accounts: JEApproved by Div Grants Coordination: Juanita Paulsen

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: _____ ☐ 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 APPLICATION SUMMARY SHEET

Grant Name: GNRC Nutrition Program 27
Department: SOCIAL SERVICES
Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Pass-Through Grantor (If applicable): GREATER NASHVILLE REGIONAL COUNCIL
Total Applied For \$175,000.00
Metro Cash Match: \$0.00
Department Contact: Tammy Hunt
862-6406
Status: CONTINUATION

Program Description:
This is a continuation of the Nutrition Grant Social Services has had with GNRC for over 30 years. This grant provides meals for the elderly through the Meals on Wheels program and at congregate sites throughout Nashville and Davidson County.

Plan for continuation of services upon grant expiration:
None

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

<u>Jennine Reed/mjr</u>	7/15/2026 5:36 PM CDT	<u>Matthew Garth</u>	7/16/2026 8:45 AM CDT
Director of Finance	Date	Metropolitan Attorney	Date

APPROVED AS TO RISK AND INSURANCE:

<u>Balogun Cobb</u>	7/16/2026 8:51 AM CDT
Director of Risk Management Services	Date

DocuSign Envelope ID: 341DA5EE-21FD-85EF-81B5-69C6AC3BD478

COMPETITIVE

CONTINUATION

Est. Prior.

N/A

1:

Outside Consultant Project:	☐
Total Award:	\$175,000.00
Metro Cash Match:	\$0.00
Metro In-Kind Match:	\$0.00
Is Council approval required?	☒
Applic. Submitted Electronically?	☐

h of the Nutrition Grant Social Services has had with GNRC for over 30 years. This grant provides meals for the elderly through
d at congregate sites throughout Nashville and Davidson County.

on of service after expiration of grant/Budgetary Impact:

etermined?

or

% of Grant

Other: ☐

ther" means of determining match:

how much of the required local Metro cash match:

ment budget?

N/A

Fund

Business Unit

Proposed Source of Match:

ount & Source for Remaining Grant Years in Budget Below)

the grant will fund:	0.00	Actual number of positions added:	0.00
ect Cost Rate	42.12%	Indirect Cost of Grant to Metro:	\$73,7
owed? ☐ Yes ☒ No % Allow.	0.00%	Ind. Cost Requested from Grantor:	

ch documentation from the grantor that indirect costs are not allowable. See Instructions)

ble? ☐

ity-based Partners:

Part Two							
Grant Budget							
Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Co Metro
		\$175,000.00				\$175,000.00	\$73,7
\$0.00	\$0.00	\$175,000.00	\$0.00		\$0.00	\$175,000.00	\$73,7
Awarded:			Tot. Awarded:		Contract#:		
e Denied:			Reason:				
e Withdrawn:			Reason:				

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RESOLUTION NO. _____

A resolution ratifying the submission of a grant application to the Greater Nashville Regional Council and accepting a grant from the Greater Nashville Regional Council to the Metropolitan Government, acting by and through the Metropolitan Social Services Commission, to provide home-delivered meals nutrition services for older or disabled adults.

WHEREAS, the Greater Nashville Regional Council accepted grant applications to provide nutrition services to older adults and adults with disabilities in Davidson County with an award not to exceed \$175,000 with no cash match required; and,

WHEREAS, the Metropolitan Social Services Commission submitted a grant application to Greater Nashville Regional Council in March 2026 to provide nutrition services to older adults and adults with disabilities in Davidson County; and,

WHEREAS, the Greater Nashville Regional Council has awarded a grant in an amount not to exceed \$175,000 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Social Services Commission, to provide home-delivered meals nutrition services for older or disabled adults; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that the submission of the grant application is ratified and the grant award accepted.

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

Section 1. That the submission of the grant application by the Metropolitan Government, acting by and through the Metropolitan Social Services Commission, to the Greater Nashville Regional Council, to provide home-delivered meals nutrition services for older or disabled adults throughout Davidson County, a copy of which is attached hereto and incorporated herein, is hereby ratified.

Section 2. That the grant by and between the Greater Nashville Regional Council, in an amount not to exceed \$175,000 to the Metropolitan Government, acting by and through the Metropolitan Social Services Commission, to provide home-delivered meals nutrition services for older or disabled adults, a copy of which grant is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 3. That the amount of this grant be appropriated to the Metropolitan Social Services Commission, based on the revenues estimated to be received and any match to be applied.

Section 4. 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

APPROVED AS TO FORM
AND LEGALITY:

Matthew Gault
Metropolitan Attorney

INTRODUCED BY:

Member(s) of Council



METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

FREDDIE O'CONNELL
MAYOR

WALLACE W. DIETZ.
DIRECTOR OF LAW

DEPARTMENT OF LAW
METROPOLITAN COURTHOUSE, SUITE 108
P.O. BOX 196300
NASHVILLE, TENNESSEE 37219-6300
(615) 862-6341 • (615) 862-6352 FAX

July 16, 2026

Michael Skipper
Executive Director
44 Vantage Way, Suite 450
Nashville, TN 37228
mskipper@gnrc.org
cc: sfowler@gnrc.org

Mr. Skipper,

This letter serves as written notice to the Greater Nashville Regional Council regarding compliance with the Debarment and Suspension clause in the grant contract. That clause requires the grantee to certify that it “ha[s] not within a three (3) year period preceding this Contract had one or more public transactions (federal, state, or local) terminated for cause or default.” We provide this correspondence as a way of explanation. It does not constitute an amendment to the grant.

On March 25, 2025, the Health Department of the Metropolitan Government of Nashville and Davidson County (“Metro”) received a notification from the Centers for Disease Control and Prevention (“CDC”) that a Community Healthcare Workers grant was terminated “for cause” due to the end of the Covid-19 pandemic. The notification did not indicate any wrongdoing on the part of Metro that prompted the termination.

On April 24, 2025, Metro filed a lawsuit against the CDC challenging the illegal termination of the above-mentioned grant, including the “for cause” termination designation. On June 17, 2025, the Court granted a preliminary injunction preventing the CDC from enforcing the termination of the grant. Subsequently, the CDC paid all grants in full. Metro interprets that to be a rescission of the termination for cause.

If you require any further information, please let us know.

Sincerely,

A handwritten signature in blue ink, appearing to read "Wallace W. Dietz". The signature is fluid and cursive, with the first name "Wallace" being more prominent than the last name "Dietz".

Wallace W. Dietz, Director of Law
Metropolitan Government of Nashville and
Davidson County



GREATER NASHVILLE
REGIONAL COUNCIL

Nutrition Services for Older or Disabled Adults

Request for Proposals
RFP-2026-05

Greater Nashville Regional Council

44 Vantage Way, Suite 450 | Nashville, Tennessee 37228 | Phone: (615) 862-8828 | Fax: (615) 862-8840

[GNRC.org](https://www.gnrc.org)

RFP Summary

About GNRC

The Greater Nashville Regional Council (GNRC) is a public agency established by the Tennessee General Assembly to convene local and state leaders for the purposes of planning and programming state and federal investments into public infrastructure and a range of social services.

GNRC is designated by the State Unit on Aging (SUA) as the Area Agency on Aging and Disability (AAAD) for thirteen counties in Middle Tennessee. In this role, GNRC provides programs, services, advocacy, inter-agency coordination, and information-sharing opportunities to improve the quality of life for older or disabled Tennesseans. GNRC delivers a range of federal and state programs in partnership with local agencies and private-sector organizations. Find out more at www.GNRC.org.

About this Solicitation

The Greater Nashville Regional Council (GNRC) is seeking proposals from provider agencies and organizations capable of providing nutrition services to adults aged sixty and older (older adults), adults with disabilities, and their caregivers.

The GNRC intends to contract with providers for congregate and home-delivered meals as described in this RFP for every county in the planning and service area.

Important Dates and Deadlines

RFP issued: 02/18/2026

Written questions accepted through 03/08/2026

Submission Deadline: Proposals must be submitted by 03/22/2026

Contract Period: July 1, 2026 – June 30, 2030

Inquiries and Contact Information

All inquiries should be directed in writing to rfp@gnrc.org with a subject line that includes the RFP number.

Amendments to this Solicitation

Any doubt as to the requirements of this RFP or any apparent omission or discrepancy should be presented in writing to rfp@gnrc.org. Oral statements or instructions will not constitute an amendment to this RFP. Any amendments to this RFP will be posted online at GNRC.org/Procurement.

Non-Discrimination

GNRC does not discriminate on the basis of race, color, national origin, including limited English proficiency (LEP), gender, gender identity, sexual orientation, age, religion, creed, or disability in admission to, access to, or operations of its programs, services, or activities. Discrimination against any person in recruitment, examination, appointment, training, promotion, retention, discipline, or any other employment practices because of non-merit factors is prohibited. Any person who believes that discrimination has occurred by GNRC, or its contractors, sub-recipient, and/or consultants on the basis of race, color or national origin, including limited English proficiency (LEP), in violation of Title VI may file a written complaint. Complaints may also be filed with the state or federal agency involved, and with the Tennessee Human Rights Commission. Complaints must be filed within 180 days of the alleged discriminatory act. GNRC's full non-discrimination policy and additional information about **ADA** or **English language accommodations** are available online at www.GNRC.org/legal.

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Section 1. Background

1.1 About the GNRC

The Greater Nashville Regional Council (GNRC or Regional Council) is a public agency established by the Tennessee Development District Act of 1965 and further empowered by Title 64, Chapter 7, Part 1, Tennessee Code Annotated (TCA), as amended (the Act). GNRC is owned by and operated on behalf of its local government membership comprised county governments in the counties of Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson, and Wilson, Tennessee, and all incorporated municipalities and metropolitan governments located within these counties.

GNRC is governed by a regional body comprised of city mayors, county mayors/executives, state legislators, appointments representing business/industry, and appointments representing minority populations. The Regional Council’s Executive Board convenes monthly to enact the adopted Annual Work Program and Budget on behalf of the membership and oversee the GNRC’s programs and services carried out by its staff.

1.2 About the Project

GNRC is seeking proposals from provider agencies and organizations capable of providing nutrition services to adults aged sixty and older (older adults), adults with disabilities, and their caregivers.

GNRC is designated by the State Unit on Aging (SUA) as the Area Agency on Aging and Disability (AAAD) for thirteen counties in Middle Tennessee. In this role, GNRC provides programs, services, advocacy, inter-agency coordination, and information-sharing opportunities to improve the quality of life for older or disabled Tennesseans. GNRC delivers a range of federal and state programs in partnership with local agencies and private-sector organizations. Find out more at www.GNRC.org.

Service Area

GNRC seeks to contract with a minimum of one service provider in order to provide congregate and home-delivered meals in every county listed below. The following table indicates the demographics for each county in GNRC’s service area:

	Population		Language	Poverty		Rural
County	60+ population	% of 65+ who are minority	% of 65+ who speak language other than English at home	% of 65+ who are below poverty	% of 65+ who are low-income minority	% of 65+ who reside in a rural area
Cheatham	10,032	2.60%	1.30%	7.20%	0.20%	83.00%
Davidson	128,786	26.20%	8.20%	11.10%	2.90%	3.50%
Dickson	13,462	5.80%	1.30%	11.40%	0.70%	67.80%
Houston	2,216	3.60%	0.50%	15.60%	0.60%	100.00%
Humphreys	5,333	3.00%	0.70%	7.60%	0.20%	82.50%
Montgomery	34,372	19.10%	8.60%	7.80%	1.50%	19.70%
Robertson	16,307	6.50%	3.50%	8.90%	0.60%	53.20%
Rutherford	58,541	13.00%	6.40%	7.60%	1.00%	17.00%
Stewart	3,977	3.40%	4.00%	11.50%	0.40%	100.00%
Sumner	47,141	6.70%	2.60%	8.50%	0.60%	27.90%
Trousdale	2,089	10.70%	0.70%	25.20%	2.70%	100.00%
Williamson	54,154	5.40%	4.80%	5.10%	0.30%	19.40%

	Population		Language	Poverty		Rural
County	60+ population	% of 65+ who are minority	% of 65+ who speak language other than English at home	% of 65+ who are below poverty	% of 65+ who are low-income minority	% of 65+ who reside in a rural area
Wilson	35,587	6.00%	2.70%	7.20%	0.40%	38.50%

Target Population

Services must be targeted primarily to older adults in the greatest social or economic need, with particular attention to low-income, minority older adults, and those residing in rural areas. At a minimum, GNRC strives to provide services to older adults and their caregivers in the greatest social or economic need in proportion to the population of the counties served.

Reimbursement-Based Contract

This contract is a reimbursement-based contract. This means that contractors must incur the costs related to the contract and provide appropriate documentation of your expenditures. Once GNRC receives an acceptable invoice and supporting documentation, GNRC will then submit the cost for reimbursement to its funders. When GNRC receives the funds, it then disburses them to your business. There is no guaranteed payment time for invoices, and the average time of payment is approximately 45 days after the time complete documentation is submitted. This means that, for example, services provided on August 15 would be invoiced on September 8th and likely not be paid for until October 23rd or later.

Funding Sources and Programs

Funding sources include State of Tennessee Options for Community Living funds, federal Older Americans Act Title III C funds, federal Older Americans Act Title III E Family Caregiver funds, and federal Older Americans Act Nutrition Service Incentive Program (NSIP) funds.

The following is a brief description of each program:

- Tennessee's **Options for Community Living Program** is designed to enable consumers to live independently in their homes by providing a limited amount of services such as homemaker services, personal care services, and/or home-delivered meals. With the assistance of these limited services, along with the support of family and others, the consumer may be able to avoid or prolong admission into institutional care. For the purpose of this RFP, the OPTIONS funding will be used to provide home-delivered meals.
- The **Older Americans Act (OAA)** Title III C provides nutrition services including congregate and home-delivered meals for persons aged 60 and over. Services are designed to promote the health and well-being of older individuals by assisting them in gaining access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior. Title III C services are targeted to older individuals with the greatest economic need, with particular attention to low-income minority individuals, those with the greatest social needs, and those residing in rural areas.
- The **National Family Caregiver Support Program (NFCSP)** provides an infrastructure of program resources and assistance for family caregivers, grandparents, and older individuals who are relative caregivers through the designated AAAD, its service providers, and other appropriate consumer organizations. In accordance with program directives, information, assistance, and counseling can be provided to any caregiver, but respite and supplemental services are limited to caregiver support for older individuals who are unable to perform at least two activities of daily living, or, due to cognitive or other mental impairment, require substantial supervision. For the purpose of this RFP, the NFCSP funding will be used to provide home-delivered meals.
- The **Nutrition Service Incentive Program (NSIP)** supports Title III C services through incentives to serve more meals made from or containing domestically produced food, such as milk, fruit, vegetables, and

protein products. The NSIP statute requires funds be distributed promptly and equitably. In all cases, programs must maintain documentation that proves NSIP allocations meet NSIP requirements. NSIP funding may be applied toward meal purchases as long as each such meal contains United States commodities or food equivalent in value to the cash payment per meal disbursed.

Nutrition Program Overview

Below are the core requirements of the Title III Nutrition Programs. The federal Older Americans Act provides the federal requirements and funding for nutrition programs contracted through the SUA to the AAADs. The Nutrition Services requirements are found in Chapter 6 of the SUA Program and Policy Manual which can be found on <https://www.tn.gov/disability-and-aging/disability-aging-programs/program-and-policy-manual.html>.

Purposes of Title III Nutrition Services

1. Promote, maintain, and improve the health and well-being of eligible older adults and adults with disabilities (collectively referred to as consumers) through the provision of nutritious meals and opportunities for social contact.
2. Reduce nutritional risk among consumers through the provision of nutritious meals, nutrition screening, and nutrition counseling based on the needs of consumers.
3. Reduce social isolation experienced by many consumers through participation in a variety of social and nutrition service activities.
4. Provide planned nutrition education and supportive nutrition service activities in the congregate and home-delivered meal programs in order to enhance the consumer's ability to remain independent.
5. Link eligible consumers to available community services.
6. Reduce consumer hunger and food insecurity.
7. Promote the health and well-being of consumers by increasing access to nutrition and other disease prevention and health promotion services in order to delay the onset of adverse health conditions resulting from poor nutritional health and sedentary behavior.

Eligibility for III C-1

Congregate meal (III C-1) eligibility includes any adult aged sixty and older (older adult).

Congregate meals may also be made available to:

- Spouses of older adults;
- Individuals with disabilities who have not attained sixty years of age but reside in a housing facility occupied primarily by older adults at which congregate meals are served;
- Volunteers who work during meal hours; and
- Individuals with disabilities who reside in the home with and accompany older individuals who are eligible under the OAA to congregate meal sites.

Eligibility for III C-2

Home-Delivered Meal (III C-2) eligibility includes any adult aged sixty and older (older adult) who both:

- Is physically or mentally unable to obtain food or prepare meals, AND
- Lacks support to have meals provided for them

Home-Delivered Meals may also be made available to:

- Spouses of eligible older adults for home-delivered meals if receipt of the meal is in the best interest of the eligible older adult; and

- Persons under sixty with disabilities who reside in non-institutional households with eligible older adults for home-delivered meals if receipt of the meal is in the best interest of the eligible older adult.

Eligibility for OPTIONS/NFCSP

Eligibility for OPTIONS and NFCSP will be determined by GNRC and sent to the provider through a Provider Authorization on the state-approved database.

Meal Composition Requirements

Meals will comply with the most recent Dietary Guidelines for Americans (DGAs) published by the Secretary of Health and Human Services and the Secretary of Agriculture and contain:

1. a minimum of 33 1/3 percent of the Dietary Reference Intakes (DRIs) established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, for the provision of one meal daily (Table 1);
2. minimum of 66 2/3 percent of DRIs for the provision of two meals daily; and
3. 100 percent of DRIs for the provision of three meals daily.

Table 1: DRI Requirements for One Meal Daily¹

Nutrient	Amount Required (Averaged over one week)	Notes
Calories	Between 675-735 calories	No less than 625 calories per meal
Fat	≤ 30% of calories	No meal may be more than 35% fat. Lards may not be used. Limit trans fats.
Protein	15-25% of calories	
Fiber	≥ 8g	
Sodium	≤ 1000 mg	No more than 1200 mg per meal
Calcium	≥ 400 mg	No less than 360 mg per meal
Vitamin A	≥300 mcg (RE)	
Vitamin B12	≥ 0.8 mcg	No less than 0.72 mcg per meal
Vitamin C	≥ 30 mg	No less than 27 mg per meal
Vitamin B6	≥ 0.6 mg	No less than 0.54 mg per meal

Meal Cost and Match Requirements

Below are the maximum reimbursement rates, established by the SUA, which may not be exceeded. A lesser amount should be billed and reimbursed if the provider's usual and customary charge to individuals not participating in these programs is lower.

- The reimbursement for congregate meals funded by Title III C-1 shall not exceed \$7.35 per meal.
- Hot or ready-to-eat home-delivered meals funded through Title III C-2, OPTIONS, or NFCSP shall not exceed \$8.15 per meal.
- Frozen or shelf-stable home-delivered meals funded through Title III C-2, OPTIONS, or NFCSP shall not exceed \$7.15 per meal.

The local match requirement for III C is 10% and III E is 15%; all may be cash or in-kind. There is no match requirement for state funds or Nutrition Services Incentive Program (NSIP) resources.

Computing Nutrition Costs

Offerors should consider the following factors when writing the initial and subsequent requests for funds from the AAAD, as described in Section 2.1 of this RFP.

1. Food Costs: Include the cost of raw food. This also includes food purchased with NSIP funds.
2. Labor Costs - Food Preparation: Include the costs of all involved labor, including but not limited to food preparation; cooking, and portioning bulk foods; and delivery of food to the site of service. Fringe benefits should also be included.
3. Equipment Costs: Include the costs of capital items such as ranges, dishwashers, trucks and vans, steam tables, freezers, etc.
4. Utility Costs: Include the costs of space and related utility costs incurred for food preparation, including equipment operation costs and costs for maintenance and repair.
5. All Other Costs: Include the non-labor costs of transporting food, food storage, insurance, and general liability. Also include the costs of serving supplies, disposables, cleaning materials, and all non-capital items used in the preparation of food (paper goods, disposables, eating and serving utensils, detergents and other cleaning supplies and equipment).
6. Delivery Costs: All costs associated with the delivery of the food, including, but not limited to, transporting to a central area and costs associated with delivering the meal to the individual consumer.

Section 2. Scope of Project

2.1 Provider Requirements

The GNRC is seeking providers with experience in providing nutrition services to older adults, adults with disabilities, and their caregivers. Selection of an Offeror to receive a contract means that the Offeror will be provided with the opportunity to become a GNRC Service Provider. Having a contract with GNRC does not guarantee that services provided will automatically be eligible for reimbursement.

Minimum Qualifications

To be eligible for selection, Offerors must meet the following criteria:

1. Have submitted a proposal to GNRC in response to this RFP as instructed in Section 3 that demonstrates:
 - a. Adequate staffing and training protocols for the service being proposed
 - b. Proposed service unit reimbursement rate below maximum allowable
 - c. Adequate financial capacity to sustain a reimbursement-based contract
2. Have all currently required licenses for the services being offered.
3. Are registered and in good standing with the Tennessee Secretary of State, if applicable.

Standards of Conduct

GNRC Service Providers must adhere to the following Standards of Conduct:

1. Federal and state funds provided through a contract with GNRC will be expended only for services authorized by a contract with GNRC.
2. Services under this contract will be provided only to individuals who have been determined by GNRC to meet eligibility criteria and are authorized to receive services (each such individual is referred to as a "GNRC Client").
3. Treat GNRC Clients in a respectful and dignified manner, involve the GNRC Client and their caregivers in the delivery of services, and provide services in a timely and safe manner.
4. GNRC Clients will not be denied or limited services because of their income or financial resources. Distance from GNRC Service Provider will not be used to deny services as this practice violates the mandate for special emphasis to rural residents, residents with disabilities, and isolated individuals.
5. Quality Assurance will be an ongoing process in which all entities including the SUA, AAAD, GNRC Service Providers, and GNRC Clients will play a role.
6. No GNRC Service Provider will collect the Social Security number of any GNRC Client.
7. GNRC Service Providers will maintain efforts to solicit voluntary contributions and will not use OAA nutrition funds to supplant funds earmarked for services to GNRC clients from nonfederal sources. No GNRC Client will be denied services in the event they or their family cannot or do not wish to provide voluntary contribution.
8. No GNRC Service Provider staff or volunteer will solicit or accept gratuities, favors, or anything of monetary value from a GNRC Client, service provider by whom they are not employed, contractor, or potential contractor.

9. No GNRC Service Provider staff or volunteer will offer for sale any type of merchandise or service; nor may they seek to encourage the acceptance of any particular belief or philosophy by any GNRC Client.

Program Requirements

Below are program requirements that GNRC Service Providers must agree to:

4. Maintain written job descriptions for staff and volunteer positions involved in direct service delivery and maintain written personnel policies and wage scales for each job.
5. Assure that each paid or voluntary staff member meets minimum qualifications and training standards, and require paid or voluntary staff members to participate in training relevant to their major job responsibilities and in GNRC- and SUA-designated training when appropriate.
6. Implement a policy manual containing, at a minimum, the following information:
 - a. Denial or termination of services procedures
 - b. Fiscal management
 - c. Food service management
 - d. Safety and sanitation
 - e. Staff responsibilities
 - f. Organizational chart
7. Provide services to GNRC Clients according to GNRC service authorizations in a timely manner as dictated by program requirements.
8. Designate a supervisor to ensure staff providing services are provided with professional supervision and monitor the timeliness and quality of service delivery.
9. Service is managed by enough qualified and experienced staff with the Nutrition Director (or staff person managing nutrition program) maintaining a current food safety certification.
10. Utilize the advice and expertise of a dietitian, or similarly qualified individuals, aging nutrition participants, and other individuals knowledgeable about the needs of adults aged sixty and older.
11. Provide services throughout the counties covered by this proposal five days per week.
12. Have procedures in place for the collecting and reporting of GNRC Client data and statements and provide it to GNRC by the eighth day of the month following month being reported.
13. Provide nutrition education, outreach, and screening (as applicable) to each individual (home – delivered meals) and/or group (congregate meals) and submit quarterly progress reports to GNRC.
14. Meals will comply with the most recent Dietary Guidelines for Americans (DGAs) published by the Secretary of Health and Human Services and the Secretary of Agriculture.
15. Maintain safe, appropriate temperatures for meals and limit the amount of time meals spend in transit before consumption.
16. Maintain a copy of all current Food Service Establishment Inspection Reports completed by state and local health staff for each food preparation site and food service subcontractor, caterer, or provider used in the nutrition program. Corrective actions recommended by state or local officials must be resolved in a timely manner.
17. Follow GNRC procedures for reporting units of service and adjustment to units and charges for the delivery of services in the event an error is identified.

18. Ensure the accuracy of reports, units of service, and clients served monthly. Provide signed original invoices to GNRC monthly.
19. GNRC Nutrition Service Provider staff or volunteers must notify GNRC of any changes in a GNRC Client's condition/health/needs within five business days. Such notification can be by phone or email. The changes and notification should be documented in the GNRC Client's record within the state-approved database.
20. Communicate with GNRC to ensure that clients have access to benefits under other programs and that services are coordinated in a manner that does not lead to an unnecessary duplication of services.
21. Perform or cooperate with the monitoring of each kitchen, congregate meal site, and home-delivered meal program as specified by the SUA monitoring tracker and using the state-approved monitoring tools.
22. Utilize the methodology provided in Section 1.2 to calculate the average full cost of a congregate meal and a home-delivered meal, including volunteer labor and donated food or space.
23. Submit a written and signed request for funds for the upcoming fiscal year to GNRC annually.
24. Obtain written approval from GNRC before opening a new meal site, changing location of a site, or closing a site.
25. Subcontracting is prohibited without prior written approval from GNRC.

General Contract Requirements

Below are the general requirements and expectations that GNRC Service Providers must agree to. By submitting a response to the RFP, Offerors are asserting that they agree to these general requirements and will enter into a contract containing these requirements.

1. Follow Standards of Conduct as outlined in this RFP and as otherwise communicated to the GNRC Service Providers.
2. Meet appropriate federal or state requirements for licenses and liability insurance for the entirety of the contract.
3. Comply with all applicable federal, state, and local laws, rules, and regulations, including, without limitation, civil rights laws.
4. Update the proposal information to GNRC as changes occur during the course of the contract period.
5. Comply with all requirements specified in the service descriptions when providing GNRC-authorized services. See Section 2.2 for Service Descriptions.
6. Make arrangements for the availability of services in weather-related and other emergencies, when feasible.
7. Report any abuse, neglect, or exploitation directly to Adult Protective Services, as required by law, as well as submit reports about incidents and action taken to GNRC.
8. Treat all GNRC Client information as confidential. Ensure that it is filed securely and accessed or shared according to the minimum necessary rule.
9. Have procedures in place to ensure that no information about GNRC Clients is obtained or disclosed by a GNRC Service Provider in a form that identifies the person without informed written consent of that person or of his or her legal representative. Disclosure may be allowed by court order, or for program quality assurance by authorized federal, state, or GNRC staff so long as access is in conformity with the Privacy Act of 1974. All GNRC Client information must be maintained in controlled access files.

(Exception: A written release of information when making a referral for Adult Protective Services is not required.)

10. Follow the Health Insurance Portability and Accountability Act of 1996 (HIPAA) laws to further protect the privacy of participants if the GNRC Service Provider is a Covered Entity or otherwise subject to HIPAA requirements.
11. Maintain sufficient insurance to indemnify GNRC and its funding partners against loss. Insurance requirements are outlined in the attached sample contract (Attachment E).
12. Obtain sufficient bond coverage for protection of GNRC and the SUA from theft, forgery, embezzlement, and fraud losses by the GNRC Service Provider and any of its agents or employees, full or part-time.
13. Inform all individuals of their right to file a grievance and provide them with a copy of GNRC's required grievance procedures and follow the GNRC-required grievance procedures when a GNRC Client is dissatisfied with service(s) being provided.
14. Complete background checks for employees and volunteers in accordance with Tennessee Code Annotated §52-2-1002.
15. Have a policy in place to ensure that personnel or volunteers who have contracted any infectious illness or disease do not provide services to any GNRC Client until they are without symptoms.
16. Allow GNRC to monitor operations at least annually, including on-site access.
17. Submit a plan of correction to address any findings cited during monitoring activities.
18. Respond to requests for information from SUA and GNRC.

This RFP will be incorporated into any contract awarded. If there is a material change in any information Offeror provides as a response to this RFP, Offeror must immediately notify GNRC.

2.2 Requested Services

GNRC Nutrition Service Providers selected through this RFP will provide nutrition services to older adults, adults with disabilities, and their caregivers, as authorized by GNRC staff. The contracting period is July 1, 2026, to June 30, 2030.

Service Descriptions

Specifically, the following services are needed:

Congregate Meal

A meal provided to a qualified individual in a congregate or group setting. The meal is served in a program that is administer by SUAs or AAADs and meets all the requirements of the Older Americans Act (OAA) and state and local laws. Meals provided to individuals through means-tested programs may be included.

Services are reimbursed per meal.

Home-Delivered Meals

A meal provided to a qualified individual in his or her place of residence. The meal is served in a program that is administered by SUAs or AAADs and meets all requirements of the OAA and state and local laws. Meals provided to individuals through means-tested programs may be included.

Services are reimbursed per meal.

Nutrition Counseling

A standardized service as defined by the Academy of Nutrition and Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake,

chronic illness, or medication use, as well as to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status with a measurable goal.

Provision of this service is required and is not reimbursable.

Nutrition Education III C

An intervention targeting OAA participants and caregivers using information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status). The purpose is to maintain and improve health and address nutrition-related conditions. Content must be 1) consistent with Dietary Guidelines for Americans; 2) accurate, culturally sensitive, regionally appropriate, and considerate of personal preferences; and 3) overseen by a registered dietitian or an individual of comparable expertise as defined by the OAA.

Provision of this service is required and is not reimbursable.

Related Definitions

Dietitian

A healthcare professional practicing dietetics and registered by the Commission on Dietetic Registration (RD).

Dietary Guidelines for Americans (DGA)

The cornerstone for federal nutrition programs that provides food-based recommendations to promote health, help prevent diet-related chronic diseases, and meet nutrient needs.

Dietary Reference Intakes (DRIs)

A set of scientifically developed reference values for nutrients; DRI refers to the average daily nutrient intake for the general population over time.

Individual with Comparable Expertise (ICE)

A nutritionist with a master's degree or a doctorate degree in a nutrition-related field.

Liquid Nutritional Meal

A nutritionally fortified, commercially prepared liquid meal for a person with special needs which meets the nutritional requirement and current DGAs.

Meal

A portion of food consisting of a minimum of five dissimilar components, the volume of which shall be a minimum of three cups total, and which shall provide the equivalent of one-third of the DRIs as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Meals must comply with the most recent DGAs, published by the Secretary of Health and Human Services and the Secretary of Agriculture.

Standardized Recipe

A written formula for producing food items of a consistent quality and quantity that includes the name of the food item, the total quantity prepared, the number and size of portions, the ingredients by weight and/or measure and sometimes by count, the procedures and times for combining ingredients, the cooking temperatures and times, and the planning or portioning information.

Section 3. Instructions to Offerors

3.1 Pre-Proposal Inquiries

All inquiries should be directed in writing to rfp@gnrc.org by the end of the day on March 8, 2026. The email must include a subject line that contains the RFP number. Answers will be provided in writing and made available to all potential Offerors. All questions and answers compiled through March 8, 2026 will be posted online at GNRC.org/Procurement as an addendum to the solicitation. Any correspondence related to the RFP should refer to the appropriate RFP number, page, and paragraph number.

3.2 Submission Requirements

Offerors may submit a proposal in one of two ways:

1. Submit one electronic copy (PDF format) to rfp@gnrc.org. The subject heading of the email should be clearly marked "Attention: RFP 2026-05"; or
2. Submit one hard copy to GNRC, 44 Vantage Way, Suite 450, Nashville, TN, 37228. The outside of the package should be clearly marked "Attention: RFP 2026-05"

A copy should be maintained for the Offeror's records.

Proposals should include all typed, completed forms included with this RFP. There are no page limits or specific formatting requirements, but Offerors are encouraged to be mindful of the level of effort involved in reviewing proposals.

If proposing to serve counties in the service areas of multiple AAADs, Offerors must submit a proposal to each AAAD designated for the proposed counties in accordance with the appropriate AAAD's procurement requirements.

3.3 Proposal Contents

The following items must be submitted with each proposal. Failure to include ANY of these items may result in a proposal being rejected.

Item 1. Cover Letter

The Offeror must provide a cover letter signed by an authorized individual submitting the proposal on behalf of their provider agency/organization. This letter must include the following:

- a. A statement that the accompanying proposal is in response to this RFP
- b. A statement that the Offeror is willing, if selected, to execute a contract with GNRC containing the contract terms provided in Attachment E
- c. A statement that Offeror will provide a 10% match for all Title III C funds and a 15% match for all Title III E funds if selected
- d. A statement identifying the individual(s) authorized to finalize a contract on behalf of the Offeror
- e. The Offeror's mission statement, values, and guiding principles, if applicable

Item 2. Assurances and Certifications

Include a complete Assurances and Certifications form, provided as Attachment A to this RFP. The form must include the appropriate signatures.

Item 3. Business Information

Include a completed Business Information form, provided as Attachment B to this RFP.

Item 4. Service Details

Include a completed Service Details form, provided as Attachment C with this RFP.

Item 5. Licenses, Certifications, Permits, Accreditations

Provide copies of all required licenses, certifications, permits, and accreditations required by the state or federal government, including:

- a. A copy of the Offeror's business license, if required
- b. The most recent compliance report from the Department of Health or other regulatory entity
- c. A copy of the licenses and certifications for any Registered Dietician or Individual of Comparable Experience who will be utilized by the Offeror to provide services via this contract

Item 6. Proposed Reimbursement Rate

Include a completed and signed Service Rates form, provided as Attachment D with this RFP. The Offeror must provide a unit rate and justification for each service proposed.

Item 7. History and Experience

Provide the following information about the Offeror's history and experience:

- a. A brief history of the Offeror including number of years in business and its service delivery system for any proposed nutrition service. Emphasis should be placed on how the Offeror has historically satisfied the service needs of older adults in the greatest social and economic need, including low-income, minority, and older adults living in rural areas, and their caregivers
- b. A description of the Offeror's experience providing services under similar contracts
- c. A description of the Offeror's organizational experience in working with older adults or adults with disabilities, including the number of nutrition services clients the Offeror has served in the last year

Item 8. Service Implementation Plan

Provide the following information regarding the Offeror's approach and plan for program and service implementation:

- a. A general description of the proposed nutrition program, including:
 - i. A description of daily operations
 - ii. A description of the proposed screening procedures to ensure participants meet program eligibility
 - iii. A description of how NSIP funds would be used to purchase United States agricultural commodities and other foods of United States origin
 - iv. A description of food preparation, transport, and storage processes, including the steps taken to ensure appropriate food temperature
 - v. A description of how and when nutrition education and nutrition screening are offered to participants. If printed material is utilized, provide any available examples of these materials
 - vi. A description of how and when the Registered Dietician (or Individual of Comparable Experience) is utilized in the Offeror's program
 - vii. Copies of menus showing Nutrient Analyses for each service being proposed
 - viii. A list of any types of therapeutic meals offered, such as diabetic, pureed, or low sodium
 - ix. If applicable, a description of how and when Shelf Stable Meals and Frozen Meals are utilized
 - x. A description of how program income, including donations, from participants and other interested parties is collected, tracked, utilized, and communicated

- xi. If proposing Home-Delivered Meals, a description of the delivery system for each type of meal being proposed including the timeframes for delivery throughout the proposed service area.
- xii. If proposing Congregate Meals:
 - A. A list of any current sites at which congregate meals can be provided
 - B. A description of the accessibility features of each congregate meal site for older adults with disabilities. Attach any documents that demonstrate compliance
 - C. A description of safety-code-compliant fire safety policies and procedures for each congregate meal site. Attach copies of any fire inspections and proof of fire safety information posted
- b. A description of quality assurance measures taken by the Offeror, including:
 - i. The process for ensuring that all meal plans will meet the most recent Dietary Guidelines and Dietary Reference Intakes
 - ii. The process for conducting Customer Satisfaction Surveys
 - iii. A copy of the Offeror's most recent Satisfaction Survey Report
 - iv. Copies of annual health inspections for all facilities, including kitchens and service sites
 - v. If proposing Congregate Meal Services, the proposed process for ongoing assessment of the following requirements:
 - A. Provision of nutrition screening and nutrition education to all participants
 - B. Appropriate follow-up (access to RD) for participants identified with a Nutritional Risk
 - C. Posting of current inspections at all related facilities
- c. A description of the Offeror's plan to continue services during weather-related emergencies, including under what conditions the agency will close
- d. The Offeror's policy and process for conducting and maintaining documentation on criminal background checks for staff and volunteers involved in service delivery related to this RFP
- e. The Offeror's plan to satisfy the service needs of older adults in the greatest social and economic need, including low-income, minority, and older adults living in rural areas, and their caregivers

Item 9. Cost Effectiveness

The services requested through this proposal are made available using public funds, as outlined in Section 1.2. As such, cost effectiveness is a key component of the programs. Describe your agency's approach to ensuring that the services provided are cost effective.

Item 10. Personnel and Training

Provide the following information related to personnel and training:

- a. An organizational chart showing both the overall agency and the single organization unit responsible for delivering proposed services with indication of key roles that will be involved in the program and the supervisory structure related to proposed service delivery
- b. The job descriptions for each position that will manage, supervise, or provide services and programs related to the contract. Include any required qualifications and competencies
- c. The proposed training and curriculum to be used to keep staff current with respect to service delivery requirements and best practices in services and supports

Item 11. Financial Capacity

Provide the following to show the Offeror's financial management capacity:

- a. EITHER:
 - i. The most recently completed audited financial statements of Offeror dated no more than five years prior to this submission;
- OR
- ii. All the following:
 - i. IRS tax reporting forms/tax return for the most recently concluded fiscal year

- ii. A current written bank reference, in the form of a standard business letter, indicating that the Offeror's business relationship with the financial institution is in positive standing
 - iii. Two current written positive credit references in the form of standard business letters from vendors with which the Offeror has done business, or documentation of a positive credit rating determined by an accredited credit bureau within the last six months
- b. A brief explanation of the Offeror's understanding of the reimbursement process described under "Reimbursement-Based Contract" in Section 1.2. Include an explanation of the strength of the Offeror's cash flow to allow it to continue operations while awaiting payment from GNRC

Item 12. Corrections, Amendments, and Clarifications

Include signed copies of all corrections, amendments, and clarifications to this RFP. Such corrections, amendments, and clarifications will be posted to GNRC.org/Procurement alongside the original RFP document.

3.4 Terms and Conditions

Accuracy of Information

Failure to provide complete and accurate information in an offer to this solicitation may result in your proposal being deemed non-responsive. GNRC may institute debarment proceedings against the Offeror and terminate any contract or purchase order that has been awarded based on inaccurate information.

Validity of Proposals

All proposals shall be valid for a period of 120 days from the closing date of the solicitation unless another time limit is agreed to in writing by all parties. An Offeror's submission of a proposal does not obligate GNRC to contract with the Offeror.

Preparation Costs

GNRC will not be liable for any costs incurred by an Offeror in the preparation of its response to a solicitation, nor for the presentation of its proposal or participation in any clarifications, discussions, negotiations, or protests.

Ambiguity, Conflicts, and Irregularities

Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in this solicitation prior to submitting their offer, or it shall be waived. Claims of ambiguity after submission of the offer shall not serve as grounds for a protest.

If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the solicitation, they shall immediately request modification or clarification in writing via email to rfp@gnrc.org. Required modifications or clarifications will be issued by solicitation amendment.

GNRC reserves the right to waive minor irregularities in proposals. Any such waiver shall not modify any remaining solicitation requirements or excuse the Offeror from full compliance with the solicitation specifications and other contract requirements if the Offeror is awarded a contract.

Acceptance Period

Offeror must indicate acceptance of the final version of this solicitation as amended. A response to a Request for Proposal is an offer to contract with GNRC based upon the terms, conditions, scope of services, and specifications contained in this Request for Proposal. Proposals are an irrevocable offer for 120 days after the proposal opening time and date.

Standard Contracting Terms

GNRC's standard terms are attached to this solicitation as Attachment E. Contract terms appearing in brackets may not apply to all contracts. Offeror must be willing to accept the standard terms and conditions. Any desired exceptions to the terms and conditions must be identified in the proposal cover letter. If no exceptions to the contract are stated, they might not be granted after the contract is awarded. Contract exceptions may result in the rejection of the proposal as non-responsive; if, in the sole evaluation of GNRC, the requested changes are unacceptable.

Ownership of Proposals

All materials submitted in response to this RFP become the property of GNRC upon delivery and are to be appended to any formal documentation which would further define or expand the contractual relationship between GNRC and Offeror. GNRC is a public entity, and its records are subject to disclosure under law.

Section 4. Selection Process

4.1 Proposal Evaluation

After a preliminary review to determine if the Offeror has demonstrated the requisite qualifications identified in Section 2.1, the submission will be considered a “Qualified Proposal.” Qualified Proposals will be evaluated using the following scoring criteria. Qualified Proposals must meet a minimum score of 70 points out of the 100 possible points to be considered for a contract. In the event two or more Offerors have submitted Qualified Proposals to provide the same or similar services, proposals will be ranked according to their overall score.

WEIGHT	CRITERION	CONSIDERATIONS
40 points	Service Delivery, Service Details, and Personnel & Training	Is the Offeror’s plan for service implementation consistent with best practices and program requirements? Does the Offeror have adequate staffing of qualified personnel to provide the services being proposed? Does the training plan outlined in the proposal demonstrate that best practices will be met?
30 points	History and Experience	To what extent does the proposal demonstrate that the Offeror has experience working with similar populations? To what extent does the proposal outline the Offeror’s experience meeting social and economic needs of older adults? To what extent does the Offeror have experience with similar contracts? How long has the offeror been in business with a roster of clients?
20 points	Cost Effectiveness	Does the proposal demonstrate a sufficient plan to ensure the cost effectiveness of the services being proposed?
10 points	DBE	Is the Offeror a minority- or woman-owned business?

4.2 Final Evaluations

Based on the evaluation of the written proposals, GNRC may request to visit the Offeror’s physical office to review non-sensitive files and to conduct interviews with key staff.

In its discretion, GNRC may request the submission of any documents that may have been omitted from the Proposal.

4.3 Solicitation Outcomes

GNRC is not obligated to contract with anyone as a result of this solicitation.

Notwithstanding any other provision of this RFP, GNRC expressly reserves the right to:

- Waive any immaterial defect or informality,
- Reject proposals that are incomplete,
- Reject any or all proposals, or portions thereof,
- Make changes to or reissue this Request for Proposal,
- Modify the number and types of data to be collected to meet budgetary limitations, or
- Cancel the Solicitation.

4.4 Protests

Disputes concerning the procurement process, selection outcomes, or any request for stay of award will be lodged and resolved as follows:

1. The aggrieved party will document its protest in writing. The protest must contain:
 - o The name, phone number, email address, and physical address of the person or entity protesting,
 - o A statement of grounds for the protest, including the law or process alleged to have been violated,
 - o The date that the protestor became aware of the issue, and
 - o A statement of the relief requested.
2. The protest must be emailed to rfp@gnrc.org or hand-delivered to the GNRC office to the attention of GNRC Procurement no more than seven business days after the protestor knew or should have known about the event or situation that predicated the protest.
3. Ordinarily, a protest will pause the procurement selection process. However, GNRC reserves the right to continue the selection process should GNRC determine that it or its constituents will be harmed by the delay.
4. The Finance Director will notify the protestor of the receipt of protest and may elect to meet with the protester.
5. The Finance Director will endeavor to issue a decision on the protest within five business days, but no delay in the decision will be grounds for protest. The decision will be delivered by email and deemed received one business day after it is sent.
6. A protestor may appeal the decision in writing to the Executive Director. The appeal must be received by no more than five business days after receipt of the original decision. The Executive Director's decision on the matter will be final.
7. In some circumstances, state or federal law may provide for a protest procedure. Protestors must exhaust their administrative remedies with GNRC before using the state or federal process.

Attachment A. Assurances and Certifications

Assurances and Certifications – Nutrition

RFP-2026-05

Organizational Conduct

If the answer to any of the following questions is yes, attach an explanation.

Has the organization and/or any of the organization’s employees, agents, independent contractors been convicted of, pled guilty to, or pled no contest to any contracted crime involving a public contract?

☐ Yes ☒ No

Has the organization and/or any of the organization’s employees, agents, independent contractors been convicted of, pled guilty to, or pled no contest to a felony?

☐ Yes ☒ No

Has the organization and/or any of the organization’s employees, agents, independent contractors been civilly liable in an action that involved fraud, misrepresentation, material omission, misappropriation, moral turpitude, theft, or conversion?

☐ Yes ☒ No

Has the organization and/or any of the organization’s employees, agents, independent contractors been relieved of responsibility by a court, employer, or client for actions involving fraud, misrepresentation, material omission, misappropriation, moral turpitude, theft, or conversion?

☐ Yes ☒ No

Is your organization currently under Federal or State debarment?

☐ Yes ☒ No

Assurances and Certifications

By signing this form, the Offeror represents, warrants, agrees to, and certifies each of the following:

- The Offeror has completed the response independent of any outside influence which may result in it receiving privileged information about this RFP. **This certification is made under penalty of perjury.**
- This proposal factually represents the administrative capabilities and proposed services of the Offeror, and that, if the agency is selected, the Offeror will abide by the terms and conditions of the Provider Contract.
- The Offeror is in compliance with the specific Provider Requirements required by GNRC and the State of Tennessee described in Section 2.1 of the RFP.
- The Offeror is in compliance with the specific Service Description and Standards required by the State of Tennessee for each proposed service activity and described in Section 2.2 of the RFP.
- The Offeror has written policies regarding the following:
 - Personnel Policies
 - Non-discrimination in Hiring Policy
 - Non-discrimination in Service Delivery Policy
 - ADA Compliance Policy
 - Drug Free Workplace Policy
 - Affirmative Action Policy
 - Confidentiality Policy
 - Civil Rights Compliance Policy (Title VI and VII)
 - Certification Regarding Lobbying
- The Offeror has secured all required licenses, certifications, permits, and accreditation (as required by the State and/or Federal governments).

- The Offeror has supplied GNRC with the unit rate for services that the Offeror would charge other persons or charge as a unit cost regardless of whether the person is enrolled in services authorized through the Tennessee Department of Disability and Aging’s (DDA) Nutrition Services or any other DDA-authorized services.
- The Service Rates are accurately reflected on Attachment D. If the organization is approved, it will contract with the AAAD for services at the lesser of (1) Service Rates or (2) the maximum rates listed in Section 1.2 of the RFP.
- The Offeror shall notify GNRC of any changes to the Service Rates listed in Attachment D and that those usual and customary charges will be provided on request by GNRC or DDA.
- The Offeror is willing and financially able to provide services without a guaranteed timeframe for reimbursement.
- The Offeror is not party to an outstanding lawsuit against GNRC or any of its member jurisdictions.
- The Offeror will provide such other and further assurances as may be requested by GNRC or DDA.
- The person signing on behalf of the Offeror is fully authorized to do so and to legally bind the Offeror thereby.

Authorization For Submission

Metro Nashville Government: Social Services

(Legal Name of Offeror Agency)

submits this form as part of its response to the Request for Qualifications solicited by the Greater Nashville Regional Council. This application and all materials provided in response to the RFQ will become part of any contract should the Applicant’s proposal be selected.

Signatory

Date

Name and Title

Attachment B. Business Information

Business Information

Offeror Agency Legal Name: Metro Nashville Government: Social ServicesMailing Address: 3055 Lebanon Pike Nashville, TN 37214Office Address: 3055 Lebanon Pike Nashville, TN 37214*If the Offeror has multiple offices, attach a complete list.*Is this a virtual office? ☐ Yes ☒ No *If yes, provide the address of the physical location at which files are kept. This location will need to be made available for monitoring purposes:*

Physical Address: _____

Primary Contact (Name & Title): Gregory Perry : Program Manager IIE-Mail Address: Gregory.Perry@Nashville.gov Phone: 615-862-6481Place of Establishment: Davidson County NashvilleDate Established: 1964State(s) where Licensed/Incorporated: Tennessee

Indicate the entity type:

- | | |
|---|--|
| ☐ Individual | ☐ Partnership |
| ☐ For-Profit Corporation | ☐ Joint Venture |
| ☐ Non-Profit Corporation | ☐ Limited Liability Company |
| ☐ Special Purpose Corporation or Association | ☒ Government |

*For sole proprietors/individuals: Provide a brief description of the business's contingency plans in the event that you are unable to work.**For Non-Profit Corporations: Attach the following documents*

1. A copy of the organization's bylaws.
2. A roster of the Board of Directors or other governing body. Include the Name, Address, Sex, Race, and Disability Status (i.e. Disabled/Not Disabled) for each member.

Indicate the Disadvantaged Business Enterprise (DBE) status(es) of the Offeror (check any/all that apply):

- | | |
|--|---|
| ☐ Non-Minority/Disadvantaged | ☒ N/A: Government or Non-Profit |
| ☐ Woman Business Enterprise (WBE) | Minority Business Enterprise (MBE): |
| ☐ Service-Disabled Veteran Enterprise (SDVBE) | ☐ MBE - African American |
| ☐ Disabled Business Enterprise (DSBE) | ☐ MBE - Asia American |
| ☐ Small Business Enterprise (SBE) | ☐ MBE - Hispanic American |
| ☐ Other: _____ | ☐ MBE - Native American |

Attachment C. Service Details

Service Details – Nutrition Services

RFP 2026-05

Offeror Agency Name: Metro Nashville Government: Social Services

A. **Services Offered:** Check all services being offered. Service definitions are in Section 2.2.

- | | |
|--|---|
| ☒ Congregate Meals | ☒ Nutrition Counseling (Required) |
| ☒ Home-Delivered Meals | ☒ Nutrition Education (Required) |

B. **Service Availability:** What are the Offeror’s weekly operating hours for these services?

Business office/ HD Routes 9:00am-4:00pm, Congregate Site 9:00-1:00

C. **Holiday Closures:** List all of the Offeror’s planned holiday closures. If selected for a contract, the Offeror must receive approval for any closures not listed below.

New Year’s Eve & Day, MLK, Presidents’, Good Friday, Memorial, Juneteenth, 4th of July, Labor, Veterans’, (Thanksgiving Th & Fr), Christmas Eve & Day

D. **Subcontractors:** If the Offeror intends to subcontract any part of the work that is being offered, provide the following information for each subcontractor. You may attach a list.

Name: Trio Community Meals Role: Meal/Food provider
 Mailing Address: 136 Park South Court Nashville, TN 37210
 Phone Number: 321-356-9254 Email: Michael.Yamauchi@triocommunitymeals.com

E. **Service Delivery Area:** For each service type, select the counties where provision of service is being proposed.

Congregate Meal Sites:

- | | | |
|---|--|--|
| ☐ Cheatham County | ☐ Montgomery County | ☐ Sumner County |
| ☒ Davidson County | ☐ Robertson County | ☐ Trousdale County |
| ☐ Dickson County | ☐ Rutherford County | ☐ Williamson County |
| ☐ Houston County | ☐ Stewart County | ☐ Wilson County |
| ☐ Humphreys County | | |

Home-Delivered Meals:

- | | | |
|---|--|--|
| ☐ Cheatham County | ☐ Montgomery County | ☐ Sumner County |
| ☒ Davidson County | ☐ Robertson County | ☐ Trousdale County |
| ☐ Dickson County | ☐ Rutherford County | ☐ Williamson County |
| ☐ Houston County | ☐ Stewart County | ☐ Wilson County |
| ☐ Humphreys County | | |

Attachment D. Service Rates

Service Rates - Nutrition Services

RFP 2026-05

Offeror Agency Name: Metro Nashville Government: Social Services

Completed By: Tammy Hunt Date: _____

Signed: _____

For each meal type proposed, provide the Offeror's usual and customary rate and the rate charged to GNRC. Provide also the total cost per meal and cost breakdown for each meal type.

- Usual & Customary Rate: The rate the Offeror typically charges private pay clients per meal.
- Maximum Rate: The maximum allowable reimbursement rate for each meal type. Maximum rates are set by the TN Department of Disability and Aging.
- Rate Charged to GNRC: The amount the Offeror is proposing to charge GNRC per meal. This amount must be less than both the maximum rate and the usual & customary rate for the service.

	Congregate	Home-Delivered	Frozen	Shelf Stable
Food Cost:	5.06	5.06	5.62	5.34
Labor Cost:	1.54	1.84	.53	.81
Equipment Cost:	.25	.25	.25	.25
Utility Cost:	n/a	n/a	n/a	n/a
All Other Cost:	.50	.50	.25	.25
Delivery Cost (if applicable):	n/a	.50	.50	.50
Total Cost Per Meal:	7.35	8.15	7.15	7.15
Usual & Customary Rate	7.35	8.15	7.15	7.15
Maximum Reimbursement Rate:	\$7.35	\$8.15	\$7.15	\$7.15
Rate Charged to GNRC:	7.35	8.15	7.15	7.15

Attachment E. Sample Contract Terms

Sample Terms and Conditions – Nutrition Services
RFQ 2026-05

Note: Terms in brackets ([]) may not apply to all contracts based on entity type, service type, or total funding amount.

C. PAYMENT TERMS AND CONDITIONS

- C.1. Maximum Liability. In no event will the maximum liability of GNRC under this Contract exceed [to be determined] ("Maximum Liability"). This Contract does not grant the CONTRACTOR any exclusive rights. GNRC does not guarantee that it will buy any minimum quantity of goods or services under this Contract. The Maximum Liability is not subject to escalation for any reason unless amended.
- C.2. Payment Methodology. The CONTRACTOR will be compensated based on the payment methodology outlined in Attachment B for goods or services authorized by GNRC. The CONTRACTOR's compensation will be contingent upon the satisfactory provision of goods or services as set forth in Attachment A.
- C.3. Travel Compensation. The CONTRACTOR will not be compensated or reimbursed for travel time, travel expenses, meals, or lodging.
- C.4. Invoice Requirements. Utilizing the template provided monthly by GNRC, the CONTRACTOR must invoice GNRC only for goods delivered and accepted by GNRC or services satisfactorily provided at the amounts stipulated in Section C.2., above.
- a. CONTRACTOR's invoices must
- (1) be submitted with necessary supporting documentation on a [monthly/quarterly] basis to Accounting@gnrc.org no later than the 8th day of the month for the services provided in the preceding month;
 - (2) be completed on the template provided monthly to CONTRACTOR by GNRC;
 - (3) include only charges for goods delivered or services provided as described in Section A and in accordance with payment terms and conditions set forth in Section C;
 - (4) be submitted only for goods delivered or services completed and not include any charge for future goods to be delivered or services to be performed;
 - (5) not include CONTRACTOR's taxes, which includes without limitation CONTRACTOR's sales and use tax, excise taxes, franchise taxes, real or personal property taxes, or income taxes; and
 - (6) include shipping or delivery charges only as authorized in this Contract.
- b. GNRC will issue payment only for complete, accurate invoices received as required by this Section. GNRC may delay payment due to late, incomplete, or incorrect invoices. There is no guaranteed payment timeframe for invoices but, so long as CONTRACTOR's invoice was timely submitted in accordance with the terms of this Contract, GNRC will make good-faith, reasonable efforts to pay CONTRACTOR within 14 calendar days after GNRC receives from the State the funds designated for CONTRACTOR..
- C.5. Payment of Invoice. A payment by GNRC does not prejudice GNRC's right to object to or question any reimbursement, payment, invoice, or related matter. A payment by GNRC must not

be construed as acceptance of any part of the work or service provided or as approval of any amount invoiced.

- C.6. Invoice Reductions. The CONTRACTOR's invoice will be subject to reduction for amounts included in any invoice or payment that is determined by GNRC to be noncompliant with the requirements of this Section C or otherwise not allowed under the Contract or governing authority.

- [C.7 Timeliness. Time is of the essence with respect to the CONTRACTOR's obligations under this Grant Contract, and it is a material term of this Grant Contract that the CONTRACTOR timely fulfill its programming and reporting obligations.

The CONTRACTOR must submit data in a timely and complete manner as detailed in Attachment A. If CONTRACTOR does not provide the required data appropriately, the CONTRACTOR will have a one-time grace period of five days. During the grace period, the CONTRACTOR must enter the required data in the database. If the CONTRACTOR does not comply during the grace period, then the CONTRACTOR's non-compliance may, at GNRC's discretion, be treated as a second event of non-compliance, and the liquidated damages described below will apply.

The CONTRACTOR understands that its failure to follow the data entry requirements would damage GNRC and jeopardize GNRC's ability to continue conducting its operations but that it is difficult to calculate the exact dollar figure of the damage. Therefore, the parties agree that following liquidated damages provisions are not penalties and should apply to this contract:

- a. upon the second event of non-compliance with reporting obligations and for each subsequent event of non-compliance, the CONTRACTOR must pay GNRC 5% of the amount it would otherwise be owed for providing services during the month for which the data was untimely.
- b. upon any failure to provide a contracted service during a month, the CONTRACTOR must pay GNRC an amount equal to 25% of the total budgeted allocation

The liquidated damages are cumulative for subsequent offenses. GNRC reserves all other rights to address CONTRACTOR non-compliance.

GNRC, in its sole reasonable discretion, may consider waiving damages for good faith, de minimus errors in data reporting such as typographical matters. The failure to enter and submit reports in the required categories or fields does not constitute a de minimus error.]

- C.8. GNRC's Right to Set Off. GNRC reserves the right to set off or deduct from amounts that are or will become due and payable to the CONTRACTOR under this Contract or under any other agreement between the CONTRACTOR and GNRC under which the CONTRACTOR has a right to receive payment from GNRC.

- C.9. Prerequisite Documentation. The CONTRACTOR must not invoice GNRC under this Contract until GNRC has received the following documentation.

- a. The "Authorization Agreement for Automatic Deposit Form" provided by GNRC. By doing so, the CONTRACTOR acknowledges and agrees that, once this form is received by GNRC, payments to the CONTRACTOR, under this or any other contract the CONTRACTOR has with GNRC, may be made by ACH.
- b. A W-9 form. The taxpayer identification number on the W-9 form must be the same as the CONTRACTOR's Federal Employer Identification Number or Social Security Number provided in CONTRACTOR's response to any requests for proposals.

- C.10. Final Invoice and Close Out. CONTRACTOR must submit any final invoice within thirty days of the conclusion of the Term, in form and substance acceptable to GNRC. CONTRACTOR must submit an estimated final invoice by the 8th of the month following the conclusion of the Term.
- a. If total disbursements by GNRC pursuant to this Contract exceed the amounts permitted by this Contract, CONTRACTOR must refund the difference to GNRC. CONTRACTOR must submit the refund with the final invoice.
 - b. GNRC will not pay any invoice submitted to GNRC later than thirty days after the conclusion of the Term.
 - d. CONTRACTOR must close out its accounting records at the end of the Term in such a way that reimbursable expenditures and revenue collections are not carried forward.
- C.11. Contractor Match. CONTRACTOR must document any required match on the supporting documentation provided with the monthly and final invoices, as detailed in Section C. The amounts required for match are detailed by the column(s) titled "Contractor Match," found in Attachment B.
- a. Each CONTRACTOR expenditure may be recorded and reported toward meeting a Contractor match requirement on only one contract for funding from the state of Tennessee.
 - b. If the CONTRACTOR fails to meet a Contractor match requirement by the end of the Term, the maximum total amount reimbursable by GNRC pursuant to this Contract, as detailed by the Contract Budget column "Contract," will be reduced by the amount that CONTRACTOR failed to contribute to the Total Project as budgeted.

D. STANDARD TERMS AND CONDITIONS:

- D.1. Required Approvals. GNRC is not bound by this Contract until it is signed by the Parties and, if necessary, approved by appropriate officials in accordance with any applicable laws, regulations, and bylaws.
- D.2. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Contract must be in writing and must be made by a nationally recognized overnight delivery service with an asset-tracking system, or by email with receipt confirmation. All communications, regardless of method of transmission, must be addressed to the respective Party at the appropriate mailing address, or email address.

CONTRACTOR:

Name
Title
Street Address
City, State, Zip
Email
Phone

GNRC:

MICHAEL SKIPPER
EXECUTIVE DIRECTOR
44 VANTAGE WAY, SUITE 450
NASHVILLE, TN 37228
EMAIL: MSKIPPER@GNRC.ORG CC: SFOWLER@GNRC.ORG
PHONE: 615-862-8828

All instructions, notices, consents, demands, or other communications are effective upon actual receipt or upon confirmation of delivery. A Party may change its contact information for the purposes of receiving notice by providing notice in accordance with this section.

- D.3. Modification and Amendment. This Contract may be modified only by a written amendment signed by all Parties to this Contract and approved by appropriate officials in accordance with any applicable laws, regulations, and or bylaws.
- D.4. Assignment and Subcontracting. CONTRACTOR must not assign this Contract or enter into a subcontract for any of the services provided under this Contract without the prior written approval of GNRC. Notwithstanding any use of the approved subcontractors, CONTRACTOR must be the prime contractor and responsible for compliance with all terms and conditions of this Contract.
- D.5. Monitoring. CONTRACTOR understands and agrees that all activities conducted and records maintained pursuant to this Contract are subject to monitoring and evaluation by GNRC as well as other entities including without limitation the Tennessee Department of Disability and Aging, the Tennessee Comptroller of the Treasury, or their duly appointed representatives.
- D.6. Strict Performance. Failure by any Party to require, in any one or more cases, the strict performance of any of the terms, covenants, conditions, or provisions of this Contract must not be construed as a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Contract may be held to be waived, modified, or deleted except by a written amendment signed by the Parties to this Contract.
- D.7. Independent Contractor; No Third-Party Beneficiary. The Parties to this Contract must not act as employees, partners, joint venturers, or associates of one another. Nothing in this Contract may be construed to create an employer/employee relationship or to allow either party to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one Party are not the employees or agents of the other Party. There are no third-party beneficiaries to this Contract.
- D.8. Tennessee Department of Revenue Registration. CONTRACTOR must comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608.
- D.9. Force Majeure. The obligations of the Parties are subject to prevention by causes beyond the parties' control that could not be avoided by the exercise of due care including, but not limited to, natural disasters, riots, wars, epidemics, or any other similar cause.
- D.10. State and Federal Compliance. The CONTRACTOR must comply with all applicable state and federal laws and regulations in the performance of this Contract. This includes, but is not limited to, compliance with Title VI of the Civil Rights Act of 1964.
- D.11. Governing Law. This Contract must be governed by and construed in accordance with the laws of the state of Tennessee. The Parties agree that they are subject to the exclusive jurisdiction of the courts of the state of Tennessee in actions that may arise under this Contract. Each Party hereby irrevocably consents to the exclusive jurisdiction and venue of the state or federal courts located within Davidson County.
- D.12. Entire Agreement. This Contract is complete and contains the entire understanding between the Parties relating to its subject matter, including all the terms and conditions of the Parties' agreement. This Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the Parties, whether written or oral.
- D.13. Severability. The terms and conditions of this Contract are severable. If any provision is determined to be invalid or unenforceable, the remaining provisions will not be affected and remain in full force and effect.

- D.14. Headings. Section headings of this Contract are for reference purposes only and must not be construed as part of this Contract.
- D.15. Incorporation of Additional Documents. Each of the following documents are included as a part of this Contract by reference. In the event of a discrepancy or ambiguity regarding GNRC's duties, responsibilities, and performance under this Contract, these items govern in order of precedence below:
- a. any amendment to this Contract, with the latter in time controlling over any earlier amendments;
 - b. this Contract with attachments and exhibits;
 - c. Any related RFQs or RFPs, with any addenda and updates provided by GNRC; and
 - d. CONTRACTOR's response to any related RFQs or RFPs
- [D.16. Insurance. CONTRACTOR must maintain insurance coverage as specified in this Section. GNRC reserves the right to amend or require additional insurance coverage, coverage amounts, and endorsements required under this Contract. CONTRACTOR's failure to maintain or submit evidence of insurance coverage as required is a material breach of this Contract. Insurance requirements specified in this section do not reduce any liability assumed by the CONTRACTOR under this Contract, including any indemnification or hold harmless requirements. No representation is made that the minimum insurance requirements of the Contract are sufficient to cover the obligations of CONTRACTOR arising under this Contract.
- a. CONTRACTOR must obtain and maintain, at a minimum, the following insurance coverages:
 - (1) Commercial General Liability ("CGL") Insurance, written on an ISO Form CG 00 01 occurrence form (or a substitute form providing equivalent coverage) to cover, at a minimum, liability arising from property damage, premises and operations, products and completed operations, bodily injury, personal and advertising injury, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
 - (2) Workers' Compensation and Employer Liability Insurance, when required by law. If CONTRACTOR certifies that it is exempt from the requirements of Tenn. Code Ann. §§ 50-6-101 – 103, then CONTRACTOR must furnish written proof of such exemption.
 - (3) Automobile Liability Insurance to cover liability arising out of any automobile (including owned, leased, hired, and non-owned automobiles), including bodily injury and property damage.
 - b. CONTRACTOR must provide GNRC with current proof of insurance coverage throughout the Term.
 - (1) If CONTRACTOR loses insurance coverage, fails to renew coverage, or for any reason becomes uninsured during the Term, CONTRACTOR must immediately notify GNRC.
 - (2) Unless self-insured, CONTRACTOR must provide GNRC with a certificate of insurance ("COI") evidencing the coverages specified in this Section within thirty

days of the Effective Date, thirty days before any renewal or replacement of coverage, and whenever requested by GNRC. The COI must:

- i. list each insurer's National Association of Insurance Commissioners (NAIC) number;
 - ii. be signed by an authorized representative of the insurer
 - iii. list GNRC as the certificate holder
 - iv. identify GNRC as an additional insured
- (3) Any self-insured entity must provide GNRC with information satisfactory in GNRC's sole discretion to demonstrate that the coverage and proof of funds is acceptable to GNRC.
- c. CONTRACTOR must provide GNRC with proof that any subcontractors maintain the required insurance or that subgrantees are included under CONTRACTOR's policy.
 - d. Any deductible, self-insured retention (SIR), and premiums are the CONTRACTOR's sole responsibility.
 - e. All coverage must be on a primary basis and noncontributory with any other insurance or self-insurance carried by GNRC.
 - f. All insurance companies providing coverage must be acceptable to the GNRC.
 - g. CONTRACTOR must name GNRC as an additional insured on any insurance policy except for workers' compensation and professional liability (errors and omissions) insurance. All policies must contain an endorsement for a waiver of subrogation in favor of GNRC. The additional insured endorsement and the waiver of subrogation endorsement must be provided to GNRC with the Certificate of Insurance.
 - h. GNRC agrees that it will give written notice to CONTRACTOR as soon as practicable but no later than thirty days after GNRC becomes aware of any claim asserted or made against GNRC. The failure of GNRC to give notice will relieve CONTRACTOR of its obligations under this Section only to the extent that CONTRACTOR can demonstrate actual prejudice arising from the failure to give notice. Fulfillment of the CONTRACTOR'S insurance and indemnification obligations does not operate to allow CONTRACTOR or its insurer the right to represent GNRC in any legal matter.
 - i. The insurance obligations under this Contract must be whichever is greater of the following: all the insurance coverage carried by CONTRACTOR or the minimum insurance coverage requirements shown in this Contract. Any insurance proceeds applicable to a given loss in excess of or broader than the minimum required coverage must be available to the Agency.]
- D.17. Subject to Funds Availability. This Contract is subject to the appropriation and availability of state or federal funds. In the event that the funds are not appropriated or are otherwise unavailable, GNRC reserves the right to terminate this Contract upon written notice to CONTRACTOR. GNRC's right to terminate this Contract due to lack of funds is not a breach of this Contract by GNRC. Upon receipt of the written notice, CONTRACTOR must cease all work associated with the Contract. Should such an event occur, CONTRACTOR will be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, CONTRACTOR will have no right to recover from GNRC any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

- D.18. Licensure. CONTRACTOR, its employees, and any approved subcontractor must be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and must upon request provide proof of all licenses.
- D.19. Limitation of GNRC's Liability. GNRC has no liability except as specifically provided in this Contract. In no event will GNRC be liable to CONTRACTOR or any other party for any lost revenues, lost profits, loss of business, loss of grant funding, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Contract or otherwise. GNRC's total liability under this Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise will under no circumstances exceed the Maximum Liability established in Section C.1 of this Contract. This limitation of liability is cumulative and not per incident.
- D.20. No Acquisition of Equipment or Motor Vehicles. This Contract does not involve the acquisition and disposition of equipment or motor vehicles acquired with funds provided under this Contract.
- D.21. Confidentiality of Records. Strict standards of confidentiality of records and information must be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to CONTRACTOR by GNRC or acquired by CONTRACTOR on behalf of GNRC that is regarded as confidential under state or federal law must be regarded as "Confidential Information." Nothing in this Section permits CONTRACTOR to disclose any Confidential Information, regardless of whether it has been disclosed or made available to CONTRACTOR due to intentional or negligent actions or inactions of agents of GNRC or third parties. Confidential Information must not be disclosed except as required or permitted under state or federal law. CONTRACTOR must take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law. The obligations set forth in this Section will survive the termination of this Contract.
- [D.22. Hold Harmless. CONTRACTOR agrees to indemnify, defend, and hold harmless GNRC as well as its officers, agents, and employees from and against any and all claims, liabilities, losses, and causes of action which may arise, accrue, or result to any person, firm, corporation, or other entity which may be injured or damaged as a result of acts, omissions, or negligence on the part of CONTRACTOR, its employees, its subcontractors, and any person acting for or on its or their behalf relating to this Contract. CONTRACTOR further agrees it is liable for the reasonable cost of any attorneys' fees, court costs, expert witness fees, and other litigation expenses for GNRC to enforce the terms of this Contract.

In the event of any such suit or claim, the parties must give each other immediate notice and provide all necessary assistance to respond. The failure of GNRC to give notice will relieve CONTRACTOR of its obligations under this Section only to the extent that CONTRACTOR can demonstrate actual prejudice arising from the failure to give notice. This section does not grant CONTRACTOR, through its attorneys, the right to represent GNRC in any legal matter.]

- D.23. Personally Identifiable Information. While performing its obligations under this Contract, CONTRACTOR may have access to Personally Identifiable Information held by GNRC ("PII"). For the purposes of this Contract, "PII" includes "Nonpublic Personal Information" as that term is defined in Title V of the Gramm-Leach-Bliley Act of 1999 or any successor federal statute, and the rules and regulations thereunder, all as may be amended or supplemented from time to time ("GLBA") and personally identifiable information and other data protected under any other applicable laws, rule or regulation of any jurisdiction relating to disclosure or use of personal information ("Privacy Laws"). CONTRACTOR agrees to not do or omit to do anything which would cause GNRC to be in breach of any Privacy Laws. CONTRACTOR must, and must cause its

employees, agents and representatives to: (i) keep PII confidential and may use and disclose PII only as necessary to carry out those specific aspects of the purpose for which the PII was disclosed to CONTRACTOR and in accordance with this Contract, GLBA and Privacy Laws; and (ii) implement and maintain appropriate technical and organizational measures regarding information security to: (A) ensure the security and confidentiality of PII; (B) protect against any threats or hazards to the security or integrity of PII; and (C) prevent unauthorized access to or use of PII. CONTRACTOR must immediately notify GNRC: (1) of any disclosure or use of any PII by CONTRACTOR or any of its employees, agents and representatives in breach of this Contract; and (2) of any disclosure of any PII to CONTRACTOR or its employees, agents and representatives where the purpose of such disclosure is not known to CONTRACTOR or its employees, agents and representatives. GNRC reserves the right to review CONTRACTOR's policies and procedures used to maintain the security and confidentiality of PII and CONTRACTOR must, and cause its employees, agents and representatives to, comply with all reasonable requests or directions from GNRC to enable GNRC to verify or ensure that CONTRACTOR is in full compliance with its obligations under this Contract in relation to PII. Upon termination or expiration of the Contract or at GNRC's direction at any time in its sole discretion, whichever is earlier, CONTRACTOR must immediately return to GNRC any and all PII which it has received under this Contract and must destroy all records of such PII. CONTRACTOR must report to GNRC any instances of unauthorized access to or potential disclosure of PII in the custody or control of CONTRACTOR ("Unauthorized Disclosure") that come to CONTRACTOR's attention. Any such report must be made by CONTRACTOR within 24 hours after the Unauthorized Disclosure has come to the attention of CONTRACTOR. CONTRACTOR must take all necessary measures to halt any further Unauthorized Disclosures. CONTRACTOR, at the sole discretion of GNRC, must provide no cost credit monitoring services for individuals whose PII was affected by the Unauthorized Disclosure. CONTRACTOR must bear the cost of notification to all individuals affected by the Unauthorized Disclosure, including individual letters and public notice. The remedies set forth in this Section are not exclusive and are in addition to any claims or remedies available to GNRC under this Contract or otherwise available at law. The obligations set forth in this Section survive the termination of this Contract.

- D.24. Transfer of CONTRACTOR's Obligations. CONTRACTOR must not transfer or restructure its operations related to this Contract without the prior written approval of GNRC. CONTRACTOR must immediately notify GNRC in writing of a proposed transfer or restructuring of its operations related to this Contract. GNRC reserves the right to request additional information or impose additional terms and conditions before approving a proposed transfer or restructuring.
- D.25. Prohibited Advertising. CONTRACTOR must not refer to this Contract or CONTRACTOR's relationship with GNRC under this Contract in commercial advertising in such a manner as to state or imply that CONTRACTOR or the CONTRACTOR's goods or services are endorsed. The obligations set forth in this Section survive the termination of this Contract.

E. FEDERALLY AND STATE-REQUIRED TERMS AND CONDITIONS

- E.1. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment C, is incorporated in this Contract
- E.2. Termination for Convenience. GNRC may terminate this Contract without cause for any reason. A termination for convenience shall not be a breach of this Contract by GNRC. GNRC will give CONTRACTOR at least 30 days written notice before the effective termination date. CONTRACTOR shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall GNRC be liable to CONTRACTOR for compensation for any service that has not been rendered. The final decision as to the amount for which GNRC is liable shall be determined by GNRC. CONTRACTOR shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for GNRC's exercise of its right to terminate for convenience.

- E.3. Termination for Cause. If CONTRACTOR fails to properly perform its obligations under this Contract, or if CONTRACTOR violates any terms of this Contract, GNRC shall have the right to immediately terminate this Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of GNRC's right to terminate this Contract for cause, CONTRACTOR shall not be relieved of liability to GNRC for damages sustained by virtue of any breach of this Contract by CONTRACTOR.
- E.4. Conflicts of Interest. CONTRACTOR warrants that no part of the total Maximum Liability shall be paid directly or indirectly to an employee or official of the state of Tennessee or GNRC as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to CONTRACTOR in connection with any work contemplated or performed relative to this Contract.
- E.5. Lobbying.

a. Certification for Contracts, Grants, Loans, and Cooperative Agreements

CONTRACTOR certifies, to the best of his or her knowledge and belief, that:

- (1) No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, CONTRACTOR shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

b. Statement for Loan Guarantees and Loan Insurance

CONTRACTOR states, to the best of his or her knowledge and belief, that:

- i. If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment provided for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard

Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

- E.6. Nondiscrimination. CONTRACTOR hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Contract or in the employment practices of CONTRACTOR on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law. CONTRACTOR shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
- E.7. Public Accountability. If CONTRACTOR is subject to Tenn. Code Ann. § 8-4-401 *et seq.*, or if this Contract involves the provision of services to citizens by CONTRACTOR on behalf of GNRC, CONTRACTOR agrees to establish a system through which recipients of services may present grievances about the operation of the service program. CONTRACTOR shall also display in a prominent place, located near the passageway through which the public enters in order to receive Contract supported services, a sign at least 11" in height and 17" in width stating:

NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.

The sign shall be on the form prescribed by the Comptroller of the Treasury. The SUA shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from CONTRACTOR, provide CONTRACTOR with any necessary signs.

- E.8. Public Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by CONTRACTOR in relation to this Contract shall include the statement, "This project is funded under a contract with the State of Tennessee." All notices by CONTRACTOR in relation to this Contract shall be approved by GNRC.
- E.9. Records. CONTRACTOR and any approved subcontractor shall maintain documentation for all charges under this Contract. The books, records, and documents of CONTRACTOR and any approved subcontractor, insofar as they relate to work performed or money received under this Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the records be maintained for a period of less than five full years from the date of the final payment. CONTRACTOR's records shall be subject to audit at any reasonable time and upon reasonable notice by GNRC, the SUA, the Comptroller of the Treasury, or their duly appointed representatives.

The records shall be maintained in accordance with Governmental Accounting Standards Board (GASB) Accounting Standards or the Financial Accounting Standards Board (FASB) Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.

In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

Expenditures shall be made in accordance with local government purchasing policies and procedures and purchasing procedures for local governments authorized under state law.

CONTRACTOR shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

CONTRACTOR shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. CONTRACTOR shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by GNRC, the SUA, the Central Procurement Office, or the Commissioner of Finance and Administration of the state of Tennessee.

E.10. Debarment and Suspension. CONTRACTOR certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;
- b. have not within a three-year period preceding this Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and
- d. have not within a three-year period preceding this Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

CONTRACTOR shall provide immediate written notice to GNRC if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

E.11. Prohibition of Illegal Immigrants.

- a. For purposes of this Contract, "illegal immigrant" shall be defined as any person who is not: (i) a United States citizen; (ii) a Lawful Permanent Resident; (iii) a person whose physical presence in the United States is authorized; or (iv) allowed by the federal Department of Homeland Security and who, under federal immigration laws or regulations, is authorized to be employed in the U.S.
- b. CONTRACTOR agrees that it shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract. CONTRACTOR shall reaffirm this attestation by submitting to GNRC a completed Attestation, included as Attachment D, semi-annually during the Term. If CONTRACTOR is a party to more than one contract with GNRC, CONTRACTOR may submit one attestation that applies to all contracts with GNRC. All CONTRACTOR attestations shall be maintained by CONTRACTOR and made available to GNRC upon request.

- c. Prior to the use of any subcontractor in the performance of this Contract, and semi-annually thereafter, during the Term, CONTRACTOR shall obtain and retain a current, written Attestation that the subcontractor will not knowingly utilize the services of an illegal immigrant to perform work under this Contract and will not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant to perform work under this Contract. Attestations obtained from subcontractors shall be maintained by CONTRACTOR and made available to GNRC upon request.
 - d. CONTRACTOR shall maintain records for all personnel used in the performance of this Contract. CONTRACTOR's records shall be subject to review and random inspection at any reasonable time upon reasonable notice by GNRC and SUA, to ensure CONTRACTOR is not knowingly utilizing the services of an illegal immigrant in the performance of this Contract.
 - e. CONTRACTOR understands and agrees that failure to comply with this section will be subject to the sanctions of Tenn. Code Ann. § 12-3-309 for acts or omissions occurring after its effective date.
- E.12. Equal Opportunity. As a condition for receipt of funds under this Contract, CONTRACTOR agrees to comply with 41 C.F. R. § 60-1.4 as that section is amended from time to time during the term.
- E.13. Clean Air Act and Federal Water Pollution Control Act. As a condition for receipt of funds under this Contract, CONTRACTOR agrees to comply with the Clean Air Act, 42 U.S.C. § 7401 *et seq.* and the Federal Water Pollution Control Act, 33 U.S.C § 1251 *et seq.*, as those sections are amended from time to time during the term. Violations must be reported to the Administration for Community Living and the Region 4 Office of the Environmental Protection Agency.
- E.14. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Contract. CONTRACTOR certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.
- E.15. State Sponsored Insurance Plan Enrollment. CONTRACTOR warrants that it will not enroll or permit its employees, officials, or employees of contractors to enroll or participate in a state sponsored health insurance plan through their employment, official, or contractual relationship with GNRC unless CONTRACTOR first demonstrates to the satisfaction of the Department of Finance and Administration that it and any contract entity satisfies the definition of a governmental or quasigovernmental entity as defined by federal law applicable to ERISA.
- E.16. Work Papers Subject to Review. CONTRACTOR shall make all audit, accounting, or financial analysis work papers, notes, and other documents available for review by the Comptroller of the Treasury or his representatives, upon request, during normal working hours either while the analysis is in progress or subsequent to the completion of this Contract.
- E.17. Drug-Free Workplace. The Grantee shall provide a drug-free workplace pursuant to the "Drug-Free Workplace Act," 41 U.S.C. §§ 8101 through 8106, and its accompanying regulations.
- [E.18. Boycott of Israel. CONTRACTOR certifies that it is not currently engaged in, and will not for the duration of the Contract engage in, a boycott of Israel as defined by Tenn. Code Ann. § 12-4-119. This provision shall not apply to contracts with a total value of less than \$250,000 or to contractors with less than ten employees.]
- [E.19. Federal Funding Accountability and Transparency Act (FFATA). This Contract requires CONTRACTOR to provide supplies or services that are funded in whole or in part by federal

funds that are subject to FFATA. CONTRACTOR is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that CONTRACTOR provides information to the state of Tennessee as required.

CONTRACTOR shall comply with the following:

a. Reporting of Total Compensation of CONTRACTOR's Executives.

- (1) CONTRACTOR shall report the names and total compensation of each of its five most highly compensated executives for CONTRACTOR's preceding completed fiscal year, if in CONTRACTOR's preceding fiscal year it received:
 - i. 80 percent or more of CONTRACTOR's annual gross revenues from Federal procurement contracts and federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and sub awards); and
 - ii. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act (and sub awards); and
 - iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or § 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

As defined in 2 C.F.R. § 170.315, "Executive" means officers, managing partners, or any other employees in management positions.

- (2) Total Compensation means the cash and noncash dollar value earned by the Executive during CONTRACTOR's preceding fiscal year and includes the following (for more information see 17 CFR § 229.402(c)(2)):
 - i. Salary and bonus.
 - ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - v. Above-market earnings on deferred compensation which is not tax qualified.

- vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.
- b. CONTRACTOR must report Executives' Total Compensation described above to the state of Tennessee by the end of the month during which this Contract is established.
- c. If this Contract is amended to extend its term, CONTRACTOR must submit an Executive Total Compensation report to the state of Tennessee by the end of the month in which the amendment to this Contract becomes effective.
- d. CONTRACTOR will obtain a Unique Entity Identifier (SAM) and maintain its number for the term of this Contract. More information about obtaining a Unique Entity Identifier can be found at: <https://www.gsa.gov>.]

CONTRACTOR's failure to comply with the above requirements is a material breach of this Contract for which GNRC may terminate this Contract for cause. GNRC will not be obligated to pay any outstanding invoice received from CONTRACTOR unless and until CONTRACTOR is in full compliance with the above requirements.



Freddie O'Connell
Mayor



Renee Pratt
Executive Director
Metro Social Services

Metropolitan Government of Nashville and Davidson County

Item 1. Cover Letter

- a. A statement that the accompanying proposal is in response to this RFP.
- b. A statement that the Offeror is willing, if selected, to execute a contract with GNRC containing the contract terms provided in Attachment E.
- c. A statement that Offeror will provide a 10% match for all Title III C funds and a 15% match for all Title III E funds if selected.
- d. A statement identifying the individual(s) authorized to finalize a contract on behalf of the Offeror.
- e. The Offeror's mission statement, values, and guiding principles, if applicable



Freddie O'Connell
Mayor



Renee Pratt
Executive Director
Metro Social Services

Metropolitan Government of Nashville and Davidson County

March 5, 2026

Greater Nashville Regional Council
44 Vantage Way, Suite 450
Nashville, Tenn. 37228

Regarding: RFP 2026-05 For Nutrition Services for Older or Disabled Adults

Please find enclosed our application this is in repose to RFP-2026-05 for Nutrition Services for Older or Disabled Adults.

We are pleased to work with GNRC for another year to provide quality services to the frail and Elderly population of Nashville and Davidson County.

The Metropolitan Government of Nashville and Davidson County, acting by and through Metro Social Services, is willing to execute a contract with GNRC for these services if selected.

The Metropolitan Council will approve and adopt the contract with GRNC on behalf of Metro Social Services. Once approved the contract will be signed by the appropriate officials including the Mayor and Metro Social Services Director, Renee Pratt. Once signed the contract will be filed in the Metro Clerk's office.

Thank you for your consideration,


Renee Pratt, Executive Director
Metro Social Services



Freddie O'Connell
Mayor



Renee Pratt
Executive Director
Metro Social Services

Metropolitan Government of Nashville and Davidson County

Metropolitan Social Services

Mission Statement:

Metropolitan Social Services Empowers Davidson County Residents to Achieve Economic Stability and Social Well-Being.

We Value:

Commitment to Excellence

- We are responsible stewards of the resources entrusted to us to earn and maintain public trust.
- We employ trained, qualified and diverse staff who delivers services that uphold the highest professional standards.
- Our services are guided by sound research and professional judgment.
- We provide services that are valuable and positively impact the lives of our customers.

Community Focus

- We partner with individuals and families, service providers and the community to identify solutions to the growing and evolving need in the community.
- We promote an environment of mutual trust and respect for those we serve and with whom we work.
- We value our unique role of assessing the presence of poverty and producing reliable information.

Compassion

- We honor the dignity and rights of the people we serve.
- We inform, encourage and inspire customers to make informed decisions.
- We engage our customers by recognizing their strength to obtain self-reliance.



Freddie O'Connell
Mayor



Renee Pratt
Executive Director
Metro Social Services

Metropolitan Government of Nashville and Davidson County

Item 2. Assurance and Certification Attachment A



Assurances and Certifications – Nutrition

RFP-2026-05

Organizational Conduct

If the answer to any of the following questions is yes, attach an explanation.

Has the organization and/or any of the organization's employees, agents, independent contractors been convicted of, pled guilty to, or pled no contest to any contracted crime involving a public contract?

☐ Yes ☒ No

Has the organization and/or any of the organization's employees, agents, independent contractors been convicted of, pled guilty to, or pled no contest to a felony?

☐ Yes ☒ No

Has the organization and/or any of the organization's employees, agents, independent contractors been civilly liable in an action that involved fraud, misrepresentation, material omission, misappropriation, moral turpitude, theft, or conversion?

☐ Yes ☒ No

Has the organization and/or any of the organization's employees, agents, independent contractors been relieved of responsibility by a court, employer, or client for actions involving fraud, misrepresentation, material omission, misappropriation, moral turpitude, theft, or conversion?

☐ Yes ☒ No

Is your organization currently under Federal or State debarment?

☐ Yes ☒ No

Assurances and Certifications

By signing this form, the Offeror represents, warrants, agrees to, and certifies each of the following:

- The Offeror has completed the response independent of any outside influence which may result in it receiving privileged information about this RFP. **This certification is made under penalty of perjury.**
- This proposal factually represents the administrative capabilities and proposed services of the Offeror, and that, if the agency is selected, the Offeror will abide by the terms and conditions of the Provider Contract.
- The Offeror is in compliance with the specific Provider Requirements required by GNRC and the State of Tennessee described in Section 2.1 of the RFP.
- The Offeror is in compliance with the specific Service Description and Standards required by the State of Tennessee for each proposed service activity and described in Section 2.2 of the RFP.
- The Offeror has written policies regarding the following:
 - Personnel Policies
 - Non-discrimination in Hiring Policy
 - Non-discrimination in Service Delivery Policy
 - ADA Compliance Policy
 - Drug Free Workplace Policy
 - Affirmative Action Policy
 - Confidentiality Policy
 - Civil Rights Compliance Policy (Title VI and VII)
 - Certification Regarding Lobbying
- The Offeror has secured all required licenses, certifications, permits, and accreditation (as required by the State and/or Federal governments).

- The Offeror has supplied GNRC with the unit rate for services that the Offeror would charge other persons or charge as a unit cost regardless of whether the person is enrolled in services authorized through the Tennessee Department of Disability and Aging's (DDA) Nutrition Services or any other DDA-authorized services.
- The Service Rates are accurately reflected on Attachment D. If the organization is approved, it will contract with the AAAD for services at the lesser of (1) Service Rates or (2) the maximum rates listed in Section 1.2 of the RFP.
- The Offeror shall notify GNRC of any changes to the Service Rates listed in Attachment D and that those usual and customary charges will be provided on request by GNRC or DDA.
- The Offeror is willing and financially able to provide services without a guaranteed timeframe for reimbursement.
- The Offeror is not party to an outstanding lawsuit against GNRC or any of its member jurisdictions.
- The Offeror will provide such other and further assurances as may be requested by GNRC or DDA.
- The person signing on behalf of the Offeror is fully authorized to do so and to legally bind the Offeror thereby.

Authorization For Submission

Metro Social Services

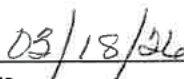
(Legal Name of Offeror Agency)

submits this form as part of its response to the Request for Qualifications solicited by the Greater Nashville Regional Council. This application and all materials provided in response to the RFQ will become part of any contract should the Applicant's proposal be selected.



 Signatory
 Renee Pratt, Executive Director

 Name and Title



 Date

Business Information

Offeror Agency Legal Name: Metro Nashville Government: Social Services

Mailing Address: 3055 Lebanon Pike Nashville, TN 37214

Office Address: 3055 Lebanon Pike Nashville, TN 37214

If the Offeror has multiple offices, attach a complete list.

Is this a virtual office? ☐ Yes ☒ No *If yes, provide the address of the physical location at which files are kept. This location will need to be made available for monitoring purposes:*

Physical Address: _____

Primary Contact (Name & Title): Gregory Perry : Program Manager II

E-Mail Address: Gregory.Perry@Nashville.gov Phone: 615-862-6481

Place of Establishment: Davidson County Nashville

Date Established: 1964

State(s) where Licensed/Incorporated: Tennessee

Indicate the entity type:

- | | |
|---|--|
| ☐ Individual | ☐ Partnership |
| ☐ For-Profit Corporation | ☐ Joint Venture |
| ☐ Non-Profit Corporation | ☐ Limited Liability Company |
| ☐ Special Purpose Corporation or Association | ☒ Government |

For sole proprietors/individuals: Provide a brief description of the business's contingency plans in the event that you are unable to work.

For Non-Profit Corporations: Attach the following documents

1. A copy of the organization's bylaws.
2. A roster of the Board of Directors or other governing body. Include the Name, Address, Sex, Race, and Disability Status (i.e. Disabled/Not Disabled) for each member.

Indicate the Disadvantaged Business Enterprise (DBE) status(es) of the Offeror (check any/all that apply):

- | | |
|--|---|
| ☐ Non-Minority/Disadvantaged | ☒ N/A: Government or Non-Profit |
| ☐ Woman Business Enterprise (WBE) | Minority Business Enterprise (MBE): |
| ☐ Service-Disabled Veteran Enterprise (SDVBE) | ☐ MBE - African American |
| ☐ Disabled Business Enterprise (DSBE) | ☐ MBE - Asia American |
| ☐ Small Business Enterprise (SBE) | ☐ MBE - Hispanic American |
| ☐ Other: _____ | ☐ MBE - Native American |

Service Details – Nutrition Services

RFP 2026-05

Offeror Agency Name: Metro Nashville Government: Social ServicesA. **Services Offered:** Check all services being offered. Service definitions are in Section 2.2.☒ Congregate Meals☒ Nutrition Counseling (Required)☒ Home-Delivered Meals☒ Nutrition Education (Required)B. **Service Availability:** What are the Offeror's weekly operating hours for these services?Business office/ HD Routes 9:00am-4:00pm, Congregate Site 9:00-1:00C. **Holiday Closures:** List all of the Offeror's planned holiday closures. If selected for a contract, the Offeror must receive approval for any closures not listed below.New Year's Eve & Day, MLK, Presidents', Good Friday, Memorial, Juneteenth, 4th of July, Labor, Veterans', (Thanksgiving Th & Fr), Christmas Eve & DayD. **Subcontractors:** If the Offeror intends to subcontract any part of the work that is being offered, provide the following information for each subcontractor. You may attach a list.Name: Trio Community Meals Role: Meal/Food providerMailing Address: 136 Park South Court Nashville, TN 37210Phone Number: 321-356-9254 Email: Michael.Yamauchi@triocommunitymeals.comE. **Service Delivery Area:** For each service type, select the counties where provision of service is being proposed.Congregate Meal Sites:☐ Cheatham County☐ Montgomery County☐ Sumner County☒ Davidson County☐ Robertson County☐ Trousdale County☐ Dickson County☐ Rutherford County☐ Williamson County☐ Houston County☐ Stewart County☐ Wilson County☐ Humphreys CountyHome-Delivered Meals:☐ Cheatham County☐ Montgomery County☐ Sumner County☒ Davidson County☐ Robertson County☐ Trousdale County☐ Dickson County☐ Rutherford County☐ Williamson County☐ Houston County☐ Stewart County☐ Wilson County☐ Humphreys County

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES
Congregate Feeding/Chippington Towers II
PO Box 196300
Nashville TN 37219-6300

0000416



HEALTH PERMIT

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER - 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

14825477

This Permit Expires
on 06/30/2026

HE 605049737
ATTN: Congregate Feeding/Chippington Towers II
Congregate Feeding/Chippington Towers II
1310 Coreland Dr.
Madison TN 37115

CAPACITY: 0

COUNTY: Davidson

*Be it known that above operator has made application and paid the sum prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD, FACP
Commissioner
Department of Health

Lori LeMaster
Director
Environmental Health

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES
Congregate Feeding/Cohn Adult
PO Box 196300
Nashville TN 37219-6300

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HEALTH PERMIT

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER - 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

14825471

This Permit Expires
on 06/30/2026

HE 605047745
ATTN: Congregate Feeding/Cohn Adult
Congregate Feeding/Cohn Adult
4800 Park Ave.
Nashville TN 37209

CAPACITY: 0

COUNTY: Davidson

*Be it known that above operator has made application and paid the sum prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD, FACP
Commissioner
Department of Health

Lori LeMaster
Director
Environmental Health

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES
Congregate Feeding Cumberland View Tower
PO Box 196300
Nashville TN 37219-6300

000215



HEALTH PERMIT

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER - 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

14825476

This Permit Expires
on 06/30/2026

HE 605049729
ATTN: Congregate Feeding Cumberland View Tower
Congregate Feeding Cumberland View Tower
1201 Cheyenne Blvd.
Madison TN 37115

CAPACITY: 0

COUNTY: Davidson

*Be it known that above operator has made application and paid the sum prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD, FACP
Commissioner
Department of Health

Lori LeMaster
Director
Environmental Health

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES
Congregate Feeding East Park
PO Box 196300
Nashville TN 37219-6300

4006657



HEALTH PERMIT

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER - 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

14824612

This Permit Expires
on 06/30/2026

HE 605198152
ATTN: Congregate Feeding East Park
Congregate Feeding East Park
601 Russell St.
Nashville TN 37206

CAPACITY: 30

COUNTY: Davidson

*Be it known that above operator has made application and paid the sum prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD, FACP
Commissioner
Department of Health

Lori LeMaster
Director
Environmental Health

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES
Congregate Feeding Elizabeth Ctr
PO Box 196300
Nashville TN 37219-6300

0000407

HEALTH PERMIT

14825568



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

This Permit Expires
on 06/30/2026

HE 605087149
ATTN: Congregate Feeding Elizabeth Ctr
Congregate Feeding Elizabeth Ctr
1701 Arthur St & 11th Ave.
Nashville TN 37208

CAPACITY: 25

COUNTY: Davidson

*Be it known that above operator has made application and paid the sum prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD, FACP
Commissioner
Department of Health

Lori LeMaster
Director
Environmental Health



HEALTH PERMIT

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER - 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

14780609

This Permit Expires
on 06/30/2026

HE 605328795
ATTN: Fifty Forward Bordeaux
Fifty Forward Bordeaux
1010 Camilla Caldwell Ln
Nashville TN 37218

CAPACITY: 20

COUNTY: Davidson

*Be it known that above operator has made application and paid the sum prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD FACP
Commissioner
Department of Health

Lori LeMaster
Director
Environmental Health

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES
Congregate Feeding @ Hadley Community Ctr
PO Box 196300
Nashville TN 37219-6300

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HEALTH PERMIT

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER - 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

14824511

This Permit Expires
on 06/30/2026

HE 605188961
ATTN: Congregate Feeding @ Hadley Community Ctr
Congregate Feeding @ Hadley Community Ctr
1037 28th AVE N
Nashville TN 37208

CAPACITY: 50

COUNTY: Davidson

*Be it known that above operator has made application and paid the sum prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD, FACP
Commissioner
Department of Health

Lori LeMaster
Director
Environmental Health

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES
Hickory Hollow Towers
PO Box 196300
Nashville TN 37219-6300

000010



HEALTH PERMIT

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER - 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

14825479

This Permit Expires
on 06/30/2026

HE 605049739
ATTN: Hickory Hollow Towers
Hickory Hollow Towers
100 Curtis Hollow Rd., 1ST FLOOR
Antioch TN 37013

CAPACITY: 0

COUNTY: Davidson

*Be it known that above operator has made application and paid the sum prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD, FACP
Commissioner
Department of Health

Lori LeMaster
Director
Environmental Health

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES
Nashville Christian Towers
PO Box 196300
Nashville TN 37219-6300

983097



HEALTH PERMIT

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER - 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

14847754

This Permit Expires
on 06/30/2026

HE 605049735
ATTN: Nashville Christian Towers
Nashville Christian Towers
101 Foothill Cir
Nashville TN 37217

CAPACITY: 25

COUNTY: Davidson

*Be it known that above operator has made application and paid the sum prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD, FACP
Commissioner
Department of Health

Lori LeMaster
Director
Environmental Health

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES
Old Hickory Towers
PO Box 196300
Nashville TN 37219-6300

1000317



HEALTH PERMIT

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER - 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

14825478

This Permit Expires
on 06/30/2026

HE 605049738
ATTN: Old Hickory Towers
Old Hickory Towers
930 Industrial Rd.
Old Hickory TN 37138

CAPACITY: 0

COUNTY: Davidson

*Be it known that above operator has made application and paid the sum prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD, FACP
Commissioner
Department of Health

Lori LeMaster
Director
Environmental Health

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES
Congregate Feeding Riverwood Towers
PO Box 196300
Nashville TN 37219-6300

1000127



HEALTH PERMIT

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER - 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

14822773

This Permit Expires
on 06/30/2026

HE 605214090
ATTN: Congregate Feeding Riverwood Towers
Congregate Feeding Riverwood Towers
621 N. Dupont
Madison TN 37115

CAPACITY: 40

COUNTY: Davidson

*Be it known that above operator has made application and paid the sum prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD, FACP
Commissioner
Department of Health

Lori LeMaster
Director
Environmental Health

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES
RADNOR TOWERS
PO Box 196300
Nashville TN 37219-6300

000005



HEALTH PERMIT

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER - 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

14824663

This Permit Expires
on 06/30/2026

HE 605256286
ATTN: RADNOR TOWERS
RADNOR TOWERS
3110 NOLENSVILLE PK
Nashville TN 37211

CAPACITY: 40

COUNTY: Davidson

*Be it known that above operator has made application and paid the same prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD, FACP
Commissioner
Department of Health

Lori LeMaster
Director
Environmental Health

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES
Madison Senior Center
PO Box 196300
Nashville TN 37219-6300

0000930



HEALTH PERMIT

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER - 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
Food Service Establishment

14824185

This Permit Expires
on 06/30/2026

HE 605123494
ATTN: Madison Senior Center
Madison Senior Center
301 Madison St.
Nashville TN 37115

CAPACITY: 10

COUNTY: Davidson

*Be it known that above operator has made application and paid the sum prescribed
by law, and is hereby authorized to conduct said business.
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

Ralph Alvarado, MD, FACP
Commissioner
Department of Health

Lori LeMasier
Director
Environmental Health



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE
100

Establishment Name: Congregate Feeding/Chippington Towers II Type of Establishment: ☒ Permanent ☐ Mobile ☐ Farmers Market Food Unit

Address: 1310 Coreland Dr. ☐ Temporary ☐ Seasonal

City: Madison Time in: 10:50 AM AM / PM Time out: 11:10 AM AM / PM

Inspection Date: 11/20/2025 Establishment #: 605049737 Embargoed: 0

Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other: _____

Risk Category: ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required: ☐ Yes ☒ No Number of Seats: _____

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS												
(Mark designated compliance status (IN, OUT, NA, NO) for each as observed. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)												
IN: in compliance				OUT: not in compliance				NA: not applicable				NO: not observed



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE

99

Establishment Name: Congregate Feeding/Cohn Adult Type of Establishment: ☒ Farmer's Market Food Unit ☒ Permanent ☐ Mobile

Address: 4800 Park Ave. ☐ Temporary ☐ Seasonal

City: Nashville Time in: 12:15 PM AM / PM Time out: 12:45 PM AM / PM

Inspection Date: 11/21/2025 Establishment #: 605047745 Embargoed: 0

Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category: ☐ 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4 Follow-up Required: ☐ Yes ☒ No Number of Seats: _____

Peak Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Item compliance	OUT=not in compliance	NA=not applicable	NO=not observed	COS=corrected on-site during inspection	R=repeat violation of the same code provision	Compliance Status	COS	R	WT
Supervision									
1	☒	☐	☐	☐	☐	Person in charge present, demonstrates knowledge, and performs duties	☐	☐	3
Employee Health									
2	☒	☐	☐	☐	☐	Maneuvering and food preparation: wearing	☐	☐	5
3	☒	☐	☐	☐	☐	Proper use of restriction and exclusion	☐	☐	
Good Hygiene Practices									
4	☒	☐	☐	☐	☐	Proper eating, drinking, or tobacco use	☐	☐	5
5	☒	☐	☐	☐	☐	NO discharge from eyes, nose, and mouth	☐	☐	
Preventing Contamination by Hands									
6	☒	☐	☐	☐	☐	Hands clean and properly washed	☐	☐	5
7	☒	☐	☐	☐	☐	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	☐	☐	
8	☒	☐	☐	☐	☐	Handwashing sink properly supplied and accessible	☐	☐	7
Approved Source									
9	☒	☐	☐	☐	☐	Food obtained from approved source	☐	☐	
10	☒	☐	☐	☐	☐	Food received at proper temperature	☐	☐	5
11	☒	☐	☐	☐	☐	Food in good condition, date and unexpired	☐	☐	
12	☒	☐	☐	☐	☐	Required records available: shelf stock tags, parasite destruction	☐	☐	
Protection from Contamination									
13	☒	☐	☐	☐	☐	Food separated and protected	☐	☐	4
14	☒	☐	☐	☐	☐	Food-contact surfaces: cleaned and sanitized	☐	☐	5
15	☒	☐	☐	☐	☐	Proper disposition of unsafe food; returned food not re-served	☐	☐	2
Cooking and Reheating of Time/Temperature Control for Safety (TCS) Foods									
16	☒	☐	☐	☐	☐	Proper cooking time and temperatures	☐	☐	5
17	☒	☐	☐	☐	☐	Proper reheating procedures for hot holding	☐	☐	
Cooling and Holding, Date Marking, and Time as a Public Health Control									
18	☒	☐	☐	☐	☐	Proper cooling time and temperature	☐	☐	
19	☒	☐	☐	☐	☐	Proper hot holding temperatures	☐	☐	5
20	☒	☐	☐	☐	☐	Proper cold holding temperatures	☐	☐	
21	☒	☐	☐	☐	☐	Proper date marking and disposition	☐	☐	
22	☒	☐	☐	☐	☐	Time as a public health control: procedures and records	☐	☐	
Consumer Advisory									
23	☒	☐	☐	☐	☐	Consumer advisory provided for raw and undercooked food	☐	☐	4
Highly Susceptible Populations									
24	☒	☐	☐	☐	☐	Pasteurized foods used; prohibited foods not offered	☐	☐	5
Chemicals									
25	☒	☐	☐	☐	☐	Food additive: approved and properly used	☐	☐	5
26	☒	☐	☐	☐	☐	Toxic substances properly identified, stored, used	☐	☐	
Conformance with Approved Procedures									
27	☒	☐	☐	☐	☐	Compliance with variance, specialized process, and HACCP plan	☐	☐	5

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

Item compliance	OUT=not in compliance	NA=not applicable	NO=not observed	COS=corrected on-site during inspection	R=repeat violation of the same code provision	Compliance Status	COS	R	WT
Safe Food and Water									
28	☐	☐	☐	☐	☐	Pasteurized eggs used where required	☐	☐	1
29	☐	☐	☐	☐	☐	Water and ice from approved source	☐	☐	2
30	☐	☐	☐	☐	☐	Variance obtained for specialized processing methods	☐	☐	1
Food Temperature Control									
31	☐	☐	☐	☐	☐	Proper cooling methods used; adequate equipment for temperature control	☐	☐	2
32	☐	☐	☐	☐	☐	Hot food properly cooked for hot holding	☐	☐	1
33	☐	☐	☐	☐	☐	Approved thawing methods used	☐	☐	1
34	☐	☐	☐	☐	☐	Thermometers provided and accurate	☐	☐	1
Food Identification									
35	☐	☐	☐	☐	☐	Food properly labeled; original container; required records available	☐	☐	1
Prevention of Food Contamination									
36	☐	☐	☐	☐	☐	Insects, rodents, and animals not present	☐	☐	2
37	☐	☐	☐	☐	☐	Contamination prevented during food preparation, storage & display	☐	☐	1
38	☐	☐	☐	☐	☐	Personal cleanliness	☐	☐	1
39	☐	☐	☐	☐	☐	Washing surfaces, equipment and linens stored	☐	☐	1
40	☐	☐	☐	☐	☐	Washing fruits and vegetables	☐	☐	1
Proper Use of Utensils									
41	☐	☐	☐	☐	☐	In-use utensils properly stored	☐	☐	1
42	☐	☐	☐	☐	☐	Utensils, equipment and linens properly stored, dried, handled	☐	☐	1
43	☐	☐	☐	☐	☐	Single-use/single-service articles properly stored, used	☐	☐	1
44	☐	☐	☐	☐	☐	Approved use of cloths	☐	☐	1
Utensils and Equipment									
45	☐	☐	☐	☐	☐	Food and nonfood contact surfaces cleanable, properly designed, constructed, and used	☐	☐	1
46	☐	☐	☐	☐	☐	Warewashing facilities, installed, maintained, used, test strips	☐	☐	1
47	☐	☐	☐	☐	☐	Nonfood-contact surfaces clean	☐	☐	1
Physical Facilities									
48	☐	☐	☐	☐	☐	Hot and cold water available; adequate pressure	☐	☐	2
49	☐	☐	☐	☐	☐	Plumbing installed; proper backflow devices	☐	☐	2
50	☐	☐	☐	☐	☐	Sewage and waste water properly disposed	☐	☐	2
51	☐	☐	☐	☐	☐	Toilet facilities properly constructed, supplied, cleaned	☐	☐	1
52	☐	☐	☐	☐	☐	Garbage/refuse properly disposed; facilities maintained	☐	☐	1
53	☐	☐	☐	☐	☐	Physical facilities installed, maintained, and clean	☐	☐	1
54	☐	☐	☐	☐	☐	Adequate ventilation and lighting; designated areas used	☐	☐	1
Administrative Items									
55	☐	☐	☐	☐	☐	Current permit posted	☐	☐	0
56	☐	☐	☐	☐	☐	Most recent inspection posted	☐	☐	
Compliance Status									
							YES	NO	WT
Non-Smokers Protection Act									
57	☒	☐	☐	☐	☐	Compliance with TN Non-Smoker Protection Act	☒	☐	0
58	☐	☐	☐	☐	☐	Tobacco products offered for sale	☐	☐	0
59	☐	☐	☐	☐	☐	If tobacco products are sold, TSP advisory complied	☐	☐	

Failure to correct any violations of this code within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical rule factor may result in revocation of your food service establishment permit. Items identified as contributing to imminent health hazards shall be corrected immediately or violations shall cease. You are required to post the food service establishment permit in a conspicuous place and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within (10) days of the date of this report.

Signature of Person in Charge: _____ Date: 11/21/2025 Signature of Environmental Health Specialist: _____ Date: 11/21/2025

*** Additional food safety information can be found on our website <http://tn.gov/health/articles/en-foodservice> ***



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE

99

Establishment Name: Congregate Feeding Cumberland View Tower Type of Establishment: ☒ Farmer's Market Food Unit ☒ Permanent ☐ Mobile

Address: 1201 Cheyenne Blvd. ☐ Temporary ☐ Seasonal

City: Madison Time in: 10:35 AM AM / PM Time out: 10:50 AM AM / PM

Inspection Date: 09/10/2025 Establishment #: 605049729 Enlarged: 0

Purpose of Inspection: ☒ Routine ☐ Followup ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category: Q1 ☒ Q2 ☐ Q3 ☐ Q4 Follow-up Required: ☐ Yes ☒ No Number of Seats:

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne disease outbreaks. Public Health interventions are control measures to prevent disease or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									
(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)									
Item Compliance					COS=corrected on site during inspection R=repeat violation of the same code previously				
Compliance Status					Compliance Status				
IN	OUT	NA	NO		IN	OUT	NA	NO	
Supervision					Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods				
1	☒	☐	☐	Person in charge present, demonstrates knowledge, and performs duties.	16	☐	☐	☒	Proper cooking time and temperatures
Employee Health					17	☐	☐	☒	Proper reheating procedures for hot holding
2	☒	☐	☐	Management and food employee awareness, reporting	Cooling and Holding, Date Marking, and Time as a Public Health Control				
3	☒	☐	☐	Proper use of restriction and exclusion	18	☐	☐	☒	Proper cooling time and temperature
Good Hygienic Practices					19	☒	☐	☐	Proper hot holding temperatures
4	☒	☐	☐	Proper hand washing, use of gloves, and no bare hand contact with ready-to-eat foods	20	☒	☐	☐	Proper cold holding temperatures
5	☒	☐	☐	Two-compartment hand sink, soap, and towels	21	☐	☐	☒	Proper date marking and use-by date
Preventing Contamination by Hands					22	☐	☐	☒	Time as a public health control: procedures and records
6	☒	☐	☐	Hands clean and properly washed	Consumer Advisory				
7	☒	☐	☐	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	23	☐	☐	☒	Consumer advisory provided for raw and undercooked food
8	☒	☐	☐	Proper use of gloves, properly washed and changed	Highly Susceptible Populations				
Approved Sources					24	☐	☐	☒	Pasteurized foods used, prohibited foods not offered
9	☒	☐	☐	Food obtained from approved source	Chemicals				
10	☒	☐	☐	Food received at proper temperature	25	☐	☐	☒	Food additives approved and properly used
11	☒	☐	☐	Food in good condition, safe, and unadulterated	26	☒	☐	☐	Food substances properly identified, stored, used
12	☐	☐	☒	Required records available: shelf stocks, parasite restriction	Compliance with Approved Procedures				
Protection from Contamination					27	☐	☐	☒	Compliance with variance, specialized process, and HACCP plan
13	☐	☐	☒	Food separated and protected					
14	☐	☐	☒	Food-contact surfaces: cleaned and sanitized					
15	☒	☐	☐	Proper disposition of unsafe food; returned food not re-served					

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES									
(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)									
Item Compliance					COS=corrected on site during inspection R=repeat violation of the same code previously				
Compliance Status					Compliance Status				
IN	OUT	NA	NO		IN	OUT	NA	NO	
Safe Food and Water					Utensils and Equipment				
28	☐	☒	☐	Pasteurized eggs used where required	45	☐	☐	☒	Food and nonfood-contact surfaces: cleaned, properly designed, construction, undamaged
29	☐	☒	☐	Water and ice from approved source	46	☐	☐	☒	Wastewater facilities: installed, maintained, used, test strips
30	☐	☒	☐	Variance taken out for food and processing methods	47	☐	☐	☒	Nonfood-contact surfaces: clean
Food Temperature Control					Physical Facilities				
31	☐	☒	☐	Proper cooling methods used, adequate equipment for temperature control	48	☐	☐	☒	Hot and cold water available, adequate pressure
32	☐	☒	☐	Plant food properly cooked for hot holding	49	☐	☐	☒	Plumbing installed, proper backflow devices
33	☐	☒	☐	Approved thawing methods used	50	☐	☐	☒	Sewage and waste water properly disposed
34	☒	☐	☐	Thermometers provided and accurate	51	☐	☐	☒	Toilet facilities: properly constructed, supported, cleaned
Food Identification					52	☐	☐	☒	Garbage/refuse properly disposed, facilities maintained
35	☐	☒	☐	Food properly labeled, original container, required records available	53	☐	☐	☒	Physical facilities insured, maintained, and clean
Prevention of Food Contamination					54	☐	☐	☒	Adequate ventilation and lighting, designated areas used
36	☐	☒	☐	Insects, rodents, and animals not present	Administrative Items				
37	☐	☒	☐	Contamination prevented during food preparation, storage & display	55	☐	☐	☒	Current permit posted
38	☐	☒	☐	Personal cleanliness	56	☒	☐	☐	Most recent inspection posted
39	☐	☒	☐	Wiping cloths: properly used and stored	Compliance Status				
40	☐	☒	☐	Washing fruits and vegetables	YES	NO	WT		
Proper Use of Utensils					Non-Smokers Protection Act				
41	☐	☒	☐	In-use utensils: properly stored	57	☒	☐	☐	Compliance with TN Non-Smokers Protection Act
42	☐	☒	☐	Utensils, equipment and items: properly stored, dried, handled	58	☐	☐	☒	Notice posted with offer for sale
43	☐	☒	☐	Single-use/single-service articles: properly stored, used	59	☐	☐	☒	Notice posted with offer for sale
44	☐	☒	☐	Articles used properly					

Failure to correct any violations of risk factors items within 10 days may result in suspension of your food service establishment permit. Repeated violations of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing to imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous location and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within 10 days of the date of the report. T.C.A. sections 26-16-703, 26-16-706, 26-16-709, 26-20-201, 26-20-202, 26-20-203, 26-20-204, 26-20-205, 26-20-206, 26-20-207, 26-20-208, 26-20-209, 26-20-210, 26-20-211, 26-20-212, 26-20-213, 26-20-214, 26-20-215, 26-20-216, 26-20-217, 26-20-218, 26-20-219, 26-20-220, 26-20-221, 26-20-222, 26-20-223, 26-20-224, 26-20-225, 26-20-226, 26-20-227, 26-20-228, 26-20-229, 26-20-230, 26-20-231, 26-20-232, 26-20-233, 26-20-234, 26-20-235, 26-20-236, 26-20-237, 26-20-238, 26-20-239, 26-20-240, 26-20-241, 26-20-242, 26-20-243, 26-20-244, 26-20-245, 26-20-246, 26-20-247, 26-20-248, 26-20-249, 26-20-250, 26-20-251, 26-20-252, 26-20-253, 26-20-254, 26-20-255, 26-20-256, 26-20-257, 26-20-258, 26-20-259, 26-20-260, 26-20-261, 26-20-262, 26-20-263, 26-20-264, 26-20-265, 26-20-266, 26-20-267, 26-20-268, 26-20-269, 26-20-270, 26-20-271, 26-20-272, 26-20-273, 26-20-274, 26-20-275, 26-20-276, 26-20-277, 26-20-278, 26-20-279, 26-20-280, 26-20-281, 26-20-282, 26-20-283, 26-20-284, 26-20-285, 26-20-286, 26-20-287, 26-20-288, 26-20-289, 26-20-290, 26-20-291, 26-20-292, 26-20-293, 26-20-294, 26-20-295, 26-20-296, 26-20-297, 26-20-298, 26-20-299, 26-20-300, 26-20-301, 26-20-302, 26-20-303, 26-20-304, 26-20-305, 26-20-306, 26-20-307, 26-20-308, 26-20-309, 26-20-310, 26-20-311, 26-20-312, 26-20-313, 26-20-314, 26-20-315, 26-20-316, 26-20-317, 26-20-318, 26-20-319, 26-20-320, 26-20-321, 26-20-322, 26-20-323, 26-20-324, 26-20-325, 26-20-326, 26-20-327, 26-20-328, 26-20-329, 26-20-330, 26-20-331, 26-20-332, 26-20-333, 26-20-334, 26-20-335, 26-20-336, 26-20-337, 26-20-338, 26-20-339, 26-20-340, 26-20-341, 26-20-342, 26-20-343, 26-20-344, 26-20-345, 26-20-346, 26-20-347, 26-20-348, 26-20-349, 26-20-350, 26-20-351, 26-20-352, 26-20-353, 26-20-354, 26-20-355, 26-20-356, 26-20-357, 26-20-358, 26-20-359, 26-20-360, 26-20-361, 26-20-362, 26-20-363, 26-20-364, 26-20-365, 26-20-366, 26-20-367, 26-20-368, 26-20-369, 26-20-370, 26-20-371, 26-20-372, 26-20-373, 26-20-374, 26-20-375, 26-20-376, 26-20-377, 26-20-378, 26-20-379, 26-20-380, 26-20-381, 26-20-382, 26-20-383, 26-20-384, 26-20-385, 26-20-386, 26-20-387, 26-20-388, 26-20-389, 26-20-390, 26-20-391, 26-20-392, 26-20-393, 26-20-394, 26-20-395, 26-20-396, 26-20-397, 26-20-398, 26-20-399, 26-20-400, 26-20-401, 26-20-402, 26-20-403, 26-20-404, 26-20-405, 26-20-406, 26-20-407, 26-20-408, 26-20-409, 26-20-410, 26-20-411, 26-20-412, 26-20-413, 26-20-414, 26-20-415, 26-20-416, 26-20-417, 26-20-418, 26-20-419, 26-20-420, 26-20-421, 26-20-422, 26-20-423, 26-20-424, 26-20-425, 26-20-426, 26-20-427, 26-20-428, 26-20-429, 26-20-430, 26-20-431, 26-20-432, 26-20-433, 26-20-434, 26-20-435, 26-20-436, 26-20-437, 26-20-438, 26-20-439, 26-20-440, 26-20-441, 26-20-442, 26-20-443, 26-20-444, 26-20-445, 26-20-446, 26-20-447, 26-20-448, 26-20-449, 26-20-450, 26-20-451, 26-20-452, 26-20-453, 26-20-454, 26-20-455, 26-20-456, 26-20-457, 26-20-458, 26-20-459, 26-20-460, 26-20-461, 26-20-462, 26-20-463, 26-20-464, 26-20-465, 26-20-466, 26-20-467, 26-20-468, 26-20-469, 26-20-470, 26-20-471, 26-20-472, 26-20-473, 26-20-474, 26-20-475, 26-20-476, 26-20-477, 26-20-478, 26-20-479, 26-20-480, 26-20-481, 26-20-482, 26-20-483, 26-20-484, 26-20-485, 26-20-486, 26-20-487, 26-20-488, 26-20-489, 26-20-490, 26-20-491, 26-20-492, 26-20-493, 26-20-494, 26-20-495, 26-20-496, 26-20-497, 26-20-498, 26-20-499, 26-20-500, 26-20-501, 26-20-502, 26-20-503, 26-20-504, 26-20-505, 26-20-506, 26-20-507, 26-20-508, 26-20-509, 26-20-510, 26-20-511, 26-20-512, 26-20-513, 26-20-514, 26-20-515, 26-20-516, 26-20-517, 26-20-518, 26-20-519, 26-20-520, 26-20-521, 26-20-522, 26-20-523, 26-20-524, 26-20-525, 26-20-526, 26-20-527, 26-20-528, 26-20-529, 26-20-530, 26-20-531, 26-20-532, 26-20-533, 26-20-534, 26-20-535, 26-20-536, 26-20-537, 26-20-538, 26-20-539, 26-20-540, 26-20-541, 26-20-542, 26-20-543, 26-20-544, 26-20-545, 26-20-546, 26-20-547, 26-20-548, 26-20-549, 26-20-550, 26-20-551, 26-20-552, 26-20-553, 26-20-554, 26-20-555, 26-20-556, 26-20-557, 26-20-558, 26-20-559, 26-20-560, 26-20-561, 26-20-562, 26-20-563, 26-20-564, 26-20-565, 26-20-566, 26-20-567, 26-20-568, 26-20-569, 26-20-570, 26-20-571, 26-20-572, 26-20-573, 26-20-574, 26-20-575, 26-20-576, 26-20-577, 26-20-578, 26-20-579, 26-20-580, 26-20-581, 26-20-582, 26-20-583, 26-20-584, 26-20-585, 26-20-586, 26-20-587, 26-20-588, 26-20-589, 26-20-590, 26-20-591, 26-20-592, 26-20-593, 26-20-594, 26-20-595, 26-20-596, 26-20-597, 26-20-598, 26-20-599, 26-20-600, 26-20-601, 26-20-602, 26-20-603, 26-20-604, 26-20-605, 26-20-606, 26-20-607, 26-20-608, 26-20-609, 26-20-610, 26-20-611, 26-20-612, 26-20-613, 26-20-614, 26-20-615, 26-20-616, 26-20-617, 26-20-618, 26-20-619, 26-20-620, 26-20-621, 26-20-622, 26-20-623, 26-20-624, 26-20-625, 26-20-626, 26-20-627, 26-20-628, 26-20-629, 26-20-630, 26-20-631, 26-20-632, 26-20-633, 26-20-634, 26-20-635, 26-20-636, 26-20-637, 26-20-638, 26-20-639, 26-20-640, 26-20-641, 26-20-642, 26-20-643, 26-20-644, 26-20-645, 26-20-646, 26-20-647, 26-20-648, 26-20-649, 26-20-650, 26-20-651, 26-20-652, 26-20-653, 26-20-654, 26-20-655, 26-20-656, 26-20-657, 26-20-658, 26-20-659, 26-20-660, 26-20-661, 26-20-662, 26-20-663, 26-20-664, 26-20-665, 26-20-666, 26-20-667, 26-20-668, 26-20-669, 26-20-670, 26-20-671, 26-20-672, 26-20-673, 26-20-674, 26-20-675, 26-20-676, 26-20-677, 26-20-678, 26-20-679, 26-20-680, 26-20-681, 26-20-682, 26-20-683, 26-20-684, 26-20-685, 26-20-686, 26-20-687, 26-20-688, 26-20-689, 26-20-690, 26-20-691, 26-20-692, 26-20-693, 26-20-694, 26-20-695, 26-20-696, 26-20-697, 26-20-698, 26-20-699, 26-20-700, 26-20-701, 26-20-702, 26-20-703, 26-20-704, 26-20-705, 26-20-706, 26-20-707, 26-20-708, 26-20-709, 26-20-710, 26-20-711, 26-20-712, 26-20-713, 26-20-714, 26-20-715, 26-20-716, 26-20-717, 26-20-718, 26-20-719, 26-20-720, 26-20-721, 26-20-722, 26-20-723, 26-20-724, 26-20-725, 26-20-726, 26



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

Establishment Name: Congregate Feeding East Park Type of Establishment: ☒ Farmer's Market Food Unit ☒ Permanent ☐ Mobile

Address: 601 Russell St. ☐ Temporary ☐ Seasonal

City: Nashville Time at: 11:00 AM AM / PM Time out: 11:20 AM AM / PM

Inspection Date: 10/28/2025 Establishment #: 605198152 Embargoed: 0

Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category: ☐ 01 ☒ 02 ☐ 03 ☐ 04 Follow-up Required: ☐ Yes ☒ No Number of Seats: 30

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each observed item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Item compliance	OUT: not in compliance	NA: not applicable	NO: not observed	COS: corrected onsite during inspection	R: repeat violation of the same code provision	Compliance Status	COS	R	WT
Supervision									
1	☒	☐	☐	☐	☐	Person in charge present, demonstrates knowledge and performs duties	☐	☐	5
Employee Health									
2	☒	☐	☐	☐	☐	Management and food employee awareness, reporting	☐	☐	5
3	☒	☐	☐	☐	☐	Proper use of restriction and exclusion	☐	☐	5
Good Hygiene Practices									
4	☒	☐	☐	☐	☐	Proper eating, drinking, tobacco use	☐	☐	5
5	☒	☐	☐	☐	☐	No hand contact with eyes, nose, and mouth	☐	☐	5
Preventing Contamination by Hands									
6	☒	☐	☐	☐	☐	Hands clean and properly washed	☐	☐	5
7	☐	☐	☐	☐	☐	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	☐	☐	5
8	☐	☐	☐	☐	☐	Handwashing is the primary barrier and accessible	☐	☐	5
Approved Sources									
9	☒	☐	☐	☐	☐	Food obtained from approved source	☐	☐	5
10	☒	☐	☐	☐	☐	Food received at proper temperature	☐	☐	5
11	☒	☐	☐	☐	☐	Food in good condition, safe, and unadulterated	☐	☐	5
12	☐	☐	☐	☐	☐	Required records available: shell stock logs, parasite destruction	☐	☐	5
Protection from Contamination									
13	☐	☐	☐	☐	☐	Food protected and protected	☐	☐	4
14	☐	☐	☐	☐	☐	Food-contact surfaces: cleaned and sanitized	☐	☐	5
15	☐	☐	☐	☐	☐	Proper disposition of unsafe food, returned food not re-served	☐	☐	2
Cooking and Reheating of Time/Temperature Control for Safety (TCS) Foods									
16	☐	☐	☐	☐	☐	Proper cooking time and temperatures	☐	☐	5
17	☐	☐	☐	☐	☐	Proper reheating procedures for hot holding	☐	☐	5
Cooling and Holding, Date Marking, and Time as a Public Health Control									
18	☐	☐	☐	☐	☐	Proper cooling time and temperature	☐	☐	5
19	☐	☐	☐	☐	☐	Proper hot holding temperatures	☐	☐	5
20	☐	☐	☐	☐	☐	Proper cold holding temperatures	☐	☐	5
21	☐	☐	☐	☐	☐	Proper date marking and disposition	☐	☐	5
22	☐	☐	☐	☐	☐	Time as a public health control: procedures and records	☐	☐	5
Consumer Advisory									
23	☐	☐	☐	☐	☐	Consumer advisory provided for raw and undercooked food	☐	☐	4
Highly Susceptible Populations									
24	☐	☐	☐	☐	☐	Pasteurized foods used, prohibited foods not offered	☐	☐	5
Chemicals									
25	☐	☐	☐	☐	☐	Food additives: approved and properly used	☐	☐	5
26	☐	☐	☐	☐	☐	Toxic substances properly identified, stored, used	☐	☐	5
Conformance with Approved Procedures									
27	☐	☐	☐	☐	☐	Compliance with variance, specialized process, and HACCP plan	☐	☐	5

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

Item compliance	OUT: not in compliance	COS: corrected onsite during inspection	R: repeat violation of the same code provision	Compliance Status	COS	R	WT
Safe Food and Water							
28	☐	☐	☐	☐	☐	☐	1
29	☐	☐	☐	☐	☐	☐	2
30	☐	☐	☐	☐	☐	☐	1
Food Temperature Control							
31	☐	☐	☐	☐	☐	☐	2
32	☐	☐	☐	☐	☐	☐	1
33	☐	☐	☐	☐	☐	☐	1
34	☐	☐	☐	☐	☐	☐	1
Food Identification							
35	☐	☐	☐	☐	☐	☐	1
Prevention of Food Contamination							
36	☐	☐	☐	☐	☐	☐	2
37	☐	☐	☐	☐	☐	☐	1
38	☐	☐	☐	☐	☐	☐	1
39	☐	☐	☐	☐	☐	☐	1
40	☐	☐	☐	☐	☐	☐	1
Proper Use of Utensils							
41	☐	☐	☐	☐	☐	☐	1
42	☐	☐	☐	☐	☐	☐	1
43	☐	☐	☐	☐	☐	☐	1
44	☐	☐	☐	☐	☐	☐	1
Utensils and Equipment							
45	☐	☐	☐	☐	☐	☐	1
46	☐	☐	☐	☐	☐	☐	1
47	☐	☐	☐	☐	☐	☐	1
Physical Facilities							
48	☐	☐	☐	☐	☐	☐	2
49	☐	☐	☐	☐	☐	☐	2
50	☐	☐	☐	☐	☐	☐	2
51	☐	☐	☐	☐	☐	☐	1
52	☐	☐	☐	☐	☐	☐	1
53	☐	☐	☐	☐	☐	☐	1
54	☐	☐	☐	☐	☐	☐	1
Administrative Items							
55	☐	☐	☐	☐	☐	☐	0
56	☐	☐	☐	☐	☐	☐	0
Compliance Status							
Non-Smokers Protection Act							
57	☐	☐	☐	☐	☐	☐	0
58	☐	☐	☐	☐	☐	☐	0
59	☐	☐	☐	☐	☐	☐	0

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operators shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the food service inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Council within ten (10) days of the date of this report. T.C.A. sections 26-1-703, 26-1-704, 26-1-705, 26-1-706, 26-1-707, 26-1-708, 26-1-709, 26-1-710, 26-1-711, 26-1-712, 26-1-713, 26-1-714.

Signature of Person in Charge: Matthew Bonds Date: 10/28/2025 Signature of Environmental Health Specialist: Yvette Sol Date: 10/28/2025

*** Additional food safety information can be found on our website <http://tn.gov/health/article/tn-food-service> ***



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE

100

Establishment Name: Congregate Feeding Elizabeth Ctr Type of Establishment: ☒ Permanent ☐ Mobile

Address: 1701 Arthur St & 11th Ave.

City: Nashville Time in: 10:40 AM AM / PM Time out: 10:55 AM AM / PM

Inspection Date: 09/18/2025 Establishment #: 605087149 Embargoed: 0

Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category: ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required: ☐ Yes ☒ No Number of Seats: 25

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors to foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN	OUT	NA	NO	COS	R	WT
Supervision						
1	☒	☐	☐	☐	☐	5
Employee Health						
2	☒	☐	☐	☐	☐	5
3	☒	☐	☐	☐	☐	5
Good Hygienic Practices						
4	☒	☐	☐	☐	☐	5
5	☒	☐	☐	☐	☐	5
Preventing Contamination by Hands						
6	☒	☐	☐	☐	☐	5
7	☒	☐	☐	☐	☐	5
8	☒	☐	☐	☐	☐	5
Approved Source						
9	☒	☐	☐	☐	☐	5
10	☒	☐	☐	☐	☐	5
11	☒	☐	☐	☐	☐	5
12	☒	☐	☐	☐	☐	5
Protection from Contamination						
13	☒	☐	☐	☐	☐	4
14	☒	☐	☐	☐	☐	5
15	☒	☐	☐	☐	☐	2
Cooking and Reheating of Time/Temperature Control for Safety (TCS) Foods						
16	☒	☐	☐	☐	☐	5
17	☒	☐	☐	☐	☐	5
Cooling and Holding, Date Marking, and Time as a Public Health Control						
18	☒	☐	☐	☐	☐	5
19	☒	☐	☐	☐	☐	5
20	☒	☐	☐	☐	☐	5
21	☒	☐	☐	☐	☐	5
22	☒	☐	☐	☐	☐	5
Consumer Advisory						
23	☒	☐	☐	☐	☐	4
Highly Susceptible Populations						
24	☒	☐	☐	☐	☐	5
Chemicals						
25	☒	☐	☐	☐	☐	5
26	☒	☐	☐	☐	☐	5
Compliance with Approved Procedures						
27	☒	☐	☐	☐	☐	5

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

IN	OUT	NA	NO	COS	R	WT
Safe Food and Water						
28	☒	☐	☐	☐	☐	1
29	☒	☐	☐	☐	☐	2
30	☒	☐	☐	☐	☐	1
Food Temperature Control						
31	☒	☐	☐	☐	☐	2
32	☒	☐	☐	☐	☐	1
33	☒	☐	☐	☐	☐	1
34	☒	☐	☐	☐	☐	1
Food Identification						
35	☒	☐	☐	☐	☐	1
Prevention of Food Contamination						
36	☒	☐	☐	☐	☐	2
37	☒	☐	☐	☐	☐	1
38	☒	☐	☐	☐	☐	1
39	☒	☐	☐	☐	☐	1
40	☒	☐	☐	☐	☐	1
Proper Use of Utensils						
41	☒	☐	☐	☐	☐	1
42	☒	☐	☐	☐	☐	1
43	☒	☐	☐	☐	☐	1
44	☒	☐	☐	☐	☐	1
Utensils and Equipment						
45	☒	☐	☐	☐	☐	1
46	☒	☐	☐	☐	☐	1
47	☒	☐	☐	☐	☐	1
Physical Facilities						
48	☒	☐	☐	☐	☐	2
49	☒	☐	☐	☐	☐	2
50	☒	☐	☐	☐	☐	2
51	☒	☐	☐	☐	☐	1
52	☒	☐	☐	☐	☐	1
53	☒	☐	☐	☐	☐	1
54	☒	☐	☐	☐	☐	1
Administrative Items						
55	☒	☐	☐	☐	☐	0
56	☒	☐	☐	☐	☐	0
Compliance Status						
Non-Smokers Protection Act						
57	☒	☐	☐	☐	☐	0
58	☒	☐	☐	☐	☐	0
59	☒	☐	☐	☐	☐	0

Failure to correct any violation of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous place and post the most recent inspection report in a conspicuous place. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 26-1-703, 26-1-704, 26-1-705, 26-1-706, 26-1-707, 26-1-708, 26-1-709, 26-1-710, 26-1-711, 26-1-712, 26-1-713, 26-1-714, 26-1-715, 26-1-716, 26-1-717.

Signature of Person in Charge: [Signature] Date: 09/18/2025 Signature of Environmental Health Specialist: [Signature] Date: 09/18/2025

*** Additional food safety information can be found on our website <http://tn.gov/health/article/eh-foodservice> ***

Free food safety training classes are available each month at the county health department. Please call () 6153405620 to sign-up for a class. RDA 629



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE

100

Establishment Name: Fifty Forward Bordeaux Type of Establishment: ☐ Farmer's Market Food Unit ☒ Permanent ☐ Mobile

Address: 1010 Camilla Caldwell Ln ☐ Temporary ☐ Seasonal

City: Nashville Time at: 11:50 AM AM / PM Time out: 12:00 PM AM / PM

Inspection Date: 12/02/2025 Establishment #: 605328795 Embargoed: 0

Purpose of Inspection: ☐ Routine ☒ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category: ☐ 01 ☒ 02 ☐ 03 ☐ 04 Follow-up Required: ☐ Yes ☒ No Number of Seats: 20

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									
(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)									
Item	IN	OUT	NA	NO	COS	R	WT	Compliance Status	
Supervision									
1	☒	☐	☐	☐	☐	☐	5	Person in charge present, demonstrates knowledge and performs duties.	
Employee Health									
2	☒	☐	☐	☐	☐	☐	5	Management and food employee awareness regarding	
3	☒	☐	☐	☐	☐	☐		Proper use of restriction and exclusion	
Good Hygienic Practices									
4	☒	☐	☐	☐	☐	☐	5	Proper eating, drinking, or tobacco use	
5	☒	☐	☐	☐	☐	☐		Food contact with eyes, nose, and mouth	
Preventing Contamination by Hands									
6	☒	☐	☐	☐	☐	☐	5	Hands clean and properly washed	
7	☒	☐	☐	☐	☐	☐		No bare hand contact with ready-to-eat foods or approved alternate procedure followed	
8	☒	☐	☐	☐	☐	☐	7	Handwashing sink properly supplied and accessible	
Approved Source									
9	☒	☐	☐	☐	☐	☐		Food obtained from approved source	
10	☒	☐	☐	☐	☐	☐	5	Food received at proper temperature	
11	☒	☐	☐	☐	☐	☐		Food in good condition, safe, and unadulterated	
12	☒	☐	☐	☐	☐	☐		Required records available: shell stock tags, parasite destruction	
Protection from Contamination									
13	☒	☐	☐	☐	☐	☐	4	Food separated and protected	
14	☒	☐	☐	☐	☐	☐	5	Food-contact surfaces: cleaned and sanitized	
15	☒	☐	☐	☐	☐	☐	2	Proper disposition of unsafe food; returned food not re-served	
Cooking and Reheating of Time/Temperature Control for Safety (TCS) Foods									
16	☒	☐	☐	☐	☐	☐	5	Proper cooking time and temperatures	
17	☒	☐	☐	☐	☐	☐		Proper reheating procedures for hot holding	
Cooling and Holding, Date Marking, and Time as a Public Health Control									
18	☒	☐	☐	☐	☐	☐		Proper cooling time and temperature	
19	☒	☐	☐	☐	☐	☐		Proper hot holding temperatures	
20	☒	☐	☐	☐	☐	☐	5	Proper cold holding temperatures	
21	☒	☐	☐	☐	☐	☐		Proper date marking and disposition	
22	☒	☐	☐	☐	☐	☐		Time as a public health control: procedures and records	
Consumer Advisory									
23	☒	☐	☐	☐	☐	☐	4	Consumer advisory provided for raw and undercooked food	
Highly Susceptible Populations									
24	☒	☐	☐	☐	☐	☐	5	Pasteurized foods used; prohibited foods not offered	
Chemicals									
25	☒	☐	☐	☐	☐	☐	5	Food additives approved and properly used	
26	☒	☐	☐	☐	☐	☐		Food color additives properly identified, stored, used	
Compliance with Approved Procedures									
27	☒	☐	☐	☐	☐	☐	5	Compliance with variance, specialized process, and HACCP plan	

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES									
(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)									
Item	IN	OUT	NA	NO	COS	R	WT	Compliance Status	
Safe Food and Water									
28	☒	☐	☐	☐	☐	☐	1	Pasteurized eggs used where required	
29	☒	☐	☐	☐	☐	☐	2	Water and ice from approved source	
30	☒	☐	☐	☐	☐	☐	1	Water used for food preparation	
Food Temperature Control									
31	☒	☐	☐	☐	☐	☐	2	Proper cooling methods used; adequate equipment for temperature control	
32	☒	☐	☐	☐	☐	☐	1	Hot food properly cooled for hot holding	
33	☒	☐	☐	☐	☐	☐	1	Approved thawing methods used	
34	☒	☐	☐	☐	☐	☐	1	Thermometers provided and accurate	
Food Identification									
35	☒	☐	☐	☐	☐	☐	1	Food properly labeled; original container; required records available	
Prevention of Food Contamination									
36	☒	☐	☐	☐	☐	☐	2	Insects, rodents, and animals not present	
37	☒	☐	☐	☐	☐	☐	1	Contamination prevented during food preparation, storage & display	
38	☒	☐	☐	☐	☐	☐	1	Personal cleanliness	
39	☒	☐	☐	☐	☐	☐	1	Wiping cloths: properly used and stored	
40	☒	☐	☐	☐	☐	☐	1	Washing fruit and vegetables	
Proper Use of Utensils									
41	☒	☐	☐	☐	☐	☐	1	In-use utensils: properly stored	
42	☒	☐	☐	☐	☐	☐	1	Utensils, equipment and items: properly stored, dried, handled	
43	☒	☐	☐	☐	☐	☐	1	Single-use single-service articles: properly stored, used	
44	☒	☐	☐	☐	☐	☐	1	Towels: used properly	
Utensils and Equipment									
45	☒	☐	☐	☐	☐	☐	1	Food and nonfood-contact surfaces: cleanable, properly designed, constructed, and used	
46	☒	☐	☐	☐	☐	☐	1	Waterwashing facilities: installed, maintained, used, test strips	
47	☒	☐	☐	☐	☐	☐	1	Nonfood-contact surfaces: clean	
Physical Facilities									
48	☒	☐	☐	☐	☐	☐	2	Hot and cold water: available, adequate pressure	
49	☒	☐	☐	☐	☐	☐	2	Plumbing installed: proper backflow control	
50	☒	☐	☐	☐	☐	☐	2	Sewage and waste water: properly disposed	
51	☒	☐	☐	☐	☐	☐	1	Toilet facilities: properly constructed, supplied, cleaned	
52	☒	☐	☐	☐	☐	☐	1	Garbage/refuse: properly disposed, facilities maintained	
53	☒	☐	☐	☐	☐	☐	1	Physical facilities: installed, maintained, and clean	
54	☒	☐	☐	☐	☐	☐	1	Adequate ventilation and lighting; designated areas used	
Administrative Items									
55	☒	☐	☐	☐	☐	☐	0	Current permit posted	
56	☒	☐	☐	☐	☐	☐		Most recent inspection posted	
Compliance Status									
								YES	NO
Non-Smokers Protection Act									
57	☒	☐	☐	☐	☐	☐	0	Compliance with TN Non-Smoker Protection Act	
58	☒	☐	☐	☐	☐	☐	0	Tobacco products offered for sale	
59	☒	☐	☐	☐	☐	☐		If tobacco products are sold: NSPA survey completed	

Failure to correct any violations of this form items within ten (10) days may result in suspension of your food service establishment permit. Repeated violations of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing to increased health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous location and post the most recent inspection report in a conspicuous location. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T. 26-1-103, 26-1-104, 26-1-105, 26-1-106, 26-1-107, 26-1-108, 26-1-109, 26-1-110, 26-1-111, 26-1-112, 26-1-113, 26-1-114, 26-1-115, 26-1-116, 26-1-117, 26-1-118, 26-1-119, 26-1-120, 26-1-121, 26-1-122, 26-1-123, 26-1-124, 26-1-125, 26-1-126, 26-1-127, 26-1-128, 26-1-129, 26-1-130, 26-1-131, 26-1-132, 26-1-133, 26-1-134, 26-1-135, 26-1-136, 26-1-137, 26-1-138, 26-1-139, 26-1-140, 26-1-141, 26-1-142, 26-1-143, 26-1-144, 26-1-145, 26-1-146, 26-1-147, 26-1-148, 26-1-149, 26-1-150, 26-1-151, 26-1-152, 26-1-153, 26-1-154, 26-1-155, 26-1-156, 26-1-157, 26-1-158, 26-1-159, 26-1-160, 26-1-161, 26-1-162, 26-1-163, 26-1-164, 26-1-165, 26-1-166, 26-1-167, 26-1-168, 26-1-169, 26-1-170, 26-1-171, 26-1-172, 26-1-173, 26-1-174, 26-1-175, 26-1-176, 26-1-177, 26-1-178, 26-1-179, 26-1-180, 26-1-181, 26-1-182, 26-1-183, 26-1-184, 26-1-185, 26-1-186, 26-1-187, 26-1-188, 26-1-189, 26-1-190, 26-1-191, 26-1-192, 26-1-193, 26-1-194, 26-1-195, 26-1-196, 26-1-197, 26-1-198, 26-1-199, 26-1-200, 26-1-201, 26-1-202, 26-1-203, 26-1-204, 26-1-205, 26-1-206, 26-1-207, 26-1-208, 26-1-209, 26-1-210, 26-1-211, 26-1-212, 26-1-213, 26-1-214, 26-1-215, 26-1-216, 26-1-217, 26-1-218, 26-1-219, 26-1-220, 26-1-221, 26-1-222, 26-1-223, 26-1-224, 26-1-225, 26-1-226, 26-1-227, 26-1-228, 26-1-229, 26-1-230, 26-1-231, 26-1-232, 26-1-233, 26-1-234, 26-1-235, 26-1-236, 26-1-237, 26-1-238, 26-1-239, 26-1-240, 26-1-241, 26-1-242, 26-1-243, 26-1-244, 26-1-245, 26-1-246, 26-1-247, 26-1-248, 26-1-249, 26-1-250, 26-1-251, 26-1-252, 26-1-253, 26-1-254, 26-1-255, 26-1-256, 26-1-257, 26-1-258, 26-1-259, 26-1-260, 26-1-261, 26-1-262, 26-1-263, 26-1-264, 26-1-265, 26-1-266, 26-1-267, 26-1-268, 26-1-269, 26-1-270, 26-1-271, 26-1-272, 26-1-273, 26-1-274, 26-1-275, 26-1-276, 26-1-277, 26-1-278, 26-1-279, 26-1-280, 26-1-281, 26-1-282, 26-1-283, 26-1-284, 26-1-285, 26-1-286, 26-1-287, 26-1-288, 26-1-289, 26-1-290, 26-1-291, 26-1-292, 26-1-293, 26-1-294, 26-1-295, 26-1-296, 26-1-297, 26-1-298, 26-1-299, 26-1-300, 26-1-301, 26-1-302, 26-1-303, 26-1-304, 26-1-305, 26-1-306, 26-1-307, 26-1-308, 26-1-309, 26-1-310, 26-1-311, 26-1-312, 26-1-313, 26-1-314, 26-1-315, 26-1-316, 26-1-317, 26-1-318, 26-1-319, 26-1-320, 26-1-321, 26-1-322, 26-1-323, 26-1-324, 26-1-325, 26-1-326, 26-1-327, 26-1-328, 26-1-329, 26-1-330, 26-1-331, 26-1-332, 26-1-333, 26-1-334, 26-1-335, 26-1-336, 26-1-337, 26-1-338, 26-1-339, 26-1-340, 26-1-341, 26-1-342, 26-1-343, 26-1-344, 26-1-345, 26-1-346, 26-1-347, 26-1-348, 26-1-349, 26-1-350, 26-1-351, 26-1-352, 26-1-353, 26-1-354, 26-1-355, 26-1-356, 26-1-357, 26-1-358, 26-1-359, 26-1-360, 26-1-361, 26-1-362, 26-1-363, 26-1-364, 26-1-365, 26-1-366, 26-1-367, 26-1-368, 26-1-369, 26-1-370, 26-1-371, 26-1-372, 26-1-373, 26-1-374, 26-1-375, 26-1-376, 26-1-377, 26-1-378, 26-1-379, 26-1-380, 26-1-381, 26-1-382, 26-1-383, 26-1-384, 26-1-385, 26-1-386, 26-1-387, 26-1-388, 26-1-389, 26-1-390, 26-1-391, 26-1-392, 26-1-393, 26-1-394, 26-1-395, 26-1-396, 26-1-397, 26-1-398, 26-1-399, 26-1-400, 26-1-401, 26-1-402, 26-1-403, 26-1-404, 26-1-405, 26-1-406, 26-1-407, 26-1-408, 26-1-409, 26-1-410, 26-1-4



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE

100

Establishment Name: Congregate Feeding @ Hadley Community Ctr Type of Establishment: ☒ Farmer's Market Food Unit ☒ Permanent ☐ Mobile

Address: 1037 28th AVE N ☐ Temporary ☐ Seasonal

City: Nashville Time at: 12:25 PM AM / PM Time out: 12:55 PM AM / PM

Inspection Date: 11/24/2025 Establishment #: 605188961 Embargoed: 0

Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category: ☐ 01 ☒ 02 ☐ 03 ☐ 04 Follow-up Required: ☐ Yes ☒ No Number of Seats: 50

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									
(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)									
Compliance Status				COS			R		
IN	OUT	NA	NO	COS	R	WT	IN	OUT	NA
Supervision									
1	☒	☐				5			
Employee Health									
2	☒	☐				5			
3	☒	☐				5			
Good Hygienic Practices									
4	☒	☐				5			
5	☒	☐				5			
Preventing Contamination by Hands									
6	☒	☐				5			
7	☒	☐				5			
8	☒	☐				5			
Approved Source									
9	☒	☐				5			
10	☒	☐				5			
11	☒	☐				5			
12	☒	☐				5			
Protection from Contamination									
13	☒	☐				5			
14	☒	☐				5			
15	☒	☐				5			
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods									
16	☒	☐				5			
17	☒	☐				5			
Cooling and Holding, Date Marking, and Time as a Public Health Control									
18	☒	☐				5			
19	☒	☐				5			
20	☒	☐				5			
21	☒	☐				5			
22	☒	☐				5			
Consumer Advisory									
23	☒	☐				5			
Highly Susceptible Populations									
24	☒	☐				5			
Chemicals									
25	☒	☐				5			
26	☒	☐				5			
Conformance with Approved Procedures									
27	☒	☐				5			

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES									
Compliance Status				COS			R		
IN	OUT	NA	NO	COS	R	WT	IN	OUT	NA
Safe Food and Water									
28	☒	☐				1			
29	☒	☐				2			
30	☒	☐				1			
Food Temperature Control									
31	☒	☐				2			
32	☒	☐				1			
33	☒	☐				1			
34	☒	☐				1			
Food Identification									
35	☒	☐				1			
Prevention of Food Contamination									
36	☒	☐				2			
37	☒	☐				1			
38	☒	☐				1			
39	☒	☐				1			
40	☒	☐				1			
Proper Use of Utensils									
41	☒	☐				1			
42	☒	☐				1			
43	☒	☐				1			
44	☒	☐				1			
Utensils and Equipment									
45	☒	☐				1			
46	☒	☐				1			
47	☒	☐				1			
Physical Facilities									
48	☒	☐				2			
49	☒	☐				2			
50	☒	☐				2			
51	☒	☐				1			
52	☒	☐				1			
53	☒	☐				1			
54	☒	☐				1			
Administrative Items									
55	☒	☐				0			
56	☒	☐				0			
Compliance Status									
				YES			NO		
57	☒	☐				0			
58	☒	☐				0			
59	☒	☐				0			

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeat violations of risk factor items may result in revocation of your food service establishment permit. Items identified as contributing to imminent health hazards shall be corrected immediately or operators shall cease. You are required to post the food service establishment permit in a conspicuous place and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding any action by the Commissioner within 30 days of the date of the report. T.C.S. - Sections 26-1-703, 26-1-705, 26-1-706, 26-1-709, 26-1-711, 26-1-713, 26-1-716, 26-1-720.

Signature of Person in Charge: ANDREW COLEMAN Date: 11/24/2025 Signature of Environmental Health Specialist: [Signature] Date: 11/24/2025

*** Additional food safety information can be found on our website: <http://tn.gov/health/article/en-foodservice> ***



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

Establishment Name Hickory Hollow Towers Type of Establishment ☒ Permanent ☐ Mobile
Address 100 Curtis Hollow Rd., 1ST FLOOR
City Antioch Time in 11:45 AM AM / PM Time out 12:00 PM AM / PM
Inspection Date 12/01/2025 Establishment # 605049739 Embargoed ☐
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats _____

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Item	Compliance	OUT=not in compliance	NA=not applicable	NO=not observed	COS	R	WT	Compliance Status	COS	R	WT
Supervisors											
1	☒	☐	☐	☐	☐	☐	5	Person in charge present, demonstrates knowledge, and performs duties.	☐	☐	5
Employee Health											
2	☒	☐	☐	☐	☐	☐	5	Manually inspect food employees away from food.	☐	☐	5
3	☒	☐	☐	☐	☐	☐	5	Proper use of restriction and exclusion.	☐	☐	5
Good Hygienic Practices											
4	☒	☐	☐	☐	☐	☐	5	Proper eating, tasting, drinking, or tobacco use.	☐	☐	5
5	☒	☐	☐	☐	☐	☐	5	Use of gloves, hairnets, masks, and aprons.	☐	☐	5
Preventing Contamination by Hands											
6	☒	☐	☐	☐	☐	☐	5	Hands clean and properly washed.	☐	☐	5
7	☒	☐	☐	☐	☐	☐	5	No bare hand contact with ready-to-eat foods or approved alternate procedures followed.	☐	☐	5
8	☒	☐	☐	☐	☐	☐	2	Handwashing sinks properly supplied and accessible.	☐	☐	2
Approved Sources											
9	☒	☐	☐	☐	☐	☐	5	Food obtained from approved source.	☐	☐	5
10	☒	☐	☐	☐	☐	☐	5	Food received at proper temperature.	☐	☐	5
11	☒	☐	☐	☐	☐	☐	5	Food in food containers, date and unexpired.	☐	☐	5
12	☒	☐	☐	☐	☐	☐	5	Required records available: shell stock tags, parasite destruction.	☐	☐	5
Protection from Contamination											
13	☒	☐	☐	☐	☐	☐	4	Food separating and protected.	☐	☐	4
14	☒	☐	☐	☐	☐	☐	5	Food-contact surfaces: cleaned and sanitized.	☐	☐	5
15	☒	☐	☐	☐	☐	☐	2	Proper disposition of unsaleable food; returned food not re-served.	☐	☐	2
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods											
16	☒	☐	☐	☐	☐	☐	5	Proper cooking time and temperatures.	☐	☐	5
17	☒	☐	☐	☐	☐	☐	5	Proper reheating procedures for hot holding.	☐	☐	5
Cooling and Holding, Date Marking, and Time as a Public Health Control											
18	☒	☐	☐	☐	☐	☐	5	Proper cooling time and temperature.	☐	☐	5
19	☒	☐	☐	☐	☐	☐	5	Proper hot holding temperatures.	☐	☐	5
20	☒	☐	☐	☐	☐	☐	5	Proper cold holding temperatures.	☐	☐	5
21	☒	☐	☐	☐	☐	☐	5	Proper date marking and disposition.	☐	☐	5
22	☒	☐	☐	☐	☐	☐	5	Time as a public health control: procedures and records.	☐	☐	5
Consumer Advisory											
23	☒	☐	☐	☐	☐	☐	4	Consumer advisory provided for raw and undercooked food.	☐	☐	4
Highly Susceptible Populations											
24	☒	☐	☐	☐	☐	☐	5	Pasteurized foods used; prohibited foods not offered.	☐	☐	5
Chemicals											
25	☒	☐	☐	☐	☐	☐	5	Food and linens: approved and properly used.	☐	☐	5
26	☒	☐	☐	☐	☐	☐	5	Toxic substances properly identified, stored, used.	☐	☐	5
Conformance with Approved Procedures											
27	☒	☐	☐	☐	☐	☐	5	Compliance with variance, standardized process, and HACCP plan.	☐	☐	5

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

Item	Compliance	OUT=not in compliance	NA=not applicable	NO=not observed	COS	R	WT	Compliance Status	COS	R	WT
Safe Food and Water											
28	☒	☐	☐	☐	☐	☐	1	Pasteurized eggs used where required.	☐	☐	1
29	☒	☐	☐	☐	☐	☐	2	Water and ice from approved source.	☐	☐	2
30	☒	☐	☐	☐	☐	☐	1	Variance obtained for food and processing methods.	☐	☐	1
Food Temperature Control											
31	☒	☐	☐	☐	☐	☐	2	Proper cooling methods used; adequate equipment for temperature control.	☐	☐	2
32	☒	☐	☐	☐	☐	☐	1	Plant food properly cooked for hot holding.	☐	☐	1
33	☒	☐	☐	☐	☐	☐	1	Approved thawing methods used.	☐	☐	1
34	☒	☐	☐	☐	☐	☐	1	Thermometers provided and accurate.	☐	☐	1
Food Identification											
35	☒	☐	☐	☐	☐	☐	1	Food properly labeled; original container; required records available.	☐	☐	1
Prevention of Food Contamination											
36	☒	☐	☐	☐	☐	☐	2	Insects, rodents, and animals not present.	☐	☐	2
37	☒	☐	☐	☐	☐	☐	1	Contamination prevented during food preparation, storage & display.	☐	☐	1
38	☒	☐	☐	☐	☐	☐	1	Personal cleanliness.	☐	☐	1
39	☒	☐	☐	☐	☐	☐	1	Wiping cloths: properly used and stored.	☐	☐	1
40	☒	☐	☐	☐	☐	☐	1	Washing fruits and vegetables.	☐	☐	1
Proper Use of Utensils											
41	☒	☐	☐	☐	☐	☐	1	In-use utensils: properly stored.	☐	☐	1
42	☒	☐	☐	☐	☐	☐	1	Utensils, equipment and linens: properly stored, dried, handled.	☐	☐	1
43	☒	☐	☐	☐	☐	☐	1	Single-use/single-service articles: properly stored, used.	☐	☐	1
44	☒	☐	☐	☐	☐	☐	1	Utensils used properly.	☐	☐	1
Utensils and Equipment											
45	☒	☐	☐	☐	☐	☐	1	Food and nonfood contact surfaces: cleanable, properly designed, constructed, and used.	☐	☐	1
46	☒	☐	☐	☐	☐	☐	1	Warewashing facilities: installed, maintained, used, test strips.	☐	☐	1
47	☒	☐	☐	☐	☐	☐	1	Nonfood-contact surfaces: clean.	☐	☐	1
Physical Facilities											
48	☒	☐	☐	☐	☐	☐	2	Hot and cold water available; adequate pressure.	☐	☐	2
49	☒	☐	☐	☐	☐	☐	2	Pumping installed; proper backflow devices.	☐	☐	2
50	☒	☐	☐	☐	☐	☐	2	Sewage and waste water properly disposed.	☐	☐	2
51	☒	☐	☐	☐	☐	☐	1	Toilet facilities: properly constructed, supplied, cleaned.	☐	☐	1
52	☒	☐	☐	☐	☐	☐	1	Garbage/refuse properly disposed; facilities maintained.	☐	☐	1
53	☒	☐	☐	☐	☐	☐	1	Physical facilities installed, maintained, and clean.	☐	☐	1
54	☒	☐	☐	☐	☐	☐	1	Adequate ventilation and lighting; designated areas used.	☐	☐	1
Administrative Items											
55	☒	☐	☐	☐	☐	☐	0	Current permit posted.	☐	☐	0
56	☒	☐	☐	☐	☐	☐	0	Most recent inspection posted.	☐	☐	0
Non-Smokers Protection Act											
57	☒	☐	☐	☐	☐	☐	0	Compliance with TN Non-Smoker Protection Act.	☐	☐	0
58	☒	☐	☐	☐	☐	☐	0	Tobacco products offered for sale.	☐	☐	0
59	☒	☐	☐	☐	☐	☐	0	If tobacco products are sold: TSPCA survey completed.	☐	☐	0

Failure to correct any violations of this code within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing to imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous location and post the food service inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. Sections 26-14-703, 26-14-704, 26-14-705, 26-14-706, 26-14-707, 26-14-708, 26-14-709, 26-14-710, 26-14-711, 26-14-712, 26-14-713, 26-14-714, 26-14-715, 26-14-716, 26-14-717, 26-14-718, 26-14-719, 26-14-720.

Signature of Person in Charge Nicole Ellis Date 12/01/2025 Signature of Tenthredin Health Services Kerson Date 12/01/2025

Additional food safety information can be found on our website: <http://tn.gov/wald/article/ah-food-service>

FH-2257 (Rev. 6-15) Free food safety training classes are available each month at the county health department. Please call () 6153405620 to sign-up for a class. RDA 625



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE
100

Establishment Name: Nashville Christian Towers Type of Establishment: ☒ Farmer's Market/Food Unit
☒ Permanent ☐ Mobile
Address: 101 Foothill Cir
City: Nashville Time in: 10:15 AM AM / PM Time out: 11:05 AM AM / PM
Inspection Date: 05/22/2025 Establishment #: 605049735 Embargoed: 0
Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other: _____
Risk Category: ☒ 1 ☐ 2 ☐ 3 ☐ 4 Follow-up Required: ☐ Yes ☒ No Number of Signs: 25

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS												
(Mark designated compliance status (IN, OUT, NA, NO) for each as observed. For items marked OUT, mark COS or R for each item as applicable. Check points for category or subcategory.)												
Item in compliance				OUT-not in compliance				NA-not applicable				NO-not observed
Compliance Status				Compliance Status				Compliance Status				
IN				OUT				NA				NO



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

Establishment Name: Old Hickory Towers Type of Establishment: ☒ Farmer's Market Food Unit
☒ Permanent ☐ Mobile
 Address: 930 Industrial Rd.
 City: Old Hickory Time in: 10:20 AM AM / PM Time out: 10:40 AM AM / PM
 Inspection Date: 02/09/2026 Establishment #: 605049738 Embargoed: 0
 Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
 Risk Category: ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required: ☐ Yes ☒ No Number of Seats: _____

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne disease outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																															
(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)																															
In=In compliance				OUT=Not in compliance				NA=Not applicable		NO=Not observed		COS=Corrected onsite during inspection			R=Retired condition of the establishment previously																
Compliance Status				COS			R			W1			Compliance Status				COS			R			W1								
IN				OUT				NA				NO				IN				OUT				NA				NO			
Supervision																															
1	☒	☐			Person in charge present, demonstrates knowledge and performs duties	☐	☐			5																					
Employee Health																															
2	☒	☐			Management and food employee awareness regarding	☐	☐			5																					
3	☒	☐			Proper use of restriction and exclusion	☐	☐			5																					
Good Hygienic Practices																															
4	☒	☐		☐	Proper eating, drinking, or tobacco use	☐	☐			5																					
5	☒	☐		☐	No discharge from eyes, nose, and mouth	☐	☐			5																					
Preventing Contamination by Hands																															
6	☒	☐		☐	Hands clean and properly washed	☐	☐			5																					
7	☒	☐	☐	☐	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	☐	☐			5																					
8	☒	☐			Handwashing sink properly supplied and accessible	☐	☐			2																					
Approved Source																															
9	☒	☐			Food obtained from approved source	☐	☐			5																					
10	☐	☐	☐	☐	Food received at proper temperature	☐	☐			5																					
11	☒	☐			Food in good condition, safe, and unadulterated	☐	☐			5																					
12	☐	☐	☒	☐	Required records available: shell stock tags, parasite instruction	☐	☐			5																					
Protection from Contamination																															
13	☐	☐	☒		Food separated and protected	☐	☐			4																					
14	☐	☐			Food-contact surfaces: cleaned and sanitized	☐	☐			5																					
15	☒	☐			Proper disposition of unsafe food; returned food not received	☐	☐			2																					

16	☐	☐	☒	☐	Proper cooking time and temperatures	☐	☐			5						
17	☐	☐	☒	☐	Proper reheating procedures for hot holding	☐	☐			5						
Cooling and Holding, Date Marking, and Time as a Public Health Control																
18	☐	☐	☒	☐	Proper cooling time and temperature	☐	☐			5						
19	☐	☐	☒	☐	Proper hot holding temperatures	☐	☐			5						
20	☒	☐	☐	☐	Proper cold holding temperatures	☐	☐			5						
21	☐	☐	☒	☐	Proper date marking and disposition	☐	☐			5						
22	☐	☐	☒	☐	Time as a public health control: procedures and records	☐	☐			5						
Consumer Advisory																
23	☐	☐	☒		Consumer advisory provided for raw and undercooked food	☐	☐			4						
Highly Susceptible Populations																
24	☐	☐	☒		Pasteurized foods used, whey-based foods not offered	☐	☐			5						
Chemicals																
25	☐	☐	☒		Food additives, approved and properly used	☐	☐			5						
26	☒	☐			Toxic substances properly identified, stored, used	☐	☐			5						
Conformance with Approved Procedures																
27	☐	☐	☒		Compliance with variance, specialized process, and HACCP plan	☐	☐			5						



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE
100

Establishment Name: Congregate Feeding Riverwood Towers Type of Establishment: ☒ Farmer's Market Food Unit ☒ Permanent ☐ Mobile

Address: 621 N. Dupont ☐ Temporary ☐ Seasonal

City: Madison Date: 10:55 AM AM / PM Time out: 11:10 AM AM / PM

Inspection Date: 11/19/2025 Establishment #: 605214090 Embargoed: 0

Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category: 01 ☒ 02 ☐ 03 ☐ 04 Follow-up Required: ☐ Yes ☒ No Number of Seats: 40

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									
(Mark designated compliance status (IN, OUT, NA, NO) for each as noted. For items marked OUT, mark COS or R for each item as applicable. Defect points for category or subcategory.)									
Item	Compliance Status	COS	R	WT	Item	Compliance Status	COS	R	WT
Supervision					Cooking and Reheating of Time/Temperature Control for Safety (TCS) Foods				
1	IN			5	15	IN			5
Employee Health					Cooling and Holding, Date Marking, and Time as a Public Health Control				
2	IN			5	16	IN			5
3	IN			5	17	IN			5
Good Hygienic Practices					18	IN			5
4	IN			5	19	IN			5
5	IN			5	20	IN			5
Preventing Contamination by Hands					21	IN			5
6	IN			5	22	IN			5
7	IN			5	Consumer Advisory				
8	IN			5	23	IN			4
Approved Sources					Highly Susceptible Populations				
9	IN			5	24	IN			5
10	IN			5	Chemicals				
11	IN			5	25	IN			5
12	IN			5	26	IN			5
Protection from Contamination					Compliance with Approved Procedures				
13	IN			4	27	IN			5
14	IN			5					
15	IN			2					

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES									
OUT-not in compliance		COS-corrected onsite during inspection			R-repeated violation of the same code previously				
Compliance Status					Compliance Status				
Safe Food and Water					Utensils and Equipment				
28	☐ OUT	☐ COS	☐ R	☐ WT	45	☐ OUT	☐ COS	☐ R	☐ WT
	☐ Pasteurized eggs used where required	☐ ☐	☐ ☐	☐ ☐		☐ Food and nonfood contact surfaces cleanable, properly designed, constructed, and used	☐ ☐	☐ ☐	☐ ☐
29	☐ Water and coffee beverages secure	☐ ☐	☐ ☐	☐ ☐	46	☐ Warewashing facilities, installed, maintained, used, last strips	☐ ☐	☐ ☐	☐ ☐
30	☐ Vendors obtained for space cooled processing methods	☐ ☐	☐ ☐	☐ ☐	47	☐ Nonfood-contact surfaces clean	☐ ☐	☐ ☐	☐ ☐
Food Temperature Control					Physical Facilities				
31	☐ Proper cooling methods used, adequate equipment for temperature control	☐ ☐	☐ ☐	☐ ☐	48	☐ HOT and cold water available, adequate pressure	☐ ☐	☐ ☐	☐ ☐
32	☐ Warm food properly cooked for hot holding	☐ ☐	☐ ☐	☐ ☐	49	☐ Plumbing installed, proper backflow devices	☐ ☐	☐ ☐	☐ ☐
33	☐ Approved thawing methods used	☐ ☐	☐ ☐	☐ ☐	50	☐ Sewage and waste water properly disposed	☐ ☐	☐ ☐	☐ ☐
34	☐ Thermometers provided and accurate	☐ ☐	☐ ☐	☐ ☐	51	☐ Toilet facilities, properly constructed, supplied, cleaned	☐ ☐	☐ ☐	☐ ☐
Food Identification					52	☐ Garbage/refuse properly disposed, facilities maintained	☐ ☐	☐ ☐	☐ ☐
35	☐ Food properly labeled, original container, required records available	☐ ☐	☐ ☐	☐ ☐	53	☐ Physical facilities installed, maintained, and clean	☐ ☐	☐ ☐	☐ ☐
Prevention of Food Contamination					54	☐ Adequate ventilation and lighting, designated areas used	☐ ☐	☐ ☐	☐ ☐
36	☐ Insects, rodents and animals not present	☐ ☐	☐ ☐	☐ ☐	Administrative Items				
37	☐ Contamination prevented during food preparation, storage & display	☐ ☐	☐ ☐	☐ ☐	55	☐ Current permit posted	☐ ☐	☐ ☐	☐ ☐
38	☐ Personal cleanliness	☐ ☐	☐ ☐	☐ ☐	56	☐ Most recent inspection posted	☐ ☐	☐ ☐	☐ ☐
39	☐ Working cloths properly used and stored	☐ ☐	☐ ☐	☐ ☐	Compliance Status				
40	☐ Washing fruits and vegetables	☐ ☐	☐ ☐	☐ ☐	YES NO WT				
Proper Use of Utensils					Non-Smokers Protection Act				
41	☐ In-use utensils properly stored	☐ ☐	☐ ☐	☐ ☐	57	☐ Compliance with TN Non-Smoker Protection Act	☒ ☐	☐ ☐	☐ ☐
42	☐ Utensils, equipment and linens, properly stored, dried, handled	☐ ☐	☐ ☐	☐ ☐	58	☐ Tobacco products offered for sale	☐ ☐	☐ ☐	☐ ☐
43	☐ Single use disposable service articles, properly stored, used	☐ ☐	☐ ☐	☐ ☐	59	☐ If tobacco products are sold, NSPA survey completed	☐ ☐	☐ ☐	☐ ☐
44	☐ Linens used properly	☐ ☐	☐ ☐	☐ ☐					

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing to imminent health hazards shall be corrected immediately or violations shall cease. You are required to post the food service establishment permit in a conspicuous place and send the most recent inspection report to the appropriate agency. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.S. 26-1-101, 26-1-102, 26-1-103, 26-1-104, 26-1-105, 26-1-106, 26-1-107, 26-1-108, 26-1-109, 26-1-110, 26-1-111, 26-1-112, 26-1-113, 26-1-114, 26-1-115, 26-1-116, 26-1-117, 26-1-118, 26-1-119, 26-1-120, 26-1-121, 26-1-122, 26-1-123, 26-1-124, 26-1-125, 26-1-126, 26-1-127, 26-1-128, 26-1-129, 26-1-130, 26-1-131, 26-1-132, 26-1-133, 26-1-134, 26-1-135, 26-1-136, 26-1-137, 26-1-138, 26-1-139, 26-1-140, 26-1-141, 26-1-142, 26-1-143, 26-1-144, 26-1-145, 26-1-146, 26-1-147, 26-1-148, 26-1-149, 26-1-150, 26-1-151, 26-1-152, 26-1-153, 26-1-154, 26-1-155, 26-1-156, 26-1-157, 26-1-158, 26-1-159, 26-1-160, 26-1-161, 26-1-162, 26-1-163, 26-1-164, 26-1-165, 26-1-166, 26-1-167, 26-1-168, 26-1-169, 26-1-170, 26-1-171, 26-1-172, 26-1-173, 26-1-174, 26-1-175, 26-1-176, 26-1-177, 26-1-178, 26-1-179, 26-1-180, 26-1-181, 26-1-182, 26-1-183, 26-1-184, 26-1-185, 26-1-186, 26-1-187, 26-1-188, 26-1-189, 26-1-190, 26-1-191, 26-1-192, 26-1-193, 26-1-194, 26-1-195, 26-1-196, 26-1-197, 26-1-198, 26-1-199, 26-1-200, 26-1-201, 26-1-202, 26-1-203, 26-1-204, 26-1-205, 26-1-206, 26-1-207, 26-1-208, 26-1-209, 26-1-210, 26-1-211, 26-1-212, 26-1-213, 26-1-214, 26-1-215, 26-1-216, 26-1-217, 26-1-218, 26-1-219, 26-1-220, 26-1-221, 26-1-222, 26-1-223, 26-1-224, 26-1-225, 26-1-226, 26-1-227, 26-1-228, 26-1-229, 26-1-230, 26-1-231, 26-1-232, 26-1-233, 26-1-234, 26-1-235, 26-1-236, 26-1-237, 26-1-238, 26-1-239, 26-1-240, 26-1-241, 26-1-242, 26-1-243, 26-1-244, 26-1-245, 26-1-246, 26-1-247, 26-1-248, 26-1-249, 26-1-250, 26-1-251, 26-1-252, 26-1-253, 26-1-254, 26-1-255, 26-1-256, 26-1-257, 26-1-258, 26-1-259, 26-1-260, 26-1-261, 26-1-262, 26-1-263, 26-1-264, 26-1-265, 26-1-266, 26-1-267, 26-1-268, 26-1-269, 26-1-270, 26-1-271, 26-1-272, 26-1-273, 26-1-274, 26-1-275, 26-1-276, 26-1-277, 26-1-278, 26-1-279, 26-1-280, 26-1-281, 26-1-282, 26-1-283, 26-1-284, 26-1-285, 26-1-286, 26-1-287, 26-1-288, 26-1-289, 26-1-290, 26-1-291, 26-1-292, 26-1-293, 26-1-294, 26-1-295, 26-1-296, 26-1-297, 26-1-298, 26-1-299, 26-1-300, 26-1-301, 26-1-302, 26-1-303, 26-1-304, 26-1-305, 26-1-306, 26-1-307, 26-1-308, 26-1-309, 26-1-310, 26-1-311, 26-1-312, 26-1-313, 26-1-314, 26-1-315, 26-1-316, 26-1-317, 26-1-318, 26-1-319, 26-1-320, 26-1-321, 26-1-322, 26-1-323, 26-1-324, 26-1-325, 26-1-326, 26-1-327, 26-1-328, 26-1-329, 26-1-330, 26-1-331, 26-1-332, 26-1-333, 26-1-334, 26-1-335, 26-1-336, 26-1-337, 26-1-338, 26-1-339, 26-1-340, 26-1-341, 26-1-342, 26-1-343, 26-1-344, 26-1-345, 26-1-346, 26-1-347, 26-1-348, 26-1-349, 26-1-350, 26-1-351, 26-1-352, 26-1-353, 26-1-354, 26-1-355, 26-1-356, 26-1-357, 26-1-358, 26-1-359, 26-1-360, 26-1-361, 26-1-362, 26-1-363, 26-1-364, 26-1-365, 26-1-366, 26-1-367, 26-1-368, 26-1-369, 26-1-370, 26-1-371, 26-1-372, 26-1-373, 26-1-374, 26-1-375, 26-1-376, 26-1-377, 26-1-378, 26-1-379, 26-1-380, 26-1-381, 26-1-382, 26-1-383, 26-1-384, 26-1-385, 26-1-386, 26-1-387, 26-1-388, 26-1-389, 26-1-390, 26-1-391, 26-1-392, 26-1-393, 26-1-394, 26-1-395, 26-1-396, 26-1-397, 26-1-398, 26-1-399, 26-1-400, 26-1-401, 26-1-402, 26-1-403, 26-1-404, 26-1-405, 26-1-406, 26-1-407, 26-1-408, 26-1-409, 26-1-410, 26-1-411, 26-1-412, 26-1-413, 26-1-414, 26-1-415, 26-1-416, 26-1-417, 26-1-418, 26-1-419, 26-1-420, 26-1-421, 26-1-422, 26-1-423, 26-1-424, 26-1-425, 26-1-426, 26-1-427, 26-1-428, 26-1-429, 26-1-430, 26-1-431, 26-1-432, 26-1-433, 26-1-434, 26-1-435, 26-1-436, 26-1-437, 26-1-438, 26-1-439, 26-1-440, 26-1-441, 26-1-442, 26-1-443, 26-1-444, 26-1-445, 26-1-446, 26-1-447, 26-1-448, 26-1-449, 26-1-450, 26-1-451, 26-1-452, 26-1-453, 26-1-454, 26-1-455, 26-1-456, 26-1-457, 26-1-458, 26-1-459, 26-1-460, 26-1-461, 26-1-462, 26-1-463, 26-1-464, 26-1-465, 26-1-466, 26-1-467, 26-1-468, 26-1-469, 26-1-470, 26-1-471, 26-1-472, 26-1-473, 26-1-474, 26-1-475, 26-1-476, 26-1-477, 26-1-478, 26-1-479, 26-1-480, 26-1-481, 26-1-482, 26-1-483, 26-1-484, 26-1-485, 26-1-486, 26-1-487, 26-1-488, 26-1-489, 26-1-490, 26-1-491, 26-1-492, 26-1-493, 26-1-494, 26-1-495, 26-1-496, 26-1-497, 26-1-498, 26-1-499, 26-1-500, 26-1-501, 26-1-502, 26-1-503, 26-1-504, 26-1-505, 26-1-506, 26-1-507, 26-1-508, 26-1-509, 26-1-510, 26-1-511, 26-1-512, 26-1-513, 26-1-514, 26-1-515, 26-1-516, 26-1-517, 26-1-518, 26-1-519, 26-1-520, 26-1-521, 26-1-522, 26-1-523, 26-1-524, 26-1-525, 26-1-526, 26-1-527, 26-1-528, 26-1-529, 26-1-530, 26-1-531, 26-1-532, 26-1-533, 26-1-534, 26-1-535, 26-1-536, 26-1-537, 26-1-538, 26-1-539, 26-1-540, 26-1-541, 26-1-542, 26-1-543, 26-1-544, 26-1-545, 26-1-546, 26-1-547, 26-1-548, 26-1-549, 26-1-550, 26-1-551, 26-1-552, 26-1-553, 26-1-554, 26-1-555, 26-1-556, 26-1-557, 26-1-558, 26-1-559, 26-1-560, 26-1-561, 26-1-562, 26-1-563, 26-1-564, 26-1-565, 26-1-566, 26-1-567, 26-1-568, 26-1-569, 26-1-570, 26-1-571, 26-1-572, 26-1-573, 26-1-574, 26-1-575, 26-1-576, 26-1-577, 26-1-578, 26-1-579, 26-1-580, 26-1-581, 26-1-582, 26-1-583, 26-1-584, 26-1-585, 26-1-586, 26-1-587, 26-1-588, 26-1-589, 26-1-590, 26-1-591, 26-1-592, 26-1-593, 26-1-594, 26-1-595, 26-1-596, 26-1-597, 26-1-598, 26-1-599, 26-1-600, 26-1-601, 26-1-602, 26-1-603, 26-1-604, 26-1-605, 26-1-606, 26-1-607, 26-1-608, 26-1-609, 26-1-610, 26-1-611, 26-1-612, 26-1-613, 26-1-614, 26-1-615, 26-1-616, 26-1-617, 26-1-618, 26-1-619, 26-1-620, 26-1-621, 26-1-622, 26-1-623, 26-1-624, 26-1-625, 26-1-626, 26-1-627, 26-1-628, 26-1-629, 26-1-630, 26-1-631, 26-1-632, 26-1-633, 26-1-634, 26-1-635, 26-1-636, 26-1-637, 26-1-638, 26-1-639, 26-1-640, 26-1-641, 26-1-642, 26-1-643, 26-1-644, 26-1-645, 26-1-646, 26-1-647, 26-1-648, 26-1-649, 26-1-650, 26-1-651, 26-1-652, 26-1-653, 26-1-654, 26-1-655, 26-1-656, 26-1-657, 26-1-658, 26-1-659, 26-1-660, 26-1-661, 26-1-662, 26-1-663, 26-1-664, 26-1-665, 26-1-666, 26-1-667, 26-1-668, 26-1-669, 26-1-670, 26-1-671, 26-1-672, 26-1-673, 26-1-674, 26-1-675, 26-1-676, 26-1-677, 26-1-678, 26-1-679, 26-1-680, 26-1-681, 26-1-682, 26-1-683, 26-1-684, 26-1-685, 26-1-686, 26-1-687, 26-1-688, 26-1-689, 26-1-690, 26-1-691, 26-1-692, 26-1-693, 26-1-694, 26-1-695, 26-1-696, 26-1-697, 26-1-698, 26-1-699, 26-1-700, 26-1-701, 26-1-702, 26-1-703, 26-1-704, 26-1-705, 26-1-706, 26-1-707, 26-1-708, 26-1-709, 26-1-710, 26-1-711, 26-1-712, 26-1-713, 26-1-714, 26-1-715, 26-1-716, 26-1-717, 26-1-718, 26-1-719, 26-1-720, 26-1-721, 26-1-722, 26-1-723, 26-1-724, 26-1-725, 26-1-726, 26-1-727, 26-1-728, 26-1-729, 26-1-730, 26-1-731, 26-1-732, 26-1-733, 26-1-734, 26-1-735, 26-1-736, 26-1-737, 26-1-738, 26-1-739, 26-1-740, 26-1-741, 26-1-742, 26-1-743, 26-1-744, 26-1-745, 26-1-746, 26-1-747, 26-1-748, 26-1-749, 26-1-750, 26-1-751, 26-1-752, 26-1-753, 26-1-754, 26-1-755, 26-1-756, 26-1-757, 26-1-758, 26-1-759, 26-1-760, 26-1-761, 26-1-762, 26-1-763, 26-1-764, 26-1-765, 26-1-766, 26-1-767, 26-1-768, 26-1-769, 26-1-770, 26-1-771, 26-1-772, 26-1-773, 26-1-774, 26-1-775, 26-1-776, 26-1-777, 26-1-778, 26-1-779, 26-1-780, 26-1-781, 26-1-782, 26-1-783, 26-1-784, 26-1-785, 26-1-786, 26-1-787, 26-1-788, 26-1-789, 26-1-790, 26-1-791, 26-1-792, 26-1-793, 26-1-794, 26-1-795, 26-1-796, 26-1-797, 26-1-798, 26-1-799, 26-1-800, 26-1-801, 26-1-802, 26-1-803, 26-1-804, 26-1-805, 26-1-806, 26-1-807, 26-1-808, 26-1-809, 26-1-810, 26-1-811, 26-1-812, 26-1-813, 26-1-814, 26-1-815, 26-1-816, 26-1-817, 26-1-818, 26-1-819, 26-1-820, 26-1-821, 26-1-822, 26-1-823, 26-1-824, 26-1-825, 26-1-826, 26-1-827, 26-1-828, 26-1-829, 26-1-830, 26-1-831, 26-1-832, 26-1-833, 26-1-834, 26-1-835, 26-1-836, 26-1-837, 26-1-838, 26-1-839, 26-1-840, 26-1-841, 26-1-842, 26-1-843, 26-1-844, 26-1-845, 26-1-846, 26-1-847, 26-1-848, 26



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE

100

Establishment Name RADNOR TOWERS Type of Establishment ☒ Farmer's Market/Food Unit
☒ Permanent ☐ Mobile
Address 3110 NOLENSVILLE PK
City Nashville Time in 10:40 AM AM / PM Time out 11:10 AM AM / PM
Inspection Date 10/27/2025 Establishment # 605256286 Embargoed 0
Purpose of Inspection ☒ Routine ☐ Followup ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category 01 ☒ 02 ☐ 03 ☐ 04 Follow-up Required ☐ Yes ☒ No Number of Seats 40

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne disease outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS											
(Mark designated compliance status (IN, OUT, NA, NO) for each as observed item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)											
Item compliance				OUT not in compliance				NA not applicable			
COS				R				WT			
Compliance Status											
Supervision											
1	IN	OUT	NA	NO	Person in charge present, demonstrates knowledge and performs duties						5
Employee Health											
2	IN	OUT	NA	NO	Management and food employees with illness reporting						5
3	IN	OUT	NA	NO	Proper use of restriction and exclusion						
Good Hygienic Practices											
4	IN	OUT	NA	NO	Proper eating, tasting, drinking, or tobacco use						5
5	IN	OUT	NA	NO	No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands											
6	IN	OUT	NA	NO	Hands clean and properly washed						5
7	IN	OUT	NA	NO	No bare hand contact with ready-to-eat foods or approved alternative product and its touch						
8	IN	OUT	NA	NO	Handwashing sinks properly stocked and accessible						7
Approved Sources											
9	IN	OUT	NA	NO	Food obtained from approved source						
10	IN	OUT	NA	NO	Food received at proper temperature						5
11	IN	OUT	NA	NO	Food in good condition with intact protective coating						
12	IN	OUT	NA	NO	Required records available: shell stock tags, parasite destruction						
Protection from Contamination											
13	IN	OUT	NA	NO	Food separated and protected						5
14	IN	OUT	NA	NO	Food-contact surfaces: cleaned and sanitized						5
15	IN	OUT	NA	NO	Proper disposition of unsafe food: returned food not re-served						2
Cooking and Reheating of Time/Temperature Control for Safety (TCS) Foods											
16	IN	OUT	NA	NO	Proper cooking time and temperatures						5
17	IN	OUT	NA	NO	Proper reheating procedures for hot holding						
Cooling and Holding, Date Marking, and Time as a Public Health Control											
18	IN	OUT	NA	NO	Proper cooling time and temperature						5
19	IN	OUT	NA	NO	Proper hot holding temperatures						
20	IN	OUT	NA	NO	Proper cold holding temperatures						
21	IN	OUT	NA	NO	Proper date marking and disposition						
22	IN	OUT	NA	NO	Time as a public health control: procedures and records						
Consumer Advisory											
23	IN	OUT	NA	NO	Consumer advisory provided for raw and undercooked food						4
Highly Susceptible Populations											
24	IN	OUT	NA	NO	Pasteurized foods used, preheated foods not offered						5
Chemicals											
25	IN	OUT	NA	NO	Food additives: approved and properly used						5
26	IN	OUT	NA	NO	Toxic substances properly stored and labeled						
Conformance with Approved Procedures											
27	IN	OUT	NA	NO	Compliance with variance, specialized process, and HACCP plan						5

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES											
OUT not in compliance				COS not in compliance during inspection				R record violation of the water code provisions			
Compliance Status				Compliance Status				Compliance Status			
Safe Food and Water				Utensils and Equipment				Physical Facilities			
COS	R	WT		COS	R	WT		COS	R	WT	
28	OUT		Pasteurized eggs used where required	45	OUT		Food and nonfood contact surfaces cleanable, properly designed, constructed, and used		OUT		
29	OUT		Water and ice from approved source	46	OUT		Warewashing facilities, installed, maintained, used, test strips		OUT		
30	OUT		Variance obtained for open water processing equipment	47	OUT		Nonfood-contact surfaces clean		OUT		
Food Temperature Control				Physical Facilities							
31	OUT		Proper cooling methods used; adequate equipment for temperature control	48	OUT		Hot and cold water available; adequate pressure		OUT		
32	OUT		Plant food properly cooked for reheating	49	OUT		Plumbing installed; proper backflow devices		OUT		
33	OUT		Approved thawing methods used	50	OUT		Sewage and waste water properly disposed		OUT		
34	OUT		Thermometers provided and accurate	51	OUT		Toilet facilities properly constructed, well-ventilated, clean		OUT		
Food Identification				Administrative Matters							
35	OUT		Food properly labeled; original container; required records available	52	OUT		Garbage/refuse properly disposed; facilities maintained		OUT		
Prevention of Food Contamination				53	OUT		Physical facilities installed, maintained, and clean		OUT		
36	OUT		Insects, rodents, and animals not present	54	OUT		Adequate ventilation and lighting; designated areas used		OUT		
37	OUT		Contamination prevented during food preparation, storage & display	Administrative Matters							
38	OUT		Personal cleanliness	55	OUT		Current permit posted		OUT		
39	OUT		Wiping cloths properly used and stored	56	OUT		Most recent inspection posted		OUT		
40	OUT		Washing fruits and vegetables	Compliance Status				YES NO WT			
Proper Use of Utensils				Non-Smokers Protection Act							
41	OUT		In-use utensils properly stored	57	OUT		Compliance with TN Non-Smokers Protection Act		OUT		
42	OUT		Utensils, equipment and linens properly stored, dried, handled	58	OUT		Tobacco products offered for sale		OUT		
43	OUT		Single-use/single-service articles properly stored, used	59	OUT		If tobacco products are sold: 13PA advisory completed		OUT		
44	OUT		Gloves used properly								

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Items identified as contributing to imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and avoid the most critical inspection result in a conspicuous manner. You have the right to request a hearing regarding this result by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 26-2-201, 26-2-202, 26-2-203, 26-2-204, 26-2-205, 26-2-206, 26-2-207, 26-2-208, 26-2-209, 26-2-210, 26-2-211, 26-2-212, 26-2-213, 26-2-214, 26-2-215, 26-2-216, 26-2-217, 26-2-218, 26-2-219, 26-2-220, 26-2-221, 26-2-222, 26-2-223, 26-2-224, 26-2-225, 26-2-226, 26-2-227, 26-2-228, 26-2-229, 26-2-230, 26-2-231, 26-2-232, 26-2-233, 26-2-234, 26-2-235, 26-2-236, 26-2-237, 26-2-238, 26-2-239, 26-2-240, 26-2-241, 26-2-242, 26-2-243, 26-2-244, 26-2-245, 26-2-246, 26-2-247, 26-2-248, 26-2-249, 26-2-250, 26-2-251, 26-2-252, 26-2-253, 26-2-254, 26-2-255, 26-2-256, 26-2-257, 26-2-258, 26-2-259, 26-2-260, 26-2-261, 26-2-262, 26-2-263, 26-2-264, 26-2-265, 26-2-266, 26-2-267, 26-2-268, 26-2-269, 26-2-270, 26-2-271, 26-2-272, 26-2-273, 26-2-274, 26-2-275, 26-2-276, 26-2-277, 26-2-278, 26-2-279, 26-2-280, 26-2-281, 26-2-282, 26-2-283, 26-2-284, 26-2-285, 26-2-286, 26-2-287, 26-2-288, 26-2-289, 26-2-290, 26-2-291, 26-2-292, 26-2-293, 26-2-294, 26-2-295, 26-2-296, 26-2-297, 26-2-298, 26-2-299, 26-2-300, 26-2-301, 26-2-302, 26-2-303, 26-2-304, 26-2-305, 26-2-306, 26-2-307, 26-2-308, 26-2-309, 26-2-310, 26-2-311, 26-2-312, 26-2-313, 26-2-314, 26-2-315, 26-2-316, 26-2-317, 26-2-318, 26-2-319, 26-2-320, 26-2-321, 26-2-322, 26-2-323, 26-2-324, 26-2-325, 26-2-326, 26-2-327, 26-2-328, 26-2-329, 26-2-330, 26-2-331, 26-2-332, 26-2-333, 26-2-334, 26-2-335, 26-2-336, 26-2-337, 26-2-338, 26-2-339, 26-2-340, 26-2-341, 26-2-342, 26-2-343, 26-2-344, 26-2-345, 26-2-346, 26-2-347, 26-2-348, 26-2-349, 26-2-350, 26-2-351, 26-2-352, 26-2-353, 26-2-354, 26-2-355, 26-2-356, 26-2-357, 26-2-358, 26-2-359, 26-2-360, 26-2-361, 26-2-362, 26-2-363, 26-2-364, 26-2-365, 26-2-366, 26-2-367, 26-2-368, 26-2-369, 26-2-370, 26-2-371, 26-2-372, 26-2-373, 26-2-374, 26-2-375, 26-2-376, 26-2-377, 26-2-378, 26-2-379, 26-2-380, 26-2-381, 26-2-382, 26-2-383, 26-2-384, 26-2-385, 26-2-386, 26-2-387, 26-2-388, 26-2-389, 26-2-390, 26-2-391, 26-2-392, 26-2-393, 26-2-394, 26-2-395, 26-2-396, 26-2-397, 26-2-398, 26-2-399, 26-2-400, 26-2-401, 26-2-402, 26-2-403, 26-2-404, 26-2-405, 26-2-406, 26-2-407, 26-2-408, 26-2-409, 26-2-410, 26-2-411, 26-2-412, 26-2-413, 26-2-414, 26-2-415, 26-2-416, 26-2-417, 26-2-418, 26-2-419, 26-2-420, 26-2-421, 26-2-422, 26-2-423, 26-2-424, 26-2-425, 26-2-426, 26-2-427, 26-2-428, 26-2-429, 26-2-430, 26-2-431, 26-2-432, 26-2-433, 26-2-434, 26-2-435, 26-2-436, 26-2-437, 26-2-438, 26-2-439, 26-2-440, 26-2-441, 26-2-442, 26-2-443, 26-2-444, 26-2-445, 26-2-446, 26-2-447, 26-2-448, 26-2-449, 26-2-450, 26-2-451, 26-2-452, 26-2-453, 26-2-454, 26-2-455, 26-2-456, 26-2-457, 26-2-458, 26-2-459, 26-2-460, 26-2-461, 26-2-462, 26-2-463, 26-2-464, 26-2-465, 26-2-466, 26-2-467, 26-2-468, 26-2-469, 26-2-470, 26-2-471, 26-2-472, 26-2-473, 26-2-474, 26-2-475, 26-2-476, 26-2-477, 26-2-478, 26-2-479, 26-2-480, 26-2-481, 26-2-482, 26-2-483, 26-2-484, 26-2-485, 26-2-486, 26-2-487, 26-2-488, 26-2-489, 26-2-490, 26-2-491, 26-2-492, 26-2-493, 26-2-494, 26-2-495, 26-2-496, 26-2-497, 26-2-498, 26-2-499, 26-2-500, 26-2-501, 26-2-502, 26-2-503, 26-2-504, 26-2-505, 26-2-506, 26-2-507, 26-2-508, 26-2-509, 26-2-510, 26-2-511, 26-2-512, 26-2-513, 26-2-514, 26-2-515, 26-2-516, 26-2-517, 26-2-518, 26-2-519, 26-2-520, 26-2-521, 26-2-522, 26-2-523, 26-2-524, 26-2



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE

99

Establishment Name: Madison Senior Center Type of Establishment: ☒ Farmer's Market Food Unit ☒ Permanent ☐ Mobile

Address: 301 Madison St. ☐ Temporary ☐ Seasonal

Nashville Time in: 01:25 PM AM / PM Time out: 02:00 PM AM / PM

Inspection Date: 10/30/2025 Establishment #: 605123494 Embargoed: 0

Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category: ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required: ☐ Yes ☒ No Number of Seats: 10

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS
(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Item	IN	OUT	NA	NO	Description	COS	R	WT
Supervision								
1	☒	☐	☐	☐	Person in charge present, demonstrates knowledge, and performs duties	☐	☐	5
Employee Health								
2	☒	☐	☐	☐	Management and food employees aware of, reporting	☐	☐	5
3	☒	☐	☐	☐	Proper use of respiration and exclusion	☐	☐	5
Good Hygienic Practices								
4	☒	☐	☐	☐	Proper eating, drinking, or tobacco use	☐	☐	5
5	☒	☐	☐	☐	Hand discharge from eyes, nose, and mouth	☐	☐	5
Preventing Contamination by Hands								
6	☒	☐	☐	☐	Hands clean and properly washed	☐	☐	5
7	☒	☐	☐	☐	No bare hand contact with ready-to-eat foods or approved shellfish products, following	☐	☐	5
Approved Source								
8	☒	☐	☐	☐	Handwashing sinks properly supplied and accessible	☐	☐	2
9	☒	☐	☐	☐	Food obtained from approved source	☐	☐	5
10	☒	☐	☐	☐	Food received at proper temperature	☐	☐	5
11	☒	☐	☐	☐	Food in good condition, date, and clearly labeled	☐	☐	5
12	☒	☐	☐	☐	Required records available, shell stock tags, parasite destruction	☐	☐	5
Protection from Contamination								
13	☒	☐	☐	☐	Food separated and protected	☐	☐	4
14	☒	☐	☐	☐	Food-contact surfaces, cleaned and sanitized	☐	☐	5
15	☒	☐	☐	☐	Proper disposal of unsafe food, returned food not re-served	☐	☐	2

Item	IN	OUT	NA	NO	Description	COS	R	WT
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods								
16	☒	☐	☐	☐	Proper cooking time and temperatures	☐	☐	5
17	☒	☐	☐	☐	Proper reheating procedures for hot holding	☐	☐	5
Cooling and Holding, Date Marking, and Time as a Public Health Control								
18	☒	☐	☐	☐	Proper cooling time and temperature	☐	☐	5
19	☒	☐	☐	☐	Proper hot holding temperatures	☐	☐	5
20	☒	☐	☐	☐	Proper cold holding temperatures	☐	☐	5
21	☒	☐	☐	☐	Proper date marking and disposition	☐	☐	5
22	☒	☐	☐	☐	Time as a public health control, procedures and records	☐	☐	5
Consumer Advisory								
23	☒	☐	☐	☐	Consumer advisory provided for raw and undercooked food	☐	☐	4
Highly Susceptible Populations								
24	☒	☐	☐	☐	Pasteurized foods used, prohibited foods not offered	☐	☐	5
Chemicals								
25	☒	☐	☐	☐	Food additives approved and properly used	☐	☐	5
26	☒	☐	☐	☐	Toxic substances properly identified, stored, used	☐	☐	5
Compliance with Approved Procedures								
27	☒	☐	☐	☐	Compliance with variance, specialized process, and HACCP plan	☐	☐	5

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES
(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Item	IN	OUT	NA	NO	Description	COS	R	WT
Safe Food and Water								
28	☒	☐	☐	☐	Pasteurized eggs used where required	☐	☐	1
29	☒	☐	☐	☐	Water and ice from approved source	☐	☐	2
30	☒	☐	☐	☐	Variance held for use, a food processing method	☐	☐	1
Food Temperature Control								
31	☒	☐	☐	☐	Proper cooking methods used, a adequate equipment for temperature control	☐	☐	2
32	☒	☐	☐	☐	Plant food properly cooked for hot holding	☐	☐	1
33	☒	☐	☐	☐	Approved thawing methods used	☐	☐	1
34	☒	☐	☐	☐	Thermometers provided and accurate	☐	☐	1
Food Identification								
35	☒	☐	☐	☐	Food properly labeled, original container, required records available	☐	☐	1
Prevention of Food Contamination								
36	☒	☐	☐	☐	Insects, rodents, and animals not present	☐	☐	2
37	☒	☐	☐	☐	Contamination prevented during food preparation, storage & display	☐	☐	1
38	☒	☐	☐	☐	Personal cleanliness	☐	☐	1
39	☒	☐	☐	☐	Washing (scrub, sanitize) and stored	☐	☐	1
40	☒	☐	☐	☐	Washing fruits and vegetables	☐	☐	1
Proper Use of Utensils								
41	☒	☐	☐	☐	In-use utensils properly stored	☐	☐	1
42	☒	☐	☐	☐	Utensils, equipment and linens properly stored, dried, handled	☐	☐	1
43	☒	☐	☐	☐	Single-use/single service articles, properly stored, used	☐	☐	1
44	☒	☐	☐	☐	Utensils used properly	☐	☐	1

Item	IN	OUT	NA	NO	Description	COS	R	WT
Utensils and Equipment								
45	☒	☐	☐	☐	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	☐	☐	1
46	☒	☐	☐	☐	Warewashing facilities, installed, maintained, used, test strips	☐	☐	1
47	☒	☐	☐	☐	Nonfood-contact surfaces clean	☐	☐	1
Physical Facilities								
48	☒	☐	☐	☐	Hot and cold water available, adequate pressure	☐	☐	2
49	☒	☐	☐	☐	Plumbing installed, proper backflow devices	☐	☐	2
50	☒	☐	☐	☐	Sewage and waste water properly disposed	☐	☐	2
51	☒	☐	☐	☐	Toilet facilities, properly constructed, supplied, cleaned	☐	☐	1
52	☒	☐	☐	☐	Garbage/refuse properly disposed, facilities maintained	☐	☐	1
53	☒	☐	☐	☐	Physical facilities installed, maintained, and clean	☐	☐	1
54	☒	☐	☐	☐	Adequate ventilation and lighting, designated areas used	☐	☐	1
Administrative Items								
55	☒	☐	☐	☐	Current permit posted	☐	☐	0
56	☒	☐	☐	☐	Most recent inspection posted	☐	☐	0
Compliance Status								
								YES NO WT
Non-Smokers Protection Act								
57	☒	☐	☐	☐	Compliance with TN Non-Smoker Protection Act	☐	☐	0
58	☒	☐	☐	☐	Tobacco products offered for sale	☐	☐	0
59	☒	☐	☐	☐	If tobacco products are sold, TSNR survey completed	☐	☐	0

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Items identified as contributing to serious health threats shall be corrected immediately or operators shall leave. For a complete list of violations, see the Food Service Establishment Permit Application and Inspection Report (in a computerized format). You have the right to request a hearing regarding this report by filing a request with the Commissioner within 10 days of the date of this report. (See the Tennessee Food Service Act, TFSA, for more information.)

Signature of Person in Charge: [Signature] Date: 10/30/2025 Signature of Environmental Health Specialist: [Signature] Date: 10/30/2025

*** Additional food safety information can be found on our website: <http://tn.gov/health/article/en-food-service> ***

Free food safety training classes are available each month at the county health department. Please call () 6153405620 to sign-up for a class. RCA 625



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS**

**665 Mainstream Dr.
Nashville, TN 37243**

tn.gov/health

**TENNESSEE BOARD OF DIETITIANS/NUTRITIONIST EXAMINERS
1-800-778-4123 or (615) 532-5132**

August 13, 2025

TO WHOM IT MAY CONCERN:

This letter serves as primary source verification of licensure in the State of Tennessee. To expedite the verification process, this is the standard format used by the Board of Dietitians/Nutritionist Examiners. The Board of Dietitians/Nutritionist Examiners is pleased to furnish the following information from our files:

PROFESSION : Dietitian/Nutritionist
RANK : Licensed Dietitian/Nutritionist
NAME : Compston, Elise
LICENSE NUMBER: 4921
ISSUE DATE : 06/17/2024
EXPIRATION DATE : 06/30/2027
CURRENT STATUS : Licensed
STATUS DATE : 06/17/2024
SPECIAL ENDORSEMENTS :

COMMENTS : There is no history of disciplinary action on this license. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Tennessee Board of Dietitians/Nutritionist Examiners



License No. 4921



State of

Tennessee

Licensed Dietitian / Nutritionist

This certifies that MRS. ELISE COMPSTON has complied with the official Code of Tennessee and all of the amendatory acts thereto to practice as a Dietitian / Nutritionist.

Therefore, by the authority granted in Tennessee Code Annotated Section 63-25-109, the aforesaid is licensed to practice in the State of Tennessee.

This the 17th day of June, 2024.

TENNESSEE DEPARTMENT OF HEALTH

Robert L. Garrison
Commissioner, Dept. of Health

Jennifer L. Garrison, Esq.
Assistant Commissioner, Health Licensure & Regulation

Jennifer L. Garrison
Secretary

Morgan Anderson

R. L. Garrison

Robert L. Garrison, Esq.

Emily A. Smith MS, RD, LD, CCTD



Service Rates - Nutrition Services

RFP 2026-05

Offeror Agency Name: Metro Nashville Government: Social ServicesCompleted By: Tammy Hunt Date: 3/10/2026Signed: 

For each meal type proposed, provide the Offeror's usual and customary rate and the rate charged to GNRC. Provide also the total cost per meal and cost breakdown for each meal type.

- Usual & Customary Rate: The rate the Offeror typically charges private pay clients per meal.
- Maximum Rate: The maximum allowable reimbursement rate for each meal type. Maximum rates are set by the TN Department of Disability and Aging.
- Rate Charged to GNRC: The amount the Offeror is proposing to charge GNRC per meal. This amount must be less than both the maximum rate and the usual & customary rate for the service.

	Congregate	Home-Delivered	Frozen	Shelf Stable
Food Cost:	5.06	5.06	5.62	5.34
Labor Cost:	1.54	1.84	.53	.81
Equipment Cost:	.25	.25	.25	.25
Utility Cost:	n/a	n/a	n/a	n/a
All Other Cost:	.50	.50	.25	.25
Delivery Cost (if applicable):	n/a	.50	.50	.50
Total Cost Per Meal:	7.35	8.15	7.15	7.15
Usual & Customary Rate	7.35	8.15	7.15	7.15
Maximum Reimbursement Rate:	\$7.35	\$8.15	\$7.15	\$7.15
Rate Charged to GNRC:	7.35	8.15	7.15	7.15

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Executive Director
Metro Social Services

Metropolitan Government of Nashville and Davidson County

Item 7. History and Experience



Item 7. History and Experience



Metro Social Services' Nutrition program have been providing congregate and home delivered meals (HDM) since the early '70's under the guidelines of the Older Americans Act (OAA) Title III and Tennessee Commission on Aging and Disability (TCAD) policies and procedures. Eligibility for participation in the congregate meal program is based on age. Participants must be at least 60 years of age or must be the spouse of someone 60 years or older. Disabled persons under 60 years of age who reside in a senior high-rise development where congregate meals are served are eligible to participate. Eligibility requirements for home delivered meals must be age 60 or older, confined to home (illness, incapacitation or disability, unable to prepare own meals, lack of family support and must live in Davidson County for both programs.

Metro Social Services' Nutrition program is aimed at promoting better health among the older segment of the population through improved nutrition, providing opportunities for socializing through a wide range of activities, including crafts, board games, and discussion groups. Metro Social Services Nutrition Program aims to reduce the isolation of the elderly by offering an opportunity to live their remaining years in dignity.

Metro Social Services Nutrition program will ensure that eligible seniors, disabled persons, and their caregiver(s) are provided with nutritionally sound Home delivered, and Congregate Meals are served in designated community centers, senior citizens centers, and other public and private facilities throughout Davidson County.

The History of Metropolitan Social Services From Then to Now



Before MSS

- 1879** - State Legislature that administering “poor relief” was responsibility of Justices of the Peace.
- 1937** - Tennessee Welfare Act provided the state would share responsibility for assistance to the needy elderly and blind persons and dependent children.
- 1943** - City of Nashville created a Department of Welfare.
- 1953** - State Legislature authorized sharing responsibility for aid to permanently and totally disabled persons.
- 1955** - Creation of the Davidson County Welfare Commission, through private act of the State Legislature. First Executive Director hired.
- * Administered by 9-member Board
- * Provide general relief to residents and nonresidents in Davidson County, engage in study and research on cause of financial dependency and enter into cooperative agreements with other State and City welfare agencies for the administration of welfare programs.

Metropolitan Social Services

5 Executive Directors



Camilla Caldwell

William Moynihan

Michael Miller

Dorothy Berry

Geraldine Robinson



Renee Pratt



Growth and Expansion

- Late 1960s – Health Certification began to screen applicants for health services and medication from the Health Department
- 1970s – Child Care Center opened to provide care for children of low-income working parents; Home Management began and help people facing evictions and other problems; using federal Older Americans funds, began Adult Day Care at Knowles Home and a Nutrition Program with 20 meal sites

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a. A description of the Offeror's experience providing services under similar contracts:

During the 2016 -2017 Fiscal Year, Metropolitan Social Services:

- Served a total of **156,847 units of meals to 10,245 seniors** through the congregational and homebound senior nutrition programs.
- Provided **8,124 trips for 919 seniors** to congregate meal sites and critical medical appointments.

During the 2020 -2021 Fiscal Year (COVID) Metropolitan Social Services:

- Served a total of **234,268 units of HDM meals to 9,420 seniors** through the congregational and homebound senior nutrition programs.
- Provided **53 medical trips to 19 seniors** to critical medical appointments
- **Transportation to and from the Congregate meal sites were suspended due to the COVID Restrictions**

b. A description of the Offeror's organizational experience in working with older adults or adults with disabilities, including the number of nutrition services clients the Offeror has served in the **last year**

During the 2024-2025 Fiscal Year Metropolitan Social Services:

- Served a total of **197,565 units of HDM meals to 10,222 seniors** through the congregational and homebound senior nutrition programs.
- Provided **18 medical trips to 14 seniors** to critical medical appointments
- Provided **3,505 trips for 361 seniors** to congregate meals sites.



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RFP-2026-05 Nutrition Services for Older or Disabled Adults

Service Delivery

A.

I. Description of daily operations

Congregate sites-

1. Designated staff is responsible for checking the Cambro for the food quantity and appropriate food temp upon delivery. If temperatures are out of range the designee should call and report it to a Metro Social Services Nutrition Supervisor.
2. The lunch meal is to be served between 11:00am and 11:30am. This may vary depending on the site and the food delivery time.
3. Remove pans from Cambro cart and take temperatures and record on delivery ticket and temperature log.
4. After everyone is served, call for seconds if there are leftovers. Serving time for meals is to be no more than 15 minutes.
5. Count names registered for the next working day. Fax in exact count and estimate for the second day to the office before 12:30 (880-2291).
6. The designee counts donations; money is counted and recorded on the Contribution Record.
7. The designee and a witness should sign the contribution record.
8. An MSS employee makes deposits when the cash on hand equals \$25.00.
9. An MSS employee will be responsible for ensuring that new customers are assessed correctly and added to the roster once contacted by the High-Rise or Community Center staff.
10. An MSS employee will be responsible for ensuring that customer is re-assessed correctly per policy and to ensure compliance with the grant.
11. An MSS employee will be responsible for the monthly paperwork for the self-operated site. The High-Rise or Community Center staff is responsible for having the daily documentation complete and ready for pick-up from the Metro employee.
12. An MSS employee will make periodic unannounced visits to all self-operated sites to ensure the following:
 - a. All required documentation is visible per the grantor and the Health Department



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- b. The site is being operated properly, and all universal precautions and health department requirements are being met.
- c. The site is operating as intended and any issues with customers, food etc. are being addressed and/or resolved in a timely manner.
- 13. There will be annual site inspections from Metro Social Services, Greater Nashville Regional Council (GNRC) and Health Department to all self-operated sites, and the High-Rise or Community Center staff will be held responsible to comply.
- 14. All High-Rise or Community Center staff of self-operated sites will receive all necessary training and support from Metro Social Services employees.

Home-Delivered Meals

- 1. Van Drivers begin the normal workday by 8:00 am. (but not sooner than 7:55 am). Van Drivers must sign in and out daily. MSS cell phones should be charged daily and operational, within reach of the Van Driver throughout the daily shift.
- 2. Van Drivers must sign out and in the vehicle keys daily.
- 3. Van Drivers are to perform vehicle safety checks every morning to ensure a safe trip. Every Friday or last working day of the week. Van Drivers are to submit their vehicle inspection sheet after their delivery route is completed. If there is anything abnormal when performing the vehicle inspection, Van Drivers will report the findings verbally and written to the Program Supervisor and Fleet Management Coordinator.
- 4. Van Drivers must ensure the vehicle's gas tank is above ½ a tank. If the vehicle is ½ of a tank or lower, the Van Driver must re-fill the tank before the end of the shift. On the last working day of the week, the Van Driver will ensure the gas tank is full before returning to the Metro Social Services office.
- 5. When delivering homebound meals, Van Drivers are responsible for ensuring that only the customer signs for their meals unless written documentation is in the customer's file.
- 6. If a customer does not answer the door during meal delivery:
 - a. Call the customer to ensure they are not home. also call the office or your supervisor who may also call the customer while you are at their door)
 - b. Leave a door hanger on the customer's door with the delivery date, time, and next expected delivery.
 - c. Indicate the meal was missed by documenting the missed visit on the correct forms (i.e., missed visit form, customer task sheet, and an email sent to the program supervisor)



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- d. DO NOT LEAVE THE MEALS WITH ANYONE UNAUTHORIZED OR UNATTENDED AT THE RESIDENCE.
- e. Take the meals with you. Offer the leftover meals to the next individual on the delivery route. Customers are allowed a maximum of 2 extra 5-pk.
- f. If no customer wants the leftover meals, inform the program supervisor before coming into the office and count them as wasted meals if necessary. Do not place any left-over meals in a dumpster or trash can unless authorized by management staff.

II. Description of proposed screening procedures to ensure participants meet program eligibility.

Metro Social Services will assess all customers participating in the congregate meals program to ensure compliance with Metro Social Services and GNRC's requirements for services. Nutrition Screening is used in making decisions regarding customers' continued eligibility to receive services in the senior nutrition program

III. Describe how your agency will utilize NSIP funds to purchase United States agricultural commodities and other foods of United States Origin.

NSIP funds will be utilized to provide/serve meals that meet the nutrition requirements as defined by the Older Americans Act and will comply with meeting 1/3 dietary reference intake and the Dietary Guidelines for Americans. NSIP meals will be served to eligible seniors.

The seniors will not be charged a set fee for the NSIP meals, they will be provided with an opportunity to make voluntary contributions to the cost of the meal.

IV. Service Deliver – Describe the complete food preparation, operating and delivery system for each type of meal being proposed, including:

Frozen Meals: Frozen meals are produced and purchased from Trio Food Services, the meals are delivered to their local facility in Nashville and then stored in a designated freezer until scheduled pick up by Metro Social Services.



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Hot Meals: Hot prepacked meals are prepared by approved recipes following the guidelines set by the RFP and approved by TRIO's dietician and by MSS. Meals are prepared on site at TRIO's local facility. Each daily meal is planned and prepared by cooking in stages to ensure proper cooking, cooling and temperature requirements are followed.

Hot and Cold Meals: Are delivered by van to designated sites using insulated delivery bags utilizing cam warmers or ice to assist with maintaining temperatures.

Frozen meals: Are produced following strict quality standards and blast frozen. Each meal is plated and sealed in black CPET trays which allow them to be reheated in a microwave or conventional oven. The meals are individually labeled with the components on the meal listed, heating instructions and a code date indicating the date of production. Once the frozen meals are packed, they are stored in freezers. The freezers are maintained at 0 degrees or below and are continuously monitored with a computer system. The freezers are also physically checked by personnel 3 times per day. All frozen meals are shipped in commercial frozen freight trucks.

All frozen meals are packed in 3-compartment, black CPET trays and sealed. The meals can be heated in both the microwave and conventional ovens. Each tray has a label indicating the meal number, meal components, heating instructions and packaging date. Packaged meals are packed in corrugated boxes. The boxes contain frozen meals and all components. Each box contains a label showing the pack size, week number, ingredient statements for each frozen meal and a list of the components. The box also shows the net weight of the box and the USDA seal. All boxes are stacked on pallets, wrapped in plastic to be shipped.

Freezing Times:

Cooked potentially hazardous foods shall be cooled:

Within two (2) hours from 135 degrees to 70 degrees F and within a total of six (6) hours from 135 degrees to 41 degrees F or less

Potentially hazardous food shall be cooled:

Within four (4) hours to 41 degrees F or less if prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna.

Identify the equipment used to rapidly freeze the food and length of time that frozen meals will be stored before delivery.



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Nitrogen cabinets are utilized to rapidly freeze frozen food. Frozen food/meals can be stored at 0 degrees for 1 year.

V. Describe how and when Congregate Meal participants will receive nutrition screening and nutrition education

Metro Social Services will assess all customers participating in the congregate meals program to ensure compliance with Metro Social Services and GNRC's requirements for services. Nutrition Screening is used in making decisions regarding customers' continued eligibility to receive services in the senior nutrition program. Nutrition Education will be provided monthly to each congregate meal participant.

The nutrition screening is conducted on-site at the time the customer applies for congregate services. The site manager is responsible for completing the participant registration from packet on the customer.

VI. Submit the name of the RD/ICE that the program will utilize and submit a copy of the License and Certification, which includes the license/certification number.

Metro Social Services utilizes the services of Elise Compston LDN (License No. 4921) to review and evaluate the menus/menu analysis submitted by our food provider, Trio. License (**Attachment**)

VII. Copies of menus and nutrient analysis (Attachment**)**

VIII. Indicate the type(s) of therapeutic meals (diabetic, pureed, low sodium, etc.) you can prepare.

All meals that are provided by Trio are low sodium and meet the senior dietary requirements, all frozen meals meet diabetic and low sodium needs.

IX. Provide a detailed description of why frozen meals are being proposed for utilization.

Administrative Reason.



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Cost Effectiveness- will meals that are delivered in bulk have a lower unit cost vs. hot meals delivered daily?
Percentage of frozen meals to be provided.

Frozen Meals are being proposed for utilization due to it is cost effective to deliver in bulk, which provides a much lower unit cost. 56% of frozen meals will be provided.

If Shelf Stable Meals are utilized, how and when will they be distributed to clients?

Each fiscal year MSS provides every customer with 10 emergency shelf stable meals. The meals are distributed in April (2 meals), May (2 meals), October (2 meals), November (2 meals), and December (2 meals).

X. Service Delivery -Describe how information on program income and donations will be provided to program participants and other interested parties. Include a description of procedures and mechanisms for collection, use and management of program income and donations. All donations must be accounted for and submitted to the AAAD as designated.

Metro Social Services Nutrition Program displays a flyer on the outside of the locked donation box at each congregate meal site informing participants donations are accepted in the form of cash or check made payable to Metro Social Services. Donations enable the nutrition program to serve more people and provide other engaging activities for seniors. The suggested contribution scale is disclosed on the flyer (**Attachment**).

Nutrition site managers collect the donations from the locked donation box and make regular deposits directly into Metro's Operational bank account. The designated volunteer and the site manager will count and record contributions daily.

Deposits are made daily- or when the cash on hand equals \$20.00 (there should never be more than \$25.00 at any site for any reason). Nutrition staff will compare monthly deposit reports with reports generated from central accounting system that summarize collections for each month. Any discrepancies will be resolved.



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A copy of the donation flyer is provided to participants receiving home delivered meals. The van drivers will collect donations from the participants by check only. The check is made payable to Metro Social Services. The van driver will place the donation in a sealed envelope and locked in the van until arriving at the office. The van driver will give the sealed envelope to the program supervisor or designated staff that will place the sealed envelope in the safe deposit box located in the office of the Chief Financial Officer. No cash donations will be accepted at any time.

Donations will be used to increase the number of meals served and to provide other supportive services directly related to nutrition services.

Donations are accounted for on the finance report submitted monthly by Metro Social Services Chief Financial Officer to GNRC (Greater Nashville Regional Council).

XI. Description of delivery system for each type of meal being proposed, including timeframes for delivery throughout the proposed service area, for Home-Delivered meals.

Frozen Meals: Frozen meals are produced and purchased from Trio Food Services, the meals are delivered to their local facility in Nashville and then stored in a designated freezer until scheduled pick up by Metro Social Services.

Hot Meals: Hot prepacked meals are prepared by approved recipes following the guidelines set by the RFP and approved by TRIO's dietician and by MSS. Meals are prepared on site at TRIO's local facility. Each daily meal is planned and prepared by cooking in stages to ensure proper cooking, cooling and temperature requirements are followed.

Hot and Cold Meals: Are delivered by van to designated sites using insulated delivery bags utilizing cam warmers or ice to assist with maintaining temperatures.

1. Designated staff is responsible for checking the Cambro for the food quantity and appropriate food temp upon delivery. If temperatures are out of range the designee should call and report it to a Metro Social Services Nutrition Supervisor.



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2. Home-Delivered meals at congregate sites are delivered by volunteers before lunch meal is served. The lunch meal is to be served between 11:00am and 11:30am

Frozen meals: Are produced following strict quality standards and blast frozen. Each meal is plated and sealed in black CPET trays which allow them to be reheated in a microwave or conventional oven. The meals are individually labeled with the components on the meal listed, heating instructions and a code date indicating the date of production. Once the frozen meals are packed, they are stored in freezers. The freezers are maintained at 0 degrees or below and are continuously monitored with a computer system. The freezers are also physically checked by personnel 3 times per day. All frozen meals are shipped in commercial frozen freight trucks.

All frozen meals are packed in 3-compartment, black CPET trays and sealed. The meals can be heated in both the microwave and conventional ovens. Each tray has a label indicating the meal number, meal components, heating instructions and packaging date. Packaged meals are packed in corrugated boxes. The boxes contain frozen meals and all components. Each box contains a label showing the pack size, week number, ingredient statements for each frozen meal and a list of the components. The box also shows the net weight of the box and the USDA seal. All boxes are stacked on pallets, wrapped in plastic to be shipped.

Freezing Times:

Cooked potentially hazardous foods shall be cooled:

Within two (2) hours from 135 degrees to 70 degrees F and within a total of six (6) hours from 135 degrees to 41 degrees F or less

Potentially hazardous food shall be cooled:

Within four (4) hours to 41 degrees F or less if prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna.

Identify the equipment used to rapidly freeze the food and length of time that frozen meals will be stored before delivery.

Nitrogen cabinets are utilized to rapidly freeze frozen food. Frozen food/meals can be stored at 0 degrees for 1 year.



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Pickup from Trio-local site

1. When loading meals at Trio in the morning it should take 20-30 minutes at the most, including when you have doubles. Home-Delivered meals are provided between the hours of 9:00 a.m.-3:00 p.m.
2. If there is a stop that takes longer than 15 minutes you need to make sure that your supervisor is made aware that you had a situation at the customer's home which delayed, you. Upon your arrival to the office it needs to be documented on the task sheet.
3. When you take your lunch break you must call and speak to your direct supervisor to sign out for lunch and back in. If you can't contact your supervisor, then contact the nutrition program manager 615-880-2292 unless told different.
4. All customers must sign for their own meals every time their meals are delivered to them. Never sign the customer's name for receiving meals. Never leave the meals on the porch (outside anywhere), or with another person unless Management has approved this.

XII. A. Site List- Attachment

XII. B. Service Delivery – Congregate sites: Describe the accessibility features of the facility for persons with disabilities.

Each Service/Program Venue and collaborating agencies and/or sites shall meet accessibility requirements as prescribed by the Older Americans Act, state and local government. Narrative description and, if necessary, applicable attachments must demonstrate compliance.

Metro Social Services has a Cooperative Agreement with all Congregate Meal Sites which includes compliance with the Americans with Disabilities Act. The Partner Agency is required to provide assurances that it does not discriminate based on disability in admission to, access to, or operations of its program, services, or activities, including hiring and employment practices. The Partner agency will



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ensure that qualified applicants and participants with disabilities in its services, programs, and activities have communication access that is equally effective as that provided to people without disabilities. Information shall be made available in accessible formats and, auxiliary aids and services shall be provided at the reasonable request of a qualified person with a disability. **(Agreement attached).**

XII.C. Provide documentation demonstrating compliance with local health department and safety codes (Sanitation and Fire) for each Service/Program venue as applicable. Submit any copies of fire inspections and proof of fire safety information posted.

Congregate Sites: Include fire safety policies and procedures for each Service/Program Venue. Fire safety procedures should include fire drills, safety inspections, maintenance of fire extinguishers, and periodic inspection and training by fire department personnel. If not indicated in policies and procedures, validate that fire safety information is posted in the facility.

Copies of all fire safety procedures (fire drills, safety inspections, maintenance of fire extinguishers, and periodic inspections by fire department personnel) are kept on file at the congregate meal sites and the current inspection report are posted at the congregate meal sites in a location for the customers and public to see.

B.

I. The process for ensuring all meal plans will meet the most recent Dietary Guidelines and Dietary Reference Intakes.

All menus are approved by a licensed dietician or ICE. The approval sheet is attached and can be used for the entire menu cycle. Menus are planned for a minimum of four weeks; all approved menus may be repeated in a three month's cycle. Menus are certified in writing by the RD or ICE as meeting the current dietary reference intake (DRI). Menu substitutions must be approved by the RD or ICE.

II. Service Delivery – Explain the organization's policy process for conducting Customer Satisfaction Surveys and attach



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the result of you most recent Customer Satisfaction Survey Report showing the percentage of satisfied customers for the period.

Congregate and Home Delivered Meal participants will have the opportunity to evaluate meals and services during their yearly and six-month reassessments.

III. Most recent Customer Satisfaction Survey Report (Attachment)

IV. Annual Health inspections, including kitchens and service sites. (Attachment)

V. Process for ongoing assessment of the following:

A. Provision of Nutrition Screening and Nutrition Education to all participants. The nutrition screening is conducted on-site at the time the customer applies for congregate services. The site manager is responsible for completing the participant registration from packet on the customer.

B. Appropriate follow-up for participants identified with a nutritional risk. Congregate meal customers that are at nutritional risk will be provided with an opportunity to receive nutritional consultation. If the customer is interested in receiving consultation, the program manager or site monitor will refer customer to the PCP for nutritional counseling.

C. Posting of current inspections at all related facilities. Metro Social Services maintains and posts current inspections required at all congregate meal sites. Copies of the inspections are maintained at the main office.

C. Service Delivery- Weather Related Emergencies Plan:

Describe your agency's plan regarding weather-related emergencies/ Include the following information:

- Conditions under which the agency will be closed.



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- Describe weather related emergency plans to ensure elderly clients receive services they need during emergency situations. Submit name of contact persons.
- Plan for receiving emergency call for assistance.

MSS EMERGENCY PLAN

Shelf stable meals are ordered in bulk, stored, and secured in preparation of inclement weather. When inclement weather is expected, MSS staff will implement the emergency food plan.

Emergency Food Plan:

Each fiscal year MSS provides every customer with a minimum of 5 emergency shelf stable meals. The meals are distributed in March (5 meals), May (5 meals), October (5 meals), November (5 meals), and December (5 meals).

The meals are distributed via the Metro Social Services assigned site manager and van drivers. The meals are clearly labeled (emergency use) to the customers with specific instructions. The meals are used for congregate meal sites, or the van driver is unable to deliver the meals.

Upon receiving the emergency meals, the customer will sign the roster stating that they have received the meals, and they know the purpose of the emergency shelf stable meals.

In the event of inclement weather MSS will leave a pre-recorded message on the Nutrition phone line that will inform the customers to leave their name and contact number if they need food.

The contact persons: Gregory Perry (Program Manager) and Oscar Holt (Program Supervisor)

D.

Service Delivery - Ensure compliance with Background Records Checks on employees having contact with consumers.



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Metropolitan Government of Nashville and Davidson County

Pre-employment reference and background checks are completed on all employees and volunteers at the time of a job offer. A local or state criminal background check may be waived for volunteers who work in the nutrition program.

Background checks of the National Sex Offender Registry, Tennessee Felony Offender Registry and the Tennessee Abuse Registry will be performed and documented yearly.



Freddie O'Connell
Mayor



Renee Pratt
Executive Director
Metro Social Services

Metropolitan Government of Nashville and Davidson County

RFP-2026-05 Nutrition Services for Older or Disabled Adults

Attachments

- A. VII. Menu with Nutrient Analysis
 - X. Donation flyer
 - XII. A. Current congregate sites list
 - XII. B. ADA compliance letter and site MOU
- B. III. Customer satisfaction survey report
- IV. Health Inspections



April

Metro Nashville Social Services



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
4/6/2026	4/7/2026	4/8/2026	4/9/2026	4/10/2026
French Toast Sausage Patty Spiced Apples Orange Juice Milk Diet Syrup	Chili Tater Tots Whole Kernel Corn Cornbread Chocolate Moon Pie Milk Margarine Sour Cream	Hamburger Patty Lettuce & Tomato Baked Beans Sliced Carrots Hamburger Bun Strawberry Applesauce Milk Ketchup Mayonnaise	Hawaiian Chicken Sandwich Macaroni & Cheese Green Peas Hamburger Bun Double Chocolate Chip Cookie Milk	Spaghetti Casserole Mixed Vegetables Garlic Bread Diet Pear Crumble Milk
4/13/2026	4/14/2026	4/15/2026	4/16/2026	4/17/2026
Beef Cheesesteak Sandwich Broccoli Whole Kernel Corn Hamburger Bun Butterscotch Pudding Milk	BBQ Pork Rib Patty Coleslaw Green Beans Hot Dog Bun Hot Spiced Peaches Milk	Salisbury Steak w/Brown Gravy Whipped Potatoes Seasoned Cabbage Cornbread Lemon Bar Milk Margarine	Turkey-Ham Mac & Cheese Green Peas Multi-Grain Bread Diet Apple Crisp Milk Margarine	Chicken Salad Pasta Salad Carrot Raisin Salad Waverly Crackers Carnival Cookie Milk
4/20/2026	4/21/2026	4/22/2026	4/23/2026	4/24/2026
Grilled Chicken Sandwich w/Special Sauce Cut Yams Green Beans Hamburger Bun Oreo Cookies Milk	Swedish Meatballs Whipped Potatoes Lima Beans Wheat Bread Nutty Buddy Bar Milk Margarine	Korean BBQ Pork Loin Macaroni & Cheese Japanese Vegetables Multi-Grain Bread Pineapple Tidbits Milk Margarine	Hamburger Patty American Cheese Pickle Slices Potato Wedges Whole Kernel Corn Hamburger Bun Strawberry Applesauce Milk Ketchup Mustard	Turkey Hot Dog Baked Beans Mixed Vegetables Hot Dog Bun Mandarin Oranges Milk Ketchup Mustard
4/27/2026	4/28/2026	4/29/2026	4/30/2026	
Potato Crusted Pollock Whipped Potatoes Green Peas Wheat Bread Fudge Crème Cookie Milk Margarine	Chicken Alfredo Sliced Carrots Broccoli Wheat Roll Chocolate Pudding Milk Margarine	Sloppy Joe Baked Beans Whole Kernel Corn Hamburger Bun Nutty Buddy Bar Milk	Turkey & Provolone Sandwich Lettuce/Tomato/Onion Pasta Salad Wheat Bread (2) Tropical Fruit Milk Mayonnaise	



Metro Nashville Social Services

May



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				5/1/2025
				Mongolian Meatballs Edamame Garlic Cauliflower Wheat Bread Chocolate Chip Cookie Milk Margarine
5/4/2025	5/5/2025	5/6/2025	5/7/2025	5/8/2025
French Toast Sausage Patty Spiced Apples Orange Juice Milk Diet Syrup	Spaghetti Casserole Mixed Vegetables Garlic Bread Diet Pear Crumble Milk	Hawaiian Chicken Sandwich Macaroni & Cheese Green Peas Hamburger Bun Double Chocolate Chip Cookie Milk	Chili Tater Tots Whole Kernel Corn Cornbread Chocolate Moon Pie Milk Margarine Sour Cream	Hamburger Patty Lettuce & Tomato Baked Beans Sliced Carrots Hamburger Bun Strawberry Applesauce Milk Ketchup Mayonnaise
5/11/2025	5/12/2025	5/13/2025	5/14/2025	5/15/2025
Beef Cheesesteak Sandwich Broccoli Whole Kernel Corn Hamburger Bun Butterscotch Pudding Milk	Turkey-Ham Mac & Cheese Green Peas Multi-Grain Bread Diet Apple Crisp Milk Margarine	Chicken Salad Pasta Salad Carrot Raisin Salad Waverly Crackers Carnival Cookie Milk	Salisbury Steak w/Brown Gravy Whipped Potatoes Seasoned Cabbage Cornbread Lemon Bar Milk Margarine	BBQ Pork Rib Patty Coleslaw Green Beans Hot Dog Bun Hot Spiced Peaches Milk
5/18/2025	5/19/2025	5/20/2025	5/21/2025	5/22/2025
Turkey Hot Dog Baked Beans Mixed Vegetables Hot Dog Bun Mandarin Oranges Milk Ketchup Mustard	Hamburger Patty American Cheese Pickle Slices Potato Wedges Whole Kernel Corn Hamburger Bun Strawberry Applesauce Milk Ketchup Mustard	Grilled Chicken Sandwich w/Special Sauce Cut Yams Green Beans Hamburger Bun Oreo Cookies Milk	Swedish Meatballs Whipped Potatoes Lima Beans Wheat Bread Nutty Buddy Bar Milk Margarine	Korean BBQ Pork Loin Macaroni & Cheese Japanese Vegetables Multi-Grain Bread Pineapple Tidbits Milk Margarine
5/25/2025	5/26/2025	5/27/2025	5/28/2025	5/29/2025
Closed	Chicken Alfredo Sliced Carrots Broccoli Wheat Roll Chocolate Pudding Milk Margarine	Mongolian Meatballs Edamame Garlic Cauliflower Wheat Bread Chocolate Chip Cookie Milk Margarine	Potato Crusted Pollock Whipped Potatoes Green Peas Wheat Bread Fudge Crème Cookie Milk Margarine	Turkey & Provolone Sandwich Lettuce/Tomato/Onion Pasta Salad Wheat Bread (2) Tropical Fruit Milk Mayonnaise



Metro Nashville Social Services

June

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
6/1/2026	6/2/2026	6/3/2026	6/4/2026	6/5/2026
French Toast Sausage Patty Spiced Apples Orange Juice Milk Diet Syrup	Chili Tater Tots Whole Kernel Corn Cornbread Chocolate Moon Pie Milk Margarine Sour Cream	Hamburger Patty Lettuce & Tomato Baked Beans Sliced Carrots Hamburger Bun Strawberry Applesauce Milk Ketchup Mayonnaise	Spaghetti Casserole Mixed Vegetables Garlic Bread Diet Pear Crumble Milk	Hawaiian Chicken Sandwich Macaroni & Cheese Green Peas Hamburger Bun Double Chocolate Chip Cookie Milk
6/8/2026	6/9/2026	6/10/2026	6/11/2026	6/12/2026
Beef Cheesesteak Sandwich Broccoli Whole Kernel Corn Hamburger Bun Butterscotch Pudding Milk	Turkey-Ham Mac & Cheese Green Peas Wheat Bread Diet Apple Crisp Milk Margarine	BBQ Pork Rib Patty Coleslaw Green Beans Hot Dog Bun Hot Spiced Peaches Milk	Salisbury Steak w/Brown Gravy Whipped Potatoes Seasoned Cabbage Cornbread Lemon Bar Milk Margarine	Chicken Salad Pasta Salad Carrot Raisin Salad Waverly Crackers Chocolate Moon Pie Milk
6/15/2026	6/16/2026	6/17/2026	6/18/2026	6/19/2026
Grilled Chicken Sandwich w/Special Sauce Cut Yams Green Beans Hamburger Bun Oreo Cookies Milk	Hamburger Patty American Cheese Pickle Slices Potato Wedges Whole Kernel Corn Hamburger Bun Strawberry Applesauce Milk Ketchup Mustard	Turkey Hot Dog Baked Beans Mixed Vegetables Hot Dog Bun Mandarin Oranges Milk Ketchup Mustard	Swedish Meatballs Whipped Potatoes Lima Beans Wheat Bread Nutty Buddy Bar Milk Margarine	Closed
6/22/2026	6/23/2026	6/24/2026	6/25/2026	6/26/2026
Potato Crusted Pollock Whipped Potatoes Green Peas Wheat Bread Fudge Crème Cookie Milk Margarine	Sloppy Joe Baked Beans Whole Kernel Corn Hamburger Bun Nutty Buddy Bar Milk	Turkey & Provolone Sandwich Lettuce/Tomato/Onion Pasta Salad Wheat Bread (2) Tropical Fruit Milk Mayonnaise	Mongolian Meatballs Edamame Garlic Cauliflower Wheat Bread Chocolate Chip Cookie Milk Margarine	Chicken Alfredo Sliced Carrots Broccoli Wheat Roll Chocolate Pudding Milk Margarine
6/29/2026	6/30/2026	7/1/2026	7/2/2026	7/3/2026
French Toast Sausage Patty Spiced Apples Orange Juice Milk Diet Syrup	Spaghetti Casserole Mixed Vegetables Garlic Bread Diet Pear Crumble Milk	Hawaiian Chicken Sandwich Macaroni & Cheese Green Peas Hamburger Bun Double Chocolate Chip Cookie Milk	Chili Tater Tots Whole Kernel Corn Cornbread Chocolate Moon Pie Milk Margarine Sour Cream	Closed

Title IIIC/ NSIP Nutrition Analysis Worksheet

Quarter Cycle 2, 2026 Week (or Other Period) Hot (5) – Week 1

Nutrient Amount	Nutrient	Amount Required (Averaged over one week)	Notes
726	Calories	≥ 655 calories	No less than 500 calories per meal
33.5	Fat	≤ 35% of calories	
31.9	Protein	≥ 17 g	
8.0	Fiber	≥ 8 g	
883	Sodium	≤ 1000 mg	No more than 1200 mg per meal
418	Calcium	≥ 400 mg	
364	Vitamin A	≥ 300 mcg (RE)	
2.12	Vitamin B12	≥ 0.8 mcg	
39	Vitamin C	≥ 30 mg	

I certify that to the best of my knowledge, the meals in the attached menu for the period noted above follow the most recent Dietary Guidelines for Americans and one third of Dietary Reference Intakes established by the National Academy of Sciences.

AAAD Greater Nashville Regional Council

Nutrition Service Provider Mid-Cumberland Human Resource Agency

Elise A. Compston, RD, LD

Signature Elise A. Compston RD, LD

Registration # LDN4921

Date 02.05.2026

Title III C/ NSIP Nutrition Analysis Worksheet

Quarter Cycle 2, 2026 Week (or Other Period) Hot (5) – Week 2

Nutrient Amount	Nutrient	Amount Required (Averaged over one week)	Notes
735	Calories	≥ 655 calories	No less than 600 calories per meal
34.1	Fat	≤ 35% of calories	
34.7	Protein	≥ 17 g	
8.3	Fiber	≥ 8 g	
998	Sodium	≤ 1000 mg	No more than 1200 mg per meal
481	Calcium	≥ 400 mg	
431	Vitamin A	≥ 300 mcg (RE)	
2.02	Vitamin B12	≥ 0.8 mcg	
47	Vitamin C	≥ 30 mg	

I certify that to the best of my knowledge, the meals in the attached menu for the period noted above follow the most recent Dietary Guidelines for Americans and one third of Dietary Reference Intakes established by the National Academy of Sciences.

AAAD Greater Nashville Regional Council

Nutrition Service Provider Mid-Cumberland Human Resource Agency

Elise A. Compston, RD, LD

Signature Elise A. Compston RD, LD

Name and Credentials

Registration # LDN4921

Date 02.05.2026

Title IIIIC/ NSIP Nutrition Analysis Worksheet

Quarter Cycle 2, 2026 Week (or Other Period) Hot (5) – Week 3

Nutrient Amount	Nutrient	Amount Required (Averaged over one week)	Notes
710	Calories	≥ 655 calories	No less than 600 calories per meal
32.8	Fat	≤ 35% of calories	
34.0	Protein	≥ 17 g	
8.3	Fiber	≥ 8 g	
991	Sodium	≤ 1000 mg	No more than 1200 mg per meal
528	Calcium	≥ 400 mg	
332	Vitamin A	≥ 300 mcg (RE)	
1.51	Vitamin B12	≥ 0.8 mcg	
63	Vitamin C	≥ 30 mg	

I certify that to the best of my knowledge, the meals in the attached menu for the period noted above follow the most recent Dietary Guidelines for Americans and one third of Dietary Reference Intakes established by the National Academy of Sciences.

AAAD Greater Nashville Regional Council

Nutrition Service Provider Mid-Cumberland Human Resource Agency

Elise A. Compston, RD, LD

Signature Elise A. Compston RD, LD

Name and Credentials

Registration # LDN4921

Date 02.05.2026

Title IIIC/ NSIP Nutrition Analysis Worksheet

Quarter Cycle 2, 2026 Week (or Other Period) Hot (5) – Week 4

Nutrient Amount	Nutrient	Amount Required (Averaged over one week)	Notes
694	Calories	≥ 655 calories	No less than 600 calories per meal
26.5	Fat	≤ 35% of calories	
35.9	Protein	≥ 17 g	
8.5	Fiber	≥ 8 g	
927	Sodium	≤ 1000 mg	No more than 1200 mg per meal
458	Calcium	≥ 400 mg	
441	Vitamin A	≥ 300 mcg (RE)	
1.77	Vitamin B12	≥ 0.8 mcg	
35	Vitamin C	≥ 30 mg	

I certify that to the best of my knowledge, the meals in the attached menu for the period noted above follow the most recent Dietary Guidelines for Americans and one third of Dietary Reference Intakes established by the National Academy of Sciences.

AAAD Greater Nashville Regional Council

Nutrition Service Provider Mid-Cumberland Human Resource Agency

Elise A. Compston, RD, LD

Signature Elise A. Compston RD, LD

Name and Credentials

Registration # LDN4921

Date 02.05.2026



DONATIONS ?



*There are no charge for meals,
but donations are important to the success of the nutrition
nutrition*

Suggested Contribution Scale

If monthly income is:

- \$100- \$400**
- \$401- \$800**
- \$801- \$1200**
- \$1201-\$1600**
- \$1601- over**

Suggested contribution of:

- \$1.05**
- \$2.10**
- \$3.15**
- \$4.20**
- \$5.25**

MSS Nutrition Sites

City	Site	Svc	Site Manager	Phone Number	Email Address
Madison	Chippington Towers I* 94 Berkley Dr. 37115	HDM & CONG	Becky Bell	Greg Perry: 615-862-6481; Oscar Holt: 615-862-6965	Gregory.perry@nashville.gov; Oscar.Holt@nashville.gov
Madison	Chippington Towers II* 1310 Coreland Dr. 37115	HDM & CONG	Diane Staebell	Same as above.	Same as above.
Nashville	Cohn Community Center 4805 Park Ave. 37209	CONG	Gail England	Same as above.	Same as above.
Madison	Cumberland View Towers* 1201 Cheyenne Blvd. 37115	HDM & CONG	Maryanne Martin	Same as above.	Same as above.
Nashville	East Park Community Center 600 Woodland St. 37206	CONG	Brandeisha Mitchell	Same as above.	Same as above.
Nashville	Elizabeth Community Center 1701 Arthur Ave. 37208	CONG	Brandeisha Mitchell	Same as above.	Same as above.
Nashville	FiftyForward Bordeaux 3315 John Mallette Dr. 37218	CONG	Melvin Fowler	Same as above.	Same as above.
Madison	FiftyForward Madison Station 530 Madison Station Blvd. 37115	CONG	Kelly McCambridge	Same as above.	Same as above.
Nashville	Hadley Park 1037 18th Ave. N. 37208	CONG	Tameka Harris	Same as above.	Same as above.
Antioch	Hickory Hollow Towers* 100 Curtis Hollow Rd. 37013	HDM & CONG	Nicole Ellis	Same as above.	Same as above.
Nashville	Nashville Christian Towers* 608 Foothill Ct. 37210	HDM & CONG	Ruth Berhe	Same as above.	Same as above.
Old Hickory	Old Hickory Towers* 930 Industrial Blvd. 37138	HDM & CONG	Loretta Matthews	Same as above.	Same as above.
Nashville	Radnor Towers* 3110 Nolensville Rd. 37211	HDM & CONG	Clarke Lewis	Same as above.	Same as above.
Nashville	Riverwood* 621 N. Dupont Ave. 37115	HDM & CONG	Peggy Greer	Same as above.	Same as above.

Freddie O'Connell
Mayor



Renee Pratt
Executive Director
Metro Social Services

Metropolitan Government of Nashville and Davidson County

RFP-2026-05 Nutrition Services for Older or Disabled Adults

**American With Disabilities Act
(ADA)**

Metro Social Services operates 14 congregate/Frozen Meal Sites. 9 sites are privately owned and operated, 3 are Metro Parks facilities, and 2 are Senior Centers. The 14 sites/buildings were issued a Certificate of Use and Occupancy from Metro Davidson County Codes Department that requires ADA Compliance before issuance. All existing facilities before the 1990 Americans with Disabilities Act have been obligated to conform to the new safety and accessibility guidelines determined by the ADA.

Metro Codes inspects all new construction including remodels to comply to the new standard using the most current version of codes for new construction and ADA compliance.

The Metro Social Services Nutrition Program Manager has visited all 14 sites and noted that all have accommodations for Assisted Devices such as walkers, canes, and wheelchairs. The accommodations include ramps for wheelchairs and walkers, automatic doors, wide doorways to accommodate wheelchairs and walkers and elevators to transport clients to congregate meal site, if on different floors.



THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION
COOPERATIVE AGREEMENT WITH
Cumberland View Towers, A PUBLIC OR VOLUNTARY WELFARE
AGENCY

This contract is entered into on this 1st day of July 2023, by and between THE METROPOLITAN GOVERNMENT OF NASHVILLE AND **DAVIDSON COUNTY** BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION ("MSS") AND Cumberland View Towers ("Cooperative Agency"). This contract consists of this document and Attachment A – Schedule of Terms. In the event of directly conflicting provisions, the agreement shall be interpreted with Attachment A having priority over this document.

1. **Purpose.** The purpose of this agreement is to cooperate to provide nutrition services to the citizens of Davidson County.
2. **Duties and Responsibilities of Cooperative Agency.** Cooperative Agency agrees to provide services as described in Attachment A – Schedule of Terms.
3. **MSS Duties and Responsibilities.** MSS agrees to provide services as described in Attachment A – Schedule of Terms.
4. **Term.** This contract shall be effective from the date this contract is signed by all required parties and filed in the office of the Metropolitan Clerk. Metro contemplates that the contract term will begin on or about July 1, 2023 (beginning date). The contract term will end thirty-six (36) months from the beginning date.
5. **Compensation.** There will be no charges or fees for the performance of this contract.
6. **Taxes.** MSS shall not be responsible for any taxes that are imposed upon Cooperative Agency. Furthermore, Cooperative Agency understands that it cannot claim exemption from taxes by virtue of any exemption that is provided to MSS.
7. **Termination – Breach.** Should Cooperative Agency fail to fulfill in a timely and proper manner its obligations under this contract or if it should violate any of the terms of this contract, MSS shall have the right to immediately terminate the contract. Such termination shall not relieve Cooperative Agency of any liability to MSS for damages sustained by virtue of any breach by Cooperative Agency.
8. **Termination – Funding.** Should funding for this contract be discontinued, MSS shall have the right to terminate the contract immediately upon written notice to Cooperative Agency.

9. **Termination – Notice.** Either party may terminate this contract at any time upon thirty (30) days written notice to the other party. If this agreement is terminated under this term by either party, the obligations set forth in Attachment A shall be deemed satisfied.
10. **Compliance with Laws.** Cooperative Agency agrees to comply with any applicable federal, state, and local laws and regulations.
11. **Assignment – Consent Required.** The provisions of this contract shall inure to the benefit of and shall be binding upon the respective successors and assignees of the parties hereto. Except for the rights of any money due to Cooperative Agency under this contract, neither this contract nor any of the rights and obligations of Cooperative Agency hereunder shall be assigned or transferred in whole or in part without the prior written consent of MSS. Any such assignment or transfer shall not release Cooperative Agency from its obligations hereunder.
12. **Maintenance of Records.** Cooperative Agency shall maintain documentation for all charges against MSS. The books, records, and documents of Cooperative Agency, insofar as they relate to work performed or money received under the contract, shall be maintained for a period of three (3) full years from the date of termination and will be subject to audit, at any reasonable time and upon reasonable notice by MSS or its duly appointed representatives. The records shall be maintained in accordance with generally accepted accounting principles.
13. **Monitoring.** The Cooperative Agency's activities conducted pursuant to this Contract shall be subject to monitoring and evaluation by Metro, the Department of Finance/Division of Internal Audit, or their duly appointed representatives.
14. **MSS Property.** Any MSS property that is in Cooperative Agency's possession shall be maintained by Cooperative Agency in good condition and repair and shall be returned to MSS by Cooperative Agency upon termination of the contract. All goods, documents, records, and other work product and property produced during the performance of this contract are deemed to be MSS property.
15. **Modification of Contract.** This contract may be modified only by written amendment executed by all parties and their signatories hereto. All change orders, where required, shall be executed in conformance with section 4.24.020 of the Metropolitan Code of Laws.
16. **Partnership/Joint Venture.** Nothing herein shall in any way be construed or intended to create a Partnership or joint venture between the parties or to create the relationship of principal and agent between or among any of the parties. None of the parties hereto shall hold itself out in a manner contrary to the terms of this paragraph. No party shall become liable for any representation, act, or omission of any other party contrary to the terms of this paragraph.

17. Waiver. No waiver of any provision of this contract shall affect the right of any party thereafter to enforce such provision or to exercise any right or remedy available to it in the event of any other default.

18. Employment. Cooperative Agency shall not subscribe to any personnel policy which permits or allows for the promotion, demotion, employment, dismissal or laying off of any individual due to race, creed, color, national origin, age, sex, or which is in violation of applicable laws concerning the employment of individuals with disabilities.

19. Insurance. During the term of this Contract, Cooperative Agency shall maintain comprehensive general liability insurance and if necessary, commercial umbrella insurance with limits not less than one million dollars (\$1,000,000.00), each occurrence. The Metropolitan Government of Nashville and Davidson County shall be included as an additional insured on the comprehensive general liability policy. Contract shall maintain workers' compensation insurance with statutory limits as required by the State of Tennessee or other applicable laws or employers' liability insurance with limits of not less than \$500,000. A certificate of insurance, in a form satisfactory to Metro, evidencing said coverage shall be provided to Metro prior to commencement of performance of this Contract. Throughout the term of this contract, Cooperative Agency shall provide an updated certificate of insurance upon expiration of the current certificate.

20. Notices. Notices to MSS regarding this agreement shall be sent to: Greg Perry, Metro Social Services, PO Box 196300, Nashville, TN 37219-6300.

Notices to Cooperative Agency: Connie Lejellin, Cumberland View Towers, 795 Ridgeland Blvd. Suite 300, Memphis, TN 38103.

21. Contingent Fees. Cooperative Agency hereby represents that Cooperative Agency has not been retained or retained any persons to solicit or secure a Metropolitan Government contract upon an agreement or understanding for a contingent commission, percentage, or brokerage fee, except for retention of bona fide employee or bona fide established commercial selling agencies for the purpose of securing business. Breach of the provisions of this paragraph is, in addition to a breach of this contract, a breach of ethical standards which may result in civil or criminal sanction and/or debarment or suspension from being a contractor or subcontractor under Metropolitan Government contracts.

22. Gratuities and Kickbacks. It shall be a breach of ethical standards for any person to offer, give or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing or in any other advisory capacity in any proceeding or application, request for

ruling, determination, claim or controversy or other particular matter, pertaining to any program requirement of a contract or subcontract or to any solicitation or proposal therefore. IT shall be a breach of ethical standards for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or a person associated therewith, as an inducement for the award of a subcontract or order. Breach of the provisions of this paragraph is, in addition to a breach of this agreement, a breach of ethical standards which may result in civil or criminal sanction and/or debarment or suspension from being a contractor or subcontractor under Metropolitan Government contracts.

23. Left Blank Intentionally.

24. Attorney Fees. Cooperative Agency agrees that, in the event either party deems it necessary to take legal action to enforce any provision of the contract, and in the event, Metro prevails, Cooperative Agency shall pay all expenses of such action including Metro's attorney fees and costs at all stages of the litigation.

25. Entire Contract. This contract sets forth the entire agreement between the parties with respect to the subject matter hereof and shall govern the respective duties and obligations of the parties.

26. Force Majeure. No party shall have any liability to the other hereunder by reason of any delay or failure to perform any obligation or covenant if the delay or failure to perform is occasioned by force majeure, meaning any act of God, storm, fire, casualty, unanticipated work stoppage, strike, lockout, labor dispute, civil disturbance, riot, war, national emergency, act of Government, act of public enemy, or other cause of similar or dissimilar nature beyond its control.

27. Governing Law. The validity, construction, and effect of this contract and all extensions and/or modifications thereof shall be governed by the laws of the State of Tennessee. Tennessee law shall govern regardless of any language in any attachment or other document that the Cooperative Agency may provide.

28. Venue. Any action between the parties arising from this agreement shall be maintained in the courts of Davidson County, Tennessee.

29. Severability. Should any provision of this contract be declared to be invalid by any court of competent jurisdiction, such provisions shall be severed and shall not affect the validity of the remaining provisions of this contract.

30. Non-Discrimination. It is the policy of the Metropolitan Government not to discriminate on the basis of age, race, sex, color, national origin, or disability in its hiring and employment practices, or in admission to, access to, or operation of its programs, services, and activities. About all aspects of this contract, Cooperative Agency certifies and warrants it will comply with this policy. No person shall be excluded from participation in, be denied benefits of, be

discriminated against in the admission or access to, or be discriminated against in the treatment or employment in MSS's contracted programs or activities, on the grounds of handicap and/or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal or Tennessee State Constitutional or statutory law; nor shall they be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of contracts with MSS or in the employment practices of MSS's Cooperative Agencies. Accordingly, all Cooperative Agencies entering contracts with MSS shall, upon request, be required to show proof of such nondiscrimination and to post in conspicuous places that are available to all employees and applicant, notices of nondiscrimination.

31. **Compliance with the Americans with Disabilities Act.** The Cooperative Agency will be required to provide assurances that it does not discriminate based on disability in admission to, access to, or operations of its program, services, or activities, including hiring and employment practices. The contractor will ensure that qualified applicant and participants with disabilities in its services, programs, or activities have communication access that is equally effective as that provided to people without disabilities. Information shall be made available in accessible formats and auxiliary aids and services shall be provided upon the reasonable request of a qualified person with a disability.
32. **Effective Date.** This contract shall not be binding upon the parties until it has been signed first by the Cooperative Agency and then by the authorized representatives of the Metropolitan Government and has been filed in the office of the Metropolitan Clerk. When it has been so signed and filed, this contract shall be effective as of the date first written above.

THE METROPOLITAN
GOVERNMENT OF NASHVILLE
AND DAVIDSON COUNTY BY AND
THROUGH THE METROPOLITAN
SOCIAL SERVICES COMMISSION:

Rene Bratt

Department Head

Commission Chairperson

APPROVED AS TO AVAILABILITY
OF FUNDS:

Director of Finance

APPROVED AS TO INSURANCE:

Director of Insurance

APPROVED AS TO FORM AND
LEGALITY:

Metropolitan Attorney

FILED IN THE OFFICE OF THE
METROPOLITAN CLERK:

DATE FILED:

COOPERATIVE AGENCY:

By:

[Signature]

Title:

Agent for Owner

Sworn to and subscribed to before
me, a Notary Public, this 26 day of
June, by Connie Krehen,
the agent
of Cooperative Agency and duly
authorized to execute this instrument
on Contactor's behalf.

[Signature]

Notary Public

My Commission Expires:

12/30/25





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/4/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 11550 Fuqua St, Ste 205 Houston, TX 77034 License#: BR-724491 SILVIRE-02	CONTACT NAME: Sharon McLaughlin PHONE (A/C, No, Ext): 713-358-7884 FAX (A/C, No): E-MAIL: sharon_mclaughlin@aig.com ADDRESS: sharon_mclaughlin@aig.com INSURER(S) AFFORDING COVERAGE <table style="width: 100%;"> <tr> <td style="width: 80%;">INSURER A: Ironshore Specialty Insurance Co</td> <td style="width: 20%;">NAIC # 25445</td> </tr> <tr> <td>INSURER B: Wakefield Insurance Company, LLC</td> <td>17380</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Ironshore Specialty Insurance Co	NAIC # 25445	INSURER B: Wakefield Insurance Company, LLC	17380	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: Ironshore Specialty Insurance Co	NAIC # 25445												
INSURER B: Wakefield Insurance Company, LLC	17380												
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES **CERTIFICATE NUMBER:** 1499956466 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y		WIC-GLP2023-11	5/31/2023	5/31/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			HC7PACS7P8001	5/31/2023	5/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$0			HC7PACS7QH001	5/31/2023	5/31/2024	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Excess General Liability Applies per Location			HC7PACS7P8001	5/31/2023	5/31/2024	Each Occurrence \$2,000,000 Aggregate Limit \$4,000,000 Policy Aggregate \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 General Liability #HC7PACS7P8001 is excess of Wakefield Insurance Company Policy #WIC-GLP2023-11; \$1,000,000 per Occurrence; \$2,000,000 Aggregate.
 Metropolitan Government of Nashville and Davison County is included as Additional Insured with respects to General Liability policy where required by written contract.

CERTIFICATE HOLDER

Metropolitan Government of Nashville and Davison County
 800 2nd Ave
 North Nashville TN 37201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Wey

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Liability Excess of Ironshore

Insurer	NAIC #	Policy Term	Policy Number	Limits
Wakefield Insurance Company	N/A	5/31/2023 – 5/31/2024	WIC-2023XS-3428	\$5,000,000 Per Occurrence/ \$5,000,000 Aggregate excess of \$3,000,000

under this term by either party, the obligations set forth in Attachment A shall be deemed satisfied.

10. **Compliance with Laws.** Cooperative Agency agrees to comply with any applicable federal, state, and local laws and regulations.
11. **Assignment – Consent Required.** The provisions of this contract shall inure to the benefit of and shall be binding upon the respective successors and assignees of the parties hereto. Except for the rights of any money due to Cooperative Agency under this contract, neither this contract nor any of the rights and obligations of Cooperative Agency hereunder shall be assigned or transferred in whole or in part without the prior written consent of MSS. Any such assignment or transfer shall not release Cooperative Agency from its obligations hereunder.
12. **Maintenance of Records.** Cooperative Agency shall maintain documentation for all charges against MSS. The books, records, and documents of Cooperative Agency, insofar as they relate to work performed or money received under the contract, shall be maintained for a period of three (3) full years from the date of termination and will be subject to audit, at any reasonable time and upon reasonable notice by MSS or its duly appointed representatives. The records shall be maintained in accordance with generally accepted accounting principles.
13. **Monitoring.** The Cooperative Agency's activities conducted pursuant to this Contract shall be subject to monitoring and evaluation by Metro, the Department of Finance/Division of Internal Audit, or their duly appointed representatives.
14. **MSS Property.** Any MSS property that is in Cooperative Agency's possession shall be maintained by Cooperative Agency in good condition and repair and shall be returned to MSS by Cooperative Agency upon termination of the contract. All goods, documents, records, and other work product and property produced during the performance of this contract are deemed to be MSS property.
15. **Modification of Contract.** This contract may be modified only by written amendment executed by all parties and their signatories hereto. All change orders, where required, shall be executed in conformance with section 4.24.020 of the Metropolitan Code of Laws.
16. **Partnership/Joint Venture.** Nothing herein shall in any way be construed or intended to create a Partnership or joint venture between the parties or to create the relationship of principal and agent between or among any of the parties. None of the parties hereto shall hold itself out in a manner contrary to the terms of this paragraph. No party shall become liable for any representation, act, or omission of any other party contrary to the terms of this paragraph.
17. **Waiver.** No waiver of any provision of this contract shall affect the right of any party thereafter to enforce such provision or to exercise any right or remedy available to it in the event of any other default.

18. **Employment.** Cooperative Agency shall not subscribe to any personnel policy which permits or allows for the promotion, demotion, employment, dismissal or laying off of any individual due to race, creed, color, national origin, age, sex, or which is in violation of applicable laws concerning the employment of individuals with disabilities.

19. **Insurance.** During the term of this Contract, Cooperative Agency shall maintain comprehensive general liability insurance and if necessary, commercial umbrella insurance with limits not less than one million dollars (\$1,000,000.00), each occurrence. The Metropolitan Government of Nashville and Davidson County shall be included as an additional insured on the comprehensive general liability policy. Contract shall maintain workers' compensation insurance with statutory limits as required by the State of Tennessee or other applicable laws or employers' liability insurance with limits of not less than \$500,000. A certificate of insurance, in a form satisfactory to Metro, evidencing said coverage shall be provided to Metro prior to commencement of performance of this Contract. Throughout the term of this contract, Cooperative Agency shall provide an updated certificate of insurance upon expiration of the current certificate.

20. **Notices.** Notices to MSS regarding this agreement shall be sent to: Greg Perry, Metro Social Services, PO Box 196300, Nashville, TN 37219-6300.

21. **Contingent Fees.** Cooperative Agency hereby represents that Cooperative Agency has not been retained or retained any persons to solicit or secure a Metropolitan Government contract upon an agreement or understanding for a contingent commission, percentage, or brokerage fee, except for retention of bona fide employee or bona fide established commercial selling agencies for the purpose of securing business. Breach of the provisions of this paragraph is, in addition to a breach of this contract, a breach of ethical standards which may result in civil or criminal sanction and/or debarment or suspension from being a contractor or subcontractor under Metropolitan Government contracts.

22. **Gratuities and Kickbacks.** It shall be a breach of ethical standards for any person to offer, give or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy or other particular matter, pertaining to any program requirement of a contract or subcontract or to any solicitation or proposal therefore. IT shall be a breach of ethical standards for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor

under a contract to the prime contractor or higher tier subcontractor or a person associated therewith, as an inducement for the award of a subcontract or order. Breach of the provisions of this paragraph is, in addition to a breach of this agreement, a breach of ethical standards which may result in civil or criminal sanction and/or debarment or suspension from being a contractor or subcontractor under Metropolitan Government contracts.

23. Indemnification and Hold Harmless. Cooperative Agency shall indemnify and hold harmless MSS, its officers, agents, and employees from:

- a. Any claims, damages, costs and attorney fees for injuries or damages arising, in part or in whole, from the negligent or intentional acts or omissions of Cooperative Agency, its officers, employees and / or agents, including its sub or independent contractors, in connection with the performance of the contract.
- b. Any claims, damages, penalties, costs and attorney fees arising from any failure of Cooperative Agency, its officers, employees and/or agents, including sub or independent contractors, to observe applicable laws, including, but not limited to, labor laws and minimum wage laws.
- c. MSS will not indemnify, defend or hold harmless in any fashion the Cooperative Agency from any claims arising from any failure, regardless of any language in any attachment or other document that the Cooperative Agency may provide.
- d. Cooperative Agency shall pay Metro any expenses incurred because of Cooperative Agency's failure to fulfill any obligation in a professional and timely manner under this contract.

24. Attorney Fees. Cooperative Agency agrees that, in the event either party deems it necessary to take legal action to enforce any provision of the contract, and in the event, Metro prevails, Cooperative Agency shall pay all expenses of such action including Metro's attorney fees and costs at all stages of the litigation.

25. Entire Contract. This contract sets forth the entire agreement between the parties with respect to the subject matter hereof and shall govern the respective duties and obligations of the parties.

26. Force Majeure. No party shall have any liability to the other hereunder by reason of any delay or failure to perform any obligation or covenant if the delay or failure to perform is occasioned by force majeure, meaning any act of God, storm, fire, casualty, unanticipated work stoppage, strike, lockout, labor dispute, civil disturbance, riot, war, national emergency, act of Government, act of public enemy, or other cause of similar or dissimilar nature beyond its control.

27. **Governing Law.** The validity, construction, and effect of this contract and all extensions and/or modifications thereof shall be governed by the laws of the State of Tennessee. Tennessee law shall govern regardless of any language in any attachment or other document that the Cooperative Agency may provide.
28. **Venue.** Any action between the parties arising from this agreement shall be maintained in the courts of Davidson County, Tennessee.
29. **Severability.** Should any provision of this contract be declared to be invalid by any court of competent jurisdiction, such provisions shall be severed and shall not affect the validity of the remaining provisions of this contract.
30. **Non-Discrimination.** It is the policy of the Metropolitan Government not to discriminate on the basis of age, race, sex, color, national origin, or disability in its hiring and employment practices, or in admission to, access to, or operation of its programs, services, and activities. About all aspects of this contract, Cooperative Agency certifies and warrants it will comply with this policy. No person shall be excluded from participation in, be denied benefits of, be discriminated against in the admission or access to, or be discriminated against in the treatment or employment in MSS's contracted programs or activities, on the grounds of handicap and/or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal or Tennessee State Constitutional or statutory law; nor shall they be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of contracts with MSS or in the employment practices of MSS's Cooperative Agencies. Accordingly, all Cooperative Agencies entering contracts with MSS shall, upon request, be required to show proof of such nondiscrimination and to post in conspicuous places that are available to all employees and applicant, notices of nondiscrimination.
31. **Compliance with the Americans with Disabilities Act.** The Cooperative Agency will be required to provide assurances that it does not discriminate based on disability in admission to, access to, or operations of its program, services, or activities, including hiring and employment practices. The contractor will ensure that qualified applicant and participants with disabilities in its services, programs, or activities have communication access that is equally effective as that provided to people without disabilities. Information shall be made available in accessible formats and auxiliary aids and services shall be provided upon the reasonable request of a qualified person with a disability.
32. **Effective Date.** This contract shall not be binding upon the parties until it has been signed first by the Cooperative Agency and then by the authorized representatives of the Metropolitan Government and has been filed in the office of the Metropolitan Clerk. When it has been so signed and filed, this contract shall be effective as of the date first written above.

**THE METROPOLITAN
GOVERNMENT OF NASHVILLE
AND DAVIDSON COUNTY BY AND
THROUGH THE METROPOLITAN
SOCIAL SERVICES COMMISSION:**

Bruce Bratt

Department Head

Commission Chairperson

**APPROVED AS TO AVAILABILITY
OF FUNDS:**

Director of Finance

APPROVED AS TO INSURANCE:

Director of Insurance

**APPROVED AS TO FORM AND
LEGALITY:**

Metropolitan Attorney

**FILED IN THE OFFICE OF THE
METROPOLITAN CLERK:**

DATE FILED:

COOPERATIVE AGENCY:

By:

Dawn Wolfe

Title:

Regional Manager

Sworn to and subscribed to before
me, a Notary Public, this 22nd day of
May, by Dawn Wolfe,
the Regional Manager
of Cooperative Agency and duly
authorized to execute this instrument
on Contactor's behalf.

J. Starkey

Notary Public

My Commission Expires:

11/28/2026



Client#: ZZZ9443

59LHPCAP

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/19/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 433 E. Center St., 2nd Floor Kingsport, TN 37660 423 247-7181		CONTACT NAME: Erin Williams PHONE (A/C, No, Ext): 423-857-8012 FAX (A/C, No): 888-751-3009 E-MAIL ADDRESS: erin.williams@mcgriff.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Twin City Fire Insurance Company	NAIC # 29459
INSURED LHP Capital, LLC; LHP Management, LLC; LHP Development, LLC 900 South Gay Street, Suite 2000 Knoxville, TN 37902		INSURER B: Manufacturers Alliance Insurance Co INSURER C: Navigators Insurance Company INSURER D: Evanston Insurance Company INSURER E: INSURER F:	36897 42307 35378

COVERAGES		CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☒ OCCUR ☒ BI/PPD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PROJECT ☒ LOC ☐ OTHER:		20EC50F9253	10/01/2022 10/01/2023 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000* MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY		20EC50F9253	10/01/2022 10/01/2023 COMBINED SINGLE LIMIT (Ea accident) \$51,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB CLAIMS-MADE ☒ DED ☐ RETENTION \$		20XSON2290	10/01/2022 10/01/2023 EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 Deductible \$10,000**
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	2023000453860	05/01/2023 05/01/2024 ☒ PER STATUTE E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Crime		20KB040368722	10/01/2022 10/01/2023 Limit: \$5,000,000 Deductible: \$25,000
D	Chaplain's E&O		MKL2V2PSM000700	10/01/2022 10/01/2023 Limit: \$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Radnor Towers, 312 Thuss Ave, Nashville, TN 37211 Additional Named Insured: Radnor II, LP The certificate holder is being shown as additional insured with respect to Radnor Towers, 312 Thuss Ave, Nashville, TN 37211. (See Attached Descriptions)				

CERTIFICATE HOLDER Metropolitan Government of Nashville and Davidson County 800 2nd Ave North, Ste 100 Nashville, TN 37201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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DESCRIPTIONS (Continued from Page 1)

GL has per location aggregate \$2,000,000

***Damage to rented premises is \$300,000 for any 1 premises not each occurrence**

Terrorism: UTS255489222 10/1/22-10/1/23; \$5,000,000 limit/\$5,000,000 aggregate; \$5,000 deductible

Umbrella follows form and includes terrorism

****or \$25,000 A&B**

30 days notice of cancellation and 10 day notice for non-payment of premium applies

Metro Social Services (Home-Delivered Meals) Customer Surveys Feedback
July-September - Qtr. 1-FY 2025

A total of **84** customers returned home-delivered meal surveys (**a sample of 42**) were utilized for the quarterly report. The demographics for HDM-**Quarter 1** are the following: The respondents' gender was **25 Females** and **17 males**. The average age was **75**. The racial identification of participants was **50% Black: 43% White and 5% Multiracial**. The length of time customers in the program: **12%** greater than two or more years, **38%** for one or two years, and **50%** less than one year. **Customers were asked to rate their statements about meal service. The following percentages indicate customer satisfaction with the home-delivered meal program:**

Chart 1: There is a good meal variety –86% responded with Usually or Always

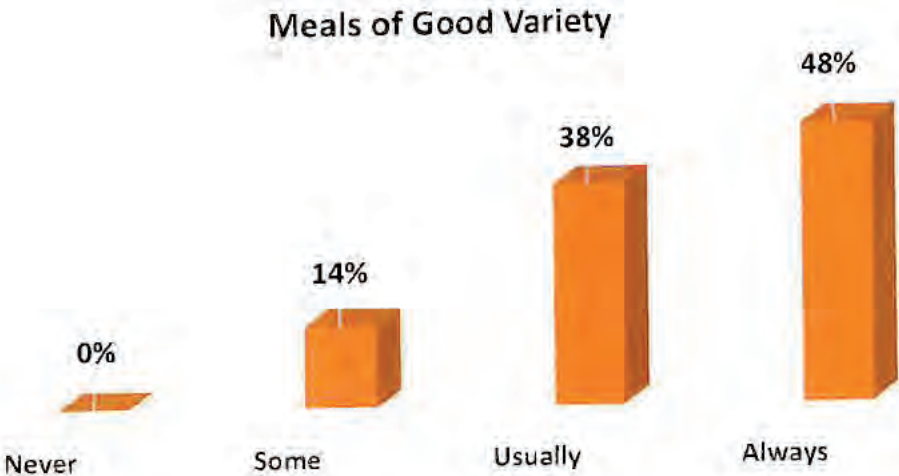


Chart 2: The food is good quality- 88% responded with Usually or Always.



Chart 3: The Nutrition Education Programs – 69% indicated it was useful.

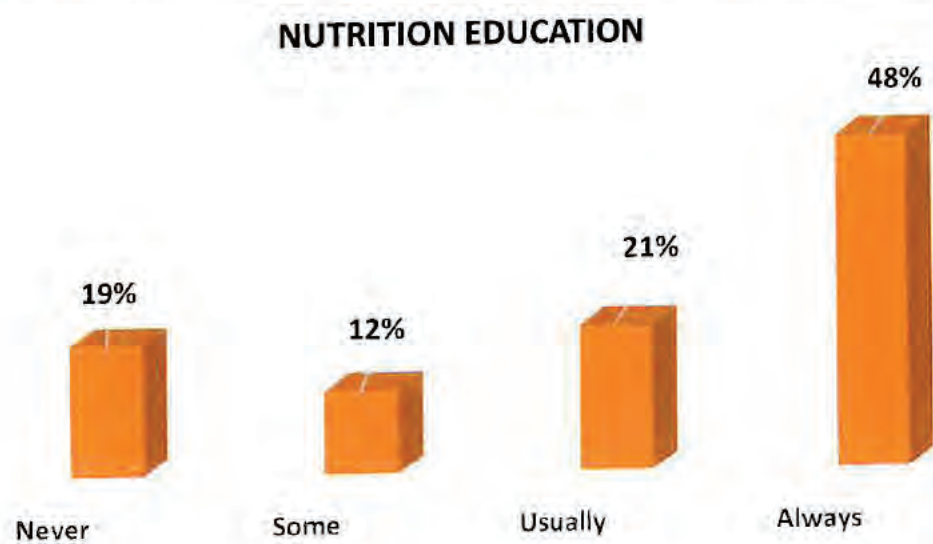
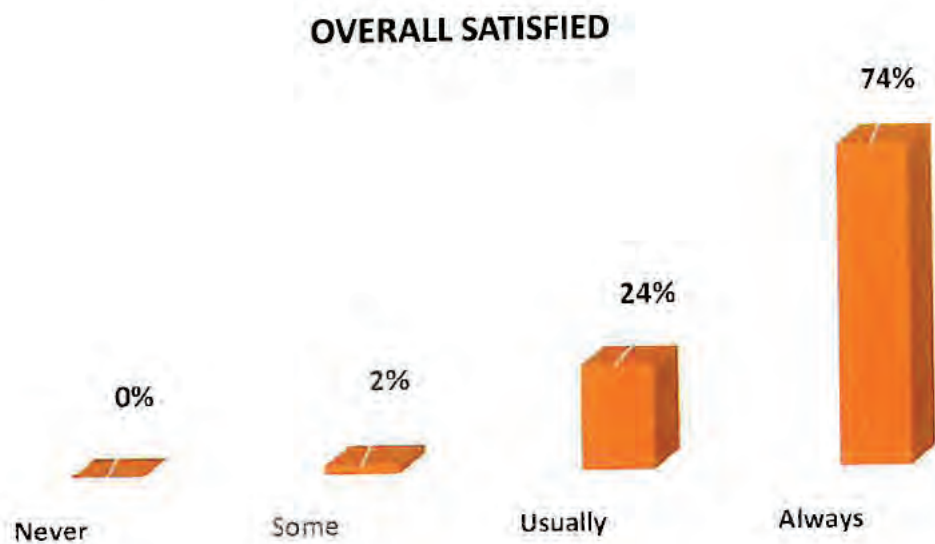


Chart 4: Overall, I am satisfied with this service - 98% were usually and always satisfied with the services.



**Metro Social Services Nutrition (Congregate Meals)
Customer Feedback Survey Report
October-December 2025- Quarter 2 FY26**

A total of **23 congregate meal** customers returned surveys (**all were utilized**) for the quarterly report from each listed congregate site: FFB, Chippington I &II, CVT, East Park, Hadley, HHT, NCT, and OHT. **Quarter 2**, the following demographics were observed: The respondents were **74% Female** and **26% were Male**; the average age was **75**. The racial identification of participants was **35% Black, 65%White**. **The following percentages indicate how customers rated the congregate meal service:**

Chart 1: Meals of good quality – 82% responded as 'usually' or 'always'.



Chart 2: Serving was large enough-74% replied that it was usually or always.

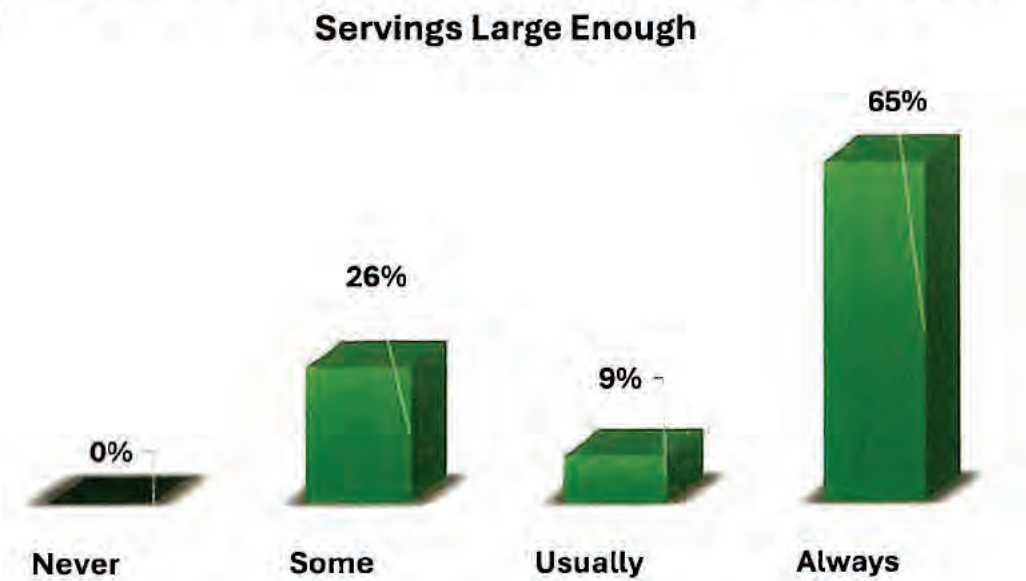


Chart 3: Nutrition Education programs- 83% respondents indicated the information was useful and beneficial.

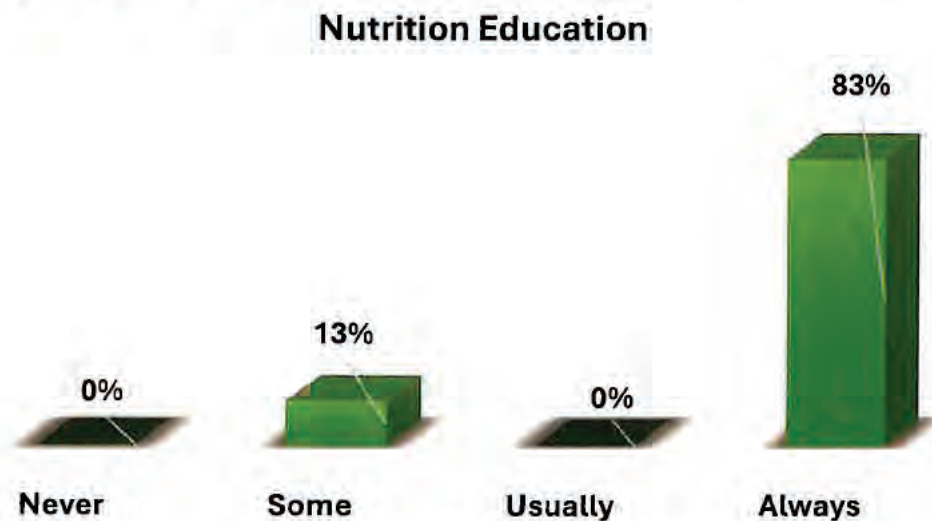
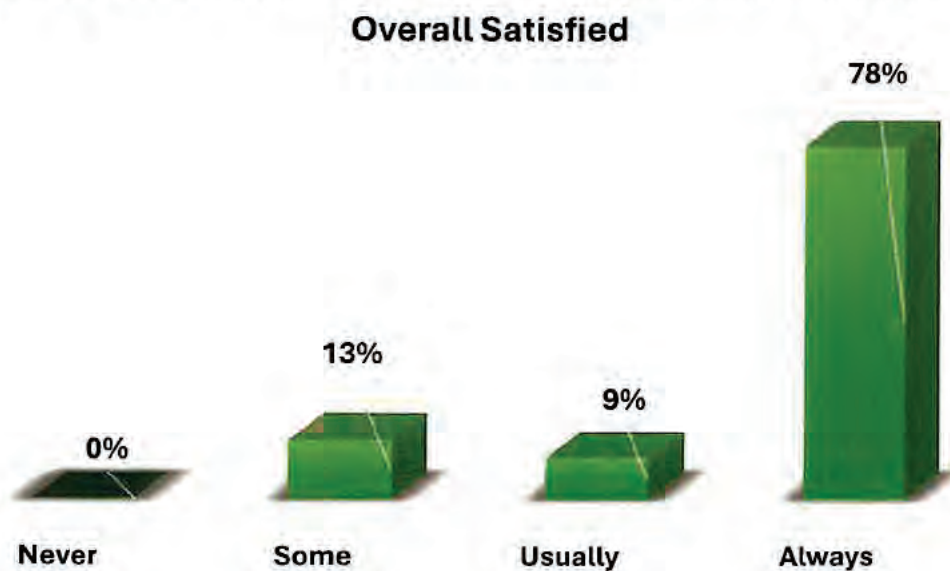


Chart 4: Overall Satisfaction – 87% stated they were satisfied with this service.



Customer Comments:

- Don't like shredded meat
- Dislike shredded meat
- Give us bananas, stop the shredded meat



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE
100

Establishment Name Congregate Feeding/Chippington Towers II Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
 Address 1310 Coreland Dr. ☐ Temporary ☐ Seasonal
 City Madison Time in 10:50 AM AM / PM Time out 11:10 AM AM / PM
 Inspection Date 11/20/2025 Establishment # 605049737 Embargoed 0
 Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other: _____
 Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats _____

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS
 (Mark compliance status (IN, OUT, NA, NO) for each as observed. For some marked OUT, mark COS or R for each item as applicable. Defect points for category or subcategory.)

IN	OUT	NA	NO	COS	R	WT	Compliance Status
1	IN	OUT	NA	NO		5	Supervision Person in charge present, demonstrates knowledge and performs duties
2	IN	OUT	NA	NO		5	Employee Health Management and food employee awareness, reporting
3	IN	OUT	NA	NO		5	Proper use of restriction and exclusion
4	IN	OUT	NA	NO		5	Good Hygiene Practices Proper eating, drinking or tobacco use
5	IN	OUT	NA	NO		5	No discharge from eyes, nose, and mouth
6	IN	OUT	NA	NO		5	Preventing Contamination by Hands Hands clean and properly washed
7	IN	OUT	NA	NO		5	No bare-hand contact with ready-to-eat foods or approved alternate procedures followed
8	IN	OUT	NA	NO		2	Handwashing sink properly supplied and accessible
9	IN	OUT	NA	NO		5	Approved Source Food obtained from approved source
10	IN	OUT	NA	NO		5	Food received at proper temperature
11	IN	OUT	NA	NO		5	Food in good condition, safe, and undisturbed
12	IN	OUT	NA	NO		5	Required records available: shell stock tags, parasite destruction
13	IN	OUT	NA	NO		4	Protection from Contamination Food separated and protected
14	IN	OUT	NA	NO		5	Food-contact surfaces: cleaned and sanitized
15	IN	OUT	NA	NO		2	Proper disposal of unsafe food; returned food not re-served
16	IN	OUT	NA	NO		5	Cooling and Reheating of Time/Temperature Control For Safety (TCS) Foods Proper cooling time and temperatures
17	IN	OUT	NA	NO		5	Proper reheating procedures for hot holding
18	IN	OUT	NA	NO		5	Cooling and Holding, Date Marking, and Time as a Public Health Control Proper cooling time and temperature
19	IN	OUT	NA	NO		5	Proper hot holding temperatures
20	IN	OUT	NA	NO		5	Proper cold holding temperatures
21	IN	OUT	NA	NO		5	Proper date marking and disposition
22	IN	OUT	NA	NO		5	Time as a public health control: procedures and records
23	IN	OUT	NA	NO		4	Consumer Advisory Consumer advisory provided for raw and undercooked food
24	IN	OUT	NA	NO		5	Highly Susceptible Populations Pasteurized foods used; prohibited foods not offered
25	IN	OUT	NA	NO		5	Cleanliness Food additives: approved and properly used
26	IN	OUT	NA	NO		5	Toxic substances properly identified, stored, used
27	IN	OUT	NA	NO		5	Conformance with Approved Procedures Compliance with variance, specialized process, and HACCP plan

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES
 (Mark compliance status (IN, OUT, NA, NO) for each as observed. For some marked OUT, mark COS or R for each item as applicable. Defect points for category or subcategory.)

IN	OUT	NA	NO	COS	R	WT	Compliance Status
28	OUT					1	Safe Food and Water Pasteurized eggs used where required
29	OUT					2	Water and ice from approved source
30	OUT					1	Insurance obtained for specialized processing methods
31	OUT					2	Food Temperature Control Proper cooling methods used; adequate equipment for temperature control
32	OUT					1	Flam food properly cooked for hot holding
33	OUT					1	Approved thawing methods used
34	OUT					1	Thermometers provided and accurate
35	OUT					1	Food Identification Food properly labeled; original container; required records available
36	OUT					2	Prevention of Food Contamination Insects, rodents, and animals not present
37	OUT					1	Contamination prevented during food preparation, storage & display
38	OUT					1	Personal cleanliness
39	OUT					1	Wiping cloths: properly used and stored
40	OUT					1	Washing fruits and vegetables
41	OUT					1	Proper Use of Utensils In-use utensils properly stored
42	OUT					1	Utensils, equipment and linens properly stored, dried, handled
43	OUT					1	Single-use/single-service articles properly stored, used
44	OUT					1	Linens used properly
45	OUT					1	Utensils and Equipment Food and nonfood contact surfaces cleanable, properly designed, constructed, and used
46	OUT					1	Waterwashing facilities installed, maintained, used, test strips
47	OUT					1	Nonfood-contact surfaces clean
48	OUT					2	Physical Facilities Hot and cold water available; adequate pressure
49	OUT					2	Pumbing installed; proper backflow devices
50	OUT					2	Sewage and waste water properly disposed
51	OUT					1	Toilet facilities properly constructed, supplied, cleaned
52	OUT					1	Garbage/refuse properly disposed; facilities maintained
53	OUT					1	Physical facilities installed, maintained, and clean
54	OUT					1	Adequate ventilation and lighting; designated areas used
55	OUT					0	Administrative Items Current permit posted
56	OUT					0	Most recent inspection posted
57	OUT					0	Compliance Status Non-Smokers Protection Act
58	OUT					0	Compliance with TN Non-Smokers Protection Act
59	OUT					0	Tobacco products offered for sale
60	OUT					0	Ill tobacco products are sold; USDA survey completed

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Items identified as contributing imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 26-14-101, 26-14-102, 26-14-103, 26-14-104, 26-14-105, 26-14-106, 26-14-107, 26-14-108, 26-14-109, 26-14-110, 26-14-111, 26-14-112, 26-14-113, 26-14-114, 26-14-115, 26-14-116, 26-14-117, 26-14-118, 26-14-119, 26-14-120, 26-14-121, 26-14-122, 26-14-123, 26-14-124, 26-14-125, 26-14-126, 26-14-127, 26-14-128, 26-14-129, 26-14-130, 26-14-131, 26-14-132, 26-14-133, 26-14-134, 26-14-135, 26-14-136, 26-14-137, 26-14-138, 26-14-139, 26-14-140, 26-14-141, 26-14-142, 26-14-143, 26-14-144, 26-14-145, 26-14-146, 26-14-147, 26-14-148, 26-14-149, 26-14-150, 26-14-151, 26-14-152, 26-14-153, 26-14-154, 26-14-155, 26-14-156, 26-14-157, 26-14-158, 26-14-159, 26-14-160, 26-14-161, 26-14-162, 26-14-163, 26-14-164, 26-14-165, 26-14-166, 26-14-167, 26-14-168, 26-14-169, 26-14-170, 26-14-171, 26-14-172, 26-14-173, 26-14-174, 26-14-175, 26-14-176, 26-14-177, 26-14-178, 26-14-179, 26-14-180, 26-14-181, 26-14-182, 26-14-183, 26-14-184, 26-14-185, 26-14-186, 26-14-187, 26-14-188, 26-14-189, 26-14-190, 26-14-191, 26-14-192, 26-14-193, 26-14-194, 26-14-195, 26-14-196, 26-14-197, 26-14-198, 26-14-199, 26-14-200, 26-14-201, 26-14-202, 26-14-203, 26-14-204, 26-14-205, 26-14-206, 26-14-207, 26-14-208, 26-14-209, 26-14-210, 26-14-211, 26-14-212, 26-14-213, 26-14-214, 26-14-215, 26-14-216, 26-14-217, 26-14-218, 26-14-219, 26-14-220, 26-14-221, 26-14-222, 26-14-223, 26-14-224, 26-14-225, 26-14-226, 26-14-227, 26-14-228, 26-14-229, 26-14-230, 26-14-231, 26-14-232, 26-14-233, 26-14-234, 26-14-235, 26-14-236, 26-14-237, 26-14-238, 26-14-239, 26-14-240, 26-14-241, 26-14-242, 26-14-243, 26-14-244, 26-14-245, 26-14-246, 26-14-247, 26-14-248, 26-14-249, 26-14-250, 26-14-251, 26-14-252, 26-14-253, 26-14-254, 26-14-255, 26-14-256, 26-14-257, 26-14-258, 26-14-259, 26-14-260, 26-14-261, 26-14-262, 26-14-263, 26-14-264, 26-14-265, 26-14-266, 26-14-267, 26-14-268, 26-14-269, 26-14-270, 26-14-271, 26-14-272, 26-14-273, 26-14-274, 26-14-275, 26-14-276, 26-14-277, 26-14-278, 26-14-279, 26-14-280, 26-14-281, 26-14-282, 26-14-283, 26-14-284, 26-14-285, 26-14-286, 26-14-287, 26-14-288, 26-14-289, 26-14-290, 26-14-291, 26-14-292, 26-14-293, 26-14-294, 26-14-295, 26-14-296, 26-14-297, 26-14-298, 26-14-299, 26-14-300, 26-14-301, 26-14-302, 26-14-303, 26-14-304, 26-14-305, 26-14-306, 26-14-307, 26-14-308, 26-14-309, 26-14-310, 26-14-311, 26-14-312, 26-14-313, 26-14-314, 26-14-315, 26-14-316, 26-14-317, 26-14-318, 26-14-319, 26-14-320, 26-14-321, 26-14-322, 26-14-323, 26-14-324, 26-14-325, 26-14-326, 26-14-327, 26-14-328, 26-14-329, 26-14-330, 26-14-331, 26-14-332, 26-14-333, 26-14-334, 26-14-335, 26-14-336, 26-14-337, 26-14-338, 26-14-339, 26-14-340, 26-14-341, 26-14-342, 26-14-343, 26-14-344, 26-14-345, 26-14-346, 26-14-347, 26-14-348, 26-14-349, 26-14-350, 26-14-351, 26-14-352, 26-14-353, 26-14-354, 26-14-355, 26-14-356, 26-14-357, 26-14-358, 26-14-359, 26-14-360, 26-14-361, 26-14-362, 26-14-363, 26-14-364, 26-14-365, 26-14-366, 26-14-367, 26-14-368, 26-14-369, 26-14-370, 26-14-371, 26-14-372, 26-14-373, 26-14-374, 26-14-375, 26-14-376, 26-14-377, 26-14-378, 26-14-379, 26-14-380, 26-14-381, 26-14-382, 26-14-383, 26-14-384, 26-14-385, 26-14-386, 26-14-387, 26-14-388, 26-14-389, 26-14-390, 26-14-391, 26-14-392, 26-14-393, 26-14-394, 26-14-395, 26-14-396, 26-14-397, 26-14-398, 26-14-399, 26-14-400, 26-14-401, 26-14-402, 26-14-403, 26-14-404, 26-14-405, 26-14-406, 26-14-407, 26-14-408, 26-14-409, 26-14-410, 26-14-411, 26-14-412, 26-14-413, 26-14-414, 26-14-415, 26-14-416, 26-14-417, 26-14-418, 26-14-419, 26-14-420, 26-14-421, 26-14-422, 26-14-423, 26-14-424, 26-14-425, 26-14-426, 26-14-427, 26-14-428, 26-14-429, 26-14-430, 26-14-431, 26-14-432, 26-14-433, 26-14-434, 26-14-435, 26-14-436, 26-14-437, 26-14-438, 26-14-439, 26-14-440, 26-14-441, 26-14-442, 26-14-443, 26-14-444, 26-14-445, 26-14-446, 26-14-447, 26-14-448, 26-14-449, 26-14-450, 26-14-451, 26-14-452, 26-14-453, 26-14-454, 26-14-455, 26-14-456, 26-14-457, 26-14-458, 26-14-459, 26-14-460, 26-14-461, 26-14-462, 26-14-463, 26-14-464, 26-14-465, 26-14-466, 26-14-467, 26-14-468, 26-14-469, 26-14-470, 26-14-471, 26-14-472, 26-14-473, 26-14-474, 26-14-475, 26-14-476, 26-14-477, 26-14-478, 26-14-479, 26-14-480, 26-14-481, 26-14-482, 26-14-483, 26-14-484, 26-14-485, 26-14-486, 26-14-487, 26-14-488, 26-14-489, 26-14-490, 26-14-491, 26-14-492, 26-14-493, 26-14-494, 26-14-495, 26-14-496, 26-14-497, 26-14-498, 26-14-499, 26-14-500, 26-14-501, 26-14-502, 26-14-503, 26-14-504, 26-14-505, 26-14-506, 26-14-507, 26-14-508, 26-14-509, 26-14-510, 26-14-511, 26-14-512, 26-14-513, 26-14-514, 26-14-515, 26-14-516, 26-14-517, 26-14-518, 26-14-519, 26-14-520, 26-14-521, 26-14-522, 26-14-523, 26-14-524, 26-14-525, 26-14-526, 26-14-527, 26-14-528, 26-14-529, 26-14-530, 26-14-531, 26-14-532, 26-14-533, 26-14-534, 26-14-535, 26-14-536, 26-14-537, 26-14-538, 26-14-539, 26-14-540, 26-14-541, 26-14-542, 26-14-543, 26-14-544, 26-14-545, 26-14-546, 26-14-547, 26-14-548, 26-14-549, 26-14-550, 26-14-551, 26-14-552, 26-14-553, 26-14-554, 26-14-555, 26-14-556, 26-14-557, 26-14-558, 26-14-559, 26-14-560, 26-14-561, 26-14-562, 26-14-563, 26-14-564, 26-14-565, 26-14-566, 26-14-567, 26-14-568, 26-14-569, 26-14-570, 26-14-571, 26-14-572, 26-14-573, 26-14-574, 26-14-575, 26-14-576, 26-14-577, 26-14-578, 26-14-579, 26-14-580, 26-14-581, 26-14-582, 26-14-583, 26-14-584, 26-14-585, 26-14-586, 26-14-587, 26-14-588, 26-14-589, 26-14-590, 26-14-591, 26-14-592, 26-14-593, 26-14-594, 26-14-595, 26-14-596, 26-14-597, 26-14-598, 26-14-599, 26-14-600, 26-14-601, 26-14-602, 26-14-603, 26-14-604, 26-14-605, 26-14-606, 26-14-607, 26-14-608, 26-14-609, 26-14-610, 26-14-611, 26-14-612, 26-14-613, 26-14-614, 26-14-615, 26-14-616, 26-14-617, 26-14-618, 26-14-619, 26-14-620, 26-14-621, 26-14-622, 26-14-623, 26-14-624, 26-14-625, 26-14-626, 26-14-627, 26-14-628, 26-14-629, 26-14-630, 26-14-631, 26-14-632, 26-14-633, 26-14-634, 26-14-635, 26-14-636, 26-14-637, 26-14-638, 26-14-639, 26-14-640, 26-14-641, 26-14-642, 26-14-643, 26-14-644, 26-14-645, 26-14-646, 26-14-647, 26-14-648, 26-14-649, 26-14-650, 26-14-651, 26-14-652, 26-14-653, 26-14-654, 26-14-655, 26-14-656, 26-14-657, 26-14-658, 26-14-659, 26-14-660, 26-14-661, 26-14-662, 26-14-663, 26-14-664, 26-14-665, 26-14-666, 26-14-667, 26-14-668, 26-14-669, 26-14-670, 26-14-671, 26-14-672, 26-14-673, 26-14-674, 26-14-675, 26-14-676, 26-14-677, 26-14-678, 26-14-679, 26-14-680, 26-14-681, 26-14-682, 26-14-683, 26-14-684, 26-14-685, 26-14-686, 26-14-687, 26-14-688, 26-14-689, 26-14-690, 26-14-691, 26-14-692, 26-14-693, 26-14-694, 26-14-695, 26-14-696, 26-14-697, 26-14-698, 26-14-699, 26-14-700, 26-14-701, 26-14-702, 26-14-703, 26-14-704, 26-14-705, 26-14-706, 26-14-707, 26-14-708, 26-14-709, 26-14-710, 26-14-711, 26-14-712, 26-14-713, 26-14-714, 26-14-715, 26-14-716, 26-14-717, 26-14-718, 26-14-719, 26-14-720, 26-14-721, 26-14-722, 26-14-723, 26-14-724, 26-14-725, 26-14-726, 26-14-727, 26-14-728, 26-14-729, 26-14-730, 26-14-731, 26-14-732, 26-14-733, 26-14-734, 26-14-735, 26-14-736, 26-14-737, 26-14-738, 26-14-739, 26-14-740, 26-14-741, 26-14-742, 26-14-743, 26-14-744, 26-14-745, 26-14-746, 26-14-747, 26-14-748, 26-14-749, 26-14-750, 26-14-751, 26-14-752, 26-14-753, 26-14-754, 26-14-755, 26-14-756, 26-14-757, 26-14-758, 26-14-759, 26-14-760, 26-14-761, 26-14-762, 26-14-763, 26-14-764, 26-14-765, 26-14-766, 26-14-767, 26-14-768, 26-14-769, 26-14-770, 26-14-771, 26-14-772, 26-14-773, 26-14-774, 26-14-775, 26-14-776, 26-14-777, 26-14-778, 26-14-779, 26-14-780, 26-



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

Establishment Name Congregate Feeding/Cohn Adult Type of Establishment ☒ Farmer's Market Food Unit
4800 Park Ave. ☒ Permanent ☐ Mobile
City Nashville Time in 12:15 PM AM / PM Time out 12:45 PM AM / PM
Inspection Date 11/21/2025 Establishment # 605047745 Embargoed 0
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance				OUT=not in compliance				NA=not applicable				NO=not observed				COS=corrected on-site during inspection				R=repeat violation of the same code provision			
Compliance Status								Compliance Status								Compliance Status							
IN	OUT	NA	NO		COS	R	WT	IN	OUT	NA	NO		COS	R	WT	IN	OUT	NA	NO		COS	R	WT
Supervision																							
1	☒	☐	☐	Person in charge present, demonstrates knowledge, and performs duties	☐	☐	5																
Employee Health																							
2	☒	☐	☐	Management and food employee awareness, reporting	☐	☐	5																
3	☒	☐	☐	Proper use of restraint and exclusion	☐	☐	5																
Good Hygienic Practices																							
4	☒	☐	☐	Proper eating, drinking, or tobacco use	☐	☐	6																
5	☒	☐	☐	No discharge from eyes, nose, and mouth	☐	☐	6																
Preventing Contamination by Hands																							
6	☒	☐	☐	Hands clean and properly washed	☐	☐	5																
7	☒	☐	☐	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	☐	☐	5																
8	☒	☐	☐	Handwashing sinks properly supplied and accessible	☐	☐	7																
Approved Sources																							
9	☒	☐	☐	Food obtained from approved source	☐	☐	5																
10	☒	☐	☐	Food received at proper temperature	☐	☐	5																
11	☒	☐	☐	Food in good condition, safe, and unadulterated	☐	☐	5																
12	☒	☐	☐	Required records available: shell stock tags, parasite destruction	☐	☐	5																
Protection from Contamination																							
13	☒	☐	☐	Food separated and protected	☐	☐	4																
14	☒	☐	☐	Food-contact surfaces, cleaned and sanitized	☐	☐	5																
15	☒	☐	☐	Proper disposition of unsafe food, returned food not re-served	☐	☐	2																
Cooking and Reheating of Time/Temperature Control for Safety (TCS) Foods																							
16	☒	☐	☐	Proper cooking time and temperatures	☐	☐	5																
17	☒	☐	☐	Proper reheating procedures for hot holding	☐	☐	5																
Cooling and Holding, Date Marking, and Time as a Public Health Control																							
18	☒	☐	☐	Proper cooling time and temperature	☐	☐	5																
19	☒	☐	☐	Proper hot holding temperatures	☐	☐	5																
20	☒	☐	☐	Proper cold holding temperatures	☐	☐	5																
21	☒	☐	☐	Proper date marking and disposition	☐	☐	5																
22	☒	☐	☐	Time as a public health control: procedures and records	☐	☐	5																
Consumer Advisory																							
23	☒	☐	☐	Consumer advisory provided for raw and undercooked food	☐	☐	4																
Highly Susceptible Populations																							
24	☒	☐	☐	Pasteurized foods used, prohibited foods not offered	☐	☐	5																
Chemicals																							
25	☒	☐	☐	Food additives, approved and properly used	☐	☐	5																
26	☒	☐	☐	Toxic substances properly identified, stored, used	☐	☐	5																
Conformance with Approved Procedures																							
27	☒	☐	☐	Compliance with variance, specialized process, and HACCP plan	☐	☐	5																

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

OUT=not in compliance				COS=corrected on-site during inspection				R=repeat violation of the same code provision							
Compliance Status								Compliance Status							
OUT		COS	R	WT	OUT		COS	R	WT						
Safe Food and Water															
28	☒	☐	☐	1	45	☒	☐	☐	1						
29	☒	☐	☐	2	46	☒	☐	☐	1						
30	☒	☐	☐	1	47	☒	☐	☐	1						
Food Temperature Control															
31	☒	☐	☐	2											
32	☒	☐	☐	1											
33	☒	☐	☐	1											
34	☒	☐	☐	1											
Food Identification															
35	☒	☐	☐	1											
Prevention of Food Contamination															
36	☒	☐	☐	2											
37	☒	☐	☐	1											
38	☒	☐	☐	1											
39	☒	☐	☐	1											
40	☒	☐	☐	1											
Proper Use of Utensils															
41	☒	☐	☐	1											
42	☒	☐	☐	1											
43	☒	☐	☐	1											
44	☒	☐	☐	1											
Administrative Items															
55	☒	☐	☐	6											
56	☒	☐	☐	6											
Compliance Status															
Non-Smokers Protection Act															
57	☒	☐	☐	0											
58	☒	☐	☐	0											
59	☒	☐	☐	0											

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing to imminent health hazards shall be corrected immediately or operators shall cease. You are required to send the food service establishment permit in a conspicuous manner and post the initial future inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report.

Signature of Person in Charge [Signature] Date 11/21/2025 Signature of Environmental Health Specialist [Signature] Date 11/21/2025

Additional food safety information can be found on our website: <http://tn.gov/health/article/en-foodservice>

Free food safety training classes are available each month at the county health department. Please call () 6153405620 to sign-up for a class. RDA 629



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

Establishment Name Congregate Feeding Cumberland View Tower Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile

Address 1201 Cheyenne Blvd. ☐ Temporary ☐ Seasonal

City Madison Time in 10:35 AM AM / PM Time out 10:50 AM AM / PM

Inspection Date 09/10/2025 Establishment # 605049729 Embargoed 0

Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats _____

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
Supervision							
1	☒	☐	☐	Person in charge present, demonstrates knowledge, and performs duties.	☐	☐	5
Employee Health							
2	☐	☐	☐	Management and food employee awareness, recognition, and proper use of restriction and exclusion.	☐	☐	5
Good Hygiene Practices							
4	☐	☐	☐	Proper eating, tasting, drinking, or avoidance use.	☐	☐	5
5	☒	☐	☐	No discharge from eyes, nose, and mouth.	☐	☐	5
Preventing Contamination by Hands							
6	☒	☐	☐	Hands clean and properly washed.	☐	☐	5
7	☒	☐	☐	No bare hand contact with ready-to-eat foods or approved alternative procedure followed.	☐	☐	5
Approved Source							
8	☒	☐	☐	Food obtained from approved source.	☐	☐	2
9	☒	☐	☐	Food received at proper temperature.	☐	☐	5
10	☒	☐	☐	Food in good condition, safe, and unadulterated.	☐	☐	5
11	☒	☐	☐	Required records available: shell stock tags, parasite destruction.	☐	☐	5
Protection from Contamination							
12	☒	☐	☐	Food separated and protected.	☐	☐	4
13	☒	☐	☐	Food-contact surfaces, cleaned and sanitized.	☐	☐	5
14	☒	☐	☐	Proper disposition of unsafe food; returned food not re-served.	☐	☐	2
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods							
16	☐	☐	☐	Proper cooking time and temperatures.	☐	☐	5
17	☐	☐	☐	Proper reheating procedures for hot holding.	☐	☐	5
Cooling and Holding, Date Marking, and Time as a Public Health Control							
18	☐	☐	☐	Proper cooling time and temperature.	☐	☐	5
19	☒	☐	☐	Proper hot holding temperatures.	☐	☐	5
20	☒	☐	☐	Proper cold holding temperatures.	☐	☐	5
21	☒	☐	☐	Proper date marking and disposition.	☐	☐	5
22	☐	☐	☐	Time as a public health control procedures and records.	☐	☐	5
Consumer Advisory							
23	☐	☐	☐	Consumer advisory provided for raw and undercooked food.	☐	☐	4
Highly Susceptible Populations							
24	☐	☐	☐	Pasteurized foods used; prohibited foods not offered.	☐	☐	5
Chemicals							
25	☐	☐	☐	Food additives approved and properly used.	☐	☐	5
26	☒	☐	☐	Toxic substances properly identified, stored, used.	☐	☐	5
Conformance with Approved Procedures							
27	☐	☐	☐	Compliance with variance, specialized process, and HACCP plan.	☐	☐	5

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
Safe Food and Water							
28	☐	☐	☐	Pasteurized eggs used where required.	☐	☐	1
29	☐	☐	☐	Water and ice from approved source.	☐	☐	2
30	☐	☐	☐	Variance obtained for special processing methods.	☐	☐	1
Food Temperature Control							
31	☐	☐	☐	Proper cooling methods used; adequate equipment for temperature control.	☐	☐	2
32	☐	☐	☐	Plant food properly cooked for hot holding.	☐	☐	1
33	☐	☐	☐	Approved thawing methods used.	☐	☐	1
34	☒	☐	☐	Thermometers provided and accurate.	☐	☐	1
Food Identification							
35	☐	☐	☐	Food properly labeled; original container; required records available.	☐	☐	1
Prevention of Food Contamination							
36	☐	☐	☐	Insects, rodents, and animals not present.	☐	☐	2
37	☐	☐	☐	Contamination prevented during food preparation, storage & display.	☐	☐	1
38	☐	☐	☐	Personal cleanliness.	☐	☐	1
39	☐	☐	☐	Cleaning cloths, properly used and stored.	☐	☐	1
40	☐	☐	☐	Wash cloths and vegetables.	☐	☐	1
Proper Use of Utensils							
41	☐	☐	☐	In-use utensils; properly stored.	☐	☐	1
42	☐	☐	☐	Utensils; equipment and pans, properly stored; dried; handled.	☐	☐	1
43	☐	☐	☐	Single-use/single-service articles; properly stored; used.	☐	☐	1
44	☐	☐	☐	Linens; used properly.	☐	☐	1
Utensils and Equipment							
45	☐	☐	☐	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used.	☐	☐	1
46	☐	☐	☐	Washing facilities; installed; maintained; used; test strips.	☐	☐	1
47	☐	☐	☐	Nonfood-contact surfaces clean.	☐	☐	1
Physical Facilities							
48	☐	☐	☐	Hot and cold water available; adequate pressure.	☐	☐	2
49	☐	☐	☐	Plumbing installed; proper backflow devices.	☐	☐	2
50	☐	☐	☐	Sewage and waste water properly disposed.	☐	☐	2
51	☐	☐	☐	Toilet facilities; properly constructed; supplied; cleaned.	☐	☐	1
52	☐	☐	☐	Garbage/refuse properly disposed; facilities maintained.	☐	☐	1
53	☐	☐	☐	Physical facilities installed, maintained, and clean.	☐	☐	1
54	☐	☐	☐	Adequate ventilation and lighting; designated areas used.	☐	☐	1
Administrative Items							
55	☐	☐	☐	Current permit posted.	☐	☐	0
56	☒	☐	☐	Most recent inspection posted.	☐	☐	0
Compliance Status							
					YES	NO	WT
Non-Smokers Protection Act							
57	☒	☐	☐	Compliance with TN Non-Smokers Protection Act.	☐	☐	0
58	☐	☐	☐	Tobacco products offered for sale.	☐	☐	0
59	☐	☐	☐	If tobacco products are sold, TSPNA survey completed.	☐	☐	0

Failure to correct any violations of this Food Service within ten (10) days may result in suspension of your food service establishment permit. Repeated violations of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing to food safety hazards shall be corrected immediately for operations that create. You are required to post the food service establishment permit in a conspicuous location and post the food service inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 58-14-701, 58-14-704, 58-14-705, 58-14-706, 58-14-711, 58-14-712, 58-14-713, 58-14-714, 58-14-715, 58-14-716, 58-14-717.

Signature of Person in Charge [Signature] Date 09/10/2025 Signature of Environmental Health Specialist [Signature] Date 09/10/2025

*** Additional food safety information can be found on our website: <http://tn.gov/health/article/eh-food-service> ***

Free food safety training classes are available each month at the county health department. Please call () 6153405620 to sign-up for a class. RDA 625



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE
100

Establishment Name: Congregate Feeding East Park Type of Establishment: ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile

Address: 601 Russell St. ☐ Temporary ☐ Seasonal

City: Nashville Time in: 11:00 AM AM / PM Time out: 11:20 AM AM / PM

Inspection Date: 10/28/2025 Establishment #: 605198152 Embargoed: 0

Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category: 01 ☒ 02 ☐ 03 ☐ 04 Follow-up Required: ☐ Yes ☒ No Number of Seats: 30

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)														
IN=In compliance				OUT=Not in compliance				NA=Not applicable				NO=Not observed		
COS=corrected onsite during inspection														
R=repeat violation of the same code (revisit)														
Compliance Status														
				COS				R				WT		
Supervision														
1	IN	OUT	NA	NO	Person in charge present, demonstrates knowledge and performs duties.	☐	☐	☐	☐	☐	☐	☐	☐	5
Employee Health														
2	IN	OUT	NA	NO	Management and food operators aware of illness reporting.	☐	☐	☐	☐	☐	☐	☐	☐	5
3	IN	OUT	NA	NO	Proper use of restriction and exclusion.	☐	☐	☐	☐	☐	☐	☐	☐	5
Good Hygienic Practices														
4	IN	OUT	NA	NO	Proper eating, drinking, and use of tobacco use.	☐	☐	☐	☐	☐	☐	☐	☐	5
5	IN	OUT	NA	NO	Hand hygiene: face, nose, and mouth.	☐	☐	☐	☐	☐	☐	☐	☐	5
Preventing Contamination by Hands														
6	IN	OUT	NA	NO	Hands clean and properly washed.	☐	☐	☐	☐	☐	☐	☐	☐	5
7	IN	OUT	NA	NO	Hand bare hand contact with ready-to-eat foods or approved alternate procedures followed.	☐	☐	☐	☐	☐	☐	☐	☐	5
8	IN	OUT	NA	NO	Minimizing use of properly stored and accessible.	☐	☐	☐	☐	☐	☐	☐	☐	5
Approved Source														
9	IN	OUT	NA	NO	Food obtained from approved source.	☐	☐	☐	☐	☐	☐	☐	☐	5
10	IN	OUT	NA	NO	Food required at proper temperature.	☐	☐	☐	☐	☐	☐	☐	☐	5
11	IN	OUT	NA	NO	Food in good condition, safe, and unadulterated.	☐	☐	☐	☐	☐	☐	☐	☐	5
12	IN	OUT	NA	NO	Required records available: shell stock tags, parasite instruction.	☐	☐	☐	☐	☐	☐	☐	☐	5
Protection from Contamination														
13	IN	OUT	NA	NO	Food separated and protected.	☐	☐	☐	☐	☐	☐	☐	☐	4
14	IN	OUT	NA	NO	Food-contact surfaces, cleaned and sanitized.	☐	☐	☐	☐	☐	☐	☐	☐	5
15	IN	OUT	NA	NO	Proper disposition of unsafe food, returned food not re-served.	☐	☐	☐	☐	☐	☐	☐	☐	2
Cooking and Reheating of Time/Temperature Control for Safety (TCS) Foods														
16	IN	OUT	NA	NO	Proper cooking time and temperatures.	☐	☐	☐	☐	☐	☐	☐	☐	5
17	IN	OUT	NA	NO	Proper reheating procedures for hot holding.	☐	☐	☐	☐	☐	☐	☐	☐	5
Cooking and Holding, Date Marking, and Time as a Public Health Control														
18	IN	OUT	NA	NO	Proper cooking time and temperature.	☐	☐	☐	☐	☐	☐	☐	☐	5
19	IN	OUT	NA	NO	Proper hot holding temperatures.	☐	☐	☐	☐	☐	☐	☐	☐	5
20	IN	OUT	NA	NO	Proper cold holding temperatures.	☐	☐	☐	☐	☐	☐	☐	☐	5
21	IN	OUT	NA	NO	Proper date marking and discoloration.	☐	☐	☐	☐	☐	☐	☐	☐	5
22	IN	OUT	NA	NO	Time as a public health control: procedures and records.	☐	☐	☐	☐	☐	☐	☐	☐	5
Consumer Advisory														
23	IN	OUT	NA	NO	Consumer advisory provided for raw and undercooked food.	☐	☐	☐	☐	☐	☐	☐	☐	4
Highly Susceptible Populations														
24	IN	OUT	NA	NO	Pasteurized foods used, probiotic foods not offered.	☐	☐	☐	☐	☐	☐	☐	☐	5
Chemicals														
25	IN	OUT	NA	NO	Food additives, approved and properly used.	☐	☐	☐	☐	☐	☐	☐	☐	5
26	IN	OUT	NA	NO	Toxic substances properly identified, stored, used.	☐	☐	☐	☐	☐	☐	☐	☐	5
Conformance with Approved Procedures														
27	IN	OUT	NA	NO	Compliance with variance, specialized process, and HACCP plan.	☐	☐	☐	☐	☐	☐	☐	☐	5



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE

100

Establishment Name: Congregate Feeding Elizabeth Ctr Type of Establishment: ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
 Address: 1701 Arthur St & 11th Ave. ☐ Temporary ☐ Seasonal
 City: Nashville Time in: 10:40 AM AM / PM Time out: 10:55 AM AM / PM
 Inspection Date: 09/18/2025 Establishment #: 605087149 Embargoed: 0
 Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
 Risk Category: O1 ☒ O2 ☐ O3 ☐ O4 Follow-up Required: ☐ Yes ☒ No Number of Seats: 25

Task factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each assessed item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN	OUT	NA	NO	COS	R	WT	Compliance Status
Supervision							
1	☒	☐	☐	☐	☐	5	Person in charge present, demonstrates knowledge and performs duties.
Employee Health							
2	☒	☐	☐	☐	☐	5	Management and food employee awareness, recording
3	☒	☐	☐	☐	☐	5	Proper use of restriction and exclusion
Good Hygienic Practices							
4	☒	☐	☐	☐	☐	5	Proper eating, stirring, drinking or tobacco use
5	☒	☐	☐	☐	☐	5	No discharge from eyes, nose, and mouth
Preventing Contamination by Hands							
6	☒	☐	☐	☐	☐	5	Hands clean and properly washed
7	☒	☐	☐	☐	☐	5	No bare-hand contact with ready-to-eat foods or approved alternative procedures followed
8	☒	☐	☐	☐	☐	7	Handwashing sink properly supplied and accessible
Approved Source							
9	☒	☐	☐	☐	☐	5	Food obtained from approved source
10	☒	☐	☐	☐	☐	5	Food received at proper temperature
11	☒	☐	☐	☐	☐	5	Food in good condition, safe, and unspoiled
12	☒	☐	☐	☐	☐	5	Required records available, shelf stock tags, parasite destruction
Protection from Contamination							
13	☒	☐	☐	☐	☐	4	Food separated and protected
14	☒	☐	☐	☐	☐	5	Food-contact surfaces, cleaned and sanitized
15	☒	☐	☐	☐	☐	2	Proper disposition of unsafe food, returned food not re-served

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

IN	OUT	NA	NO	COS	R	WT	Compliance Status
Safe Food and Water							
28	☒	☐	☐	☐	☐	1	Pasteurized eggs used where required
29	☒	☐	☐	☐	☐	2	Water and ice from approved source
30	☒	☐	☐	☐	☐	1	Water use sufficient for food processing methods
Food Temperature Control							
31	☒	☐	☐	☐	☐	2	Proper cooking methods used, adequate equipment for temperature control
32	☒	☐	☐	☐	☐	1	Hot food properly cooked for hot holding
33	☒	☐	☐	☐	☐	1	Approved thawing methods used
34	☒	☐	☐	☐	☐	1	Thermometers provided and accurate
Food Identification							
35	☒	☐	☐	☐	☐	1	Food properly labeled, original container, required records available
Prevention of Food Contamination							
36	☒	☐	☐	☐	☐	2	Insects, rodents, and animals not present
37	☒	☐	☐	☐	☐	1	Contamination prevented during food preparation, storage & display
38	☒	☐	☐	☐	☐	1	Personal cleanliness
39	☒	☐	☐	☐	☐	1	Wiping cloths, properly used and stored
40	☒	☐	☐	☐	☐	1	Washing fruits and vegetables
Proper Use of Utensils							
41	☒	☐	☐	☐	☐	1	In-use utensils, properly stored
42	☒	☐	☐	☐	☐	1	Utensils, equipment and tools, properly stored, dried, handled
43	☒	☐	☐	☐	☐	1	Single-use/single-service articles, properly stored, used
44	☒	☐	☐	☐	☐	1	Utensils, stored properly

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeat violation of an internal risk factor may result in suspension of your food service establishment permit. Items identified as contributing internal health factors shall be corrected immediately or operators shall cease. You are required to post the final correct internal health factors permit in a conspicuous manner and post the next report immediately report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. §§ 26-2-702, 26-2-703, 26-2-704, 26-2-705, 26-2-706, 26-2-707, 26-2-708, 26-2-709, 26-2-710, 26-2-711, 26-2-712, 26-2-713, 26-2-714, 26-2-715, 26-2-716, 26-2-717, 26-2-718, 26-2-719.

Signature of Person in Charge: [Signature] Date: 09/18/2025
 Signature of Environmental Health Specialist: [Signature] Date: 09/18/2025

Additional food safety information can be found on our website: <http://tn.gov/health/articles/leh-foodservice>

Free food safety training classes are available each month at the county health department. Please call (615) 340-5620 to sign-up for a class. RCA 625



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE
100

Establishment Name: Fifty Forward Bordeaux Type of Establishment: ☒ Farmer's Market Food Unit
☒ Permanent ☐ Mobile
Address: 1010 Camilla Caldwell Ln
City: Nashville Time at: 11:50 AM AM / PM Time out: 12:00 PM AM / PM
Inspection Date: 12/02/2025 Establishment #: 605328795 Embargoed: 0
Purpose of Inspection: ☐ Routine ☒ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category: ☐ 01 ☒ 02 ☐ 03 ☐ 04 Follow-up Required: ☐ Yes ☒ No Number of Seats: 20

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each assessed item. For NA, mark OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Compliance Status				COS	R	WT
IN	OUT	NA	NO			
Supervision						
1	☒	☐		Person in charge present, demonstrates knowledge and performs duties.	0	5
Employee Health						
2	☒	☐		Management and food employee awareness, reporting	0	5
3	☒	☐		Proper use of restriction and exclusion	0	5
Good Hygienic Practices						
4	☒	☐		Proper mixing, tasting, drinking or tobacco use	0	5
5	☒	☐		No discharge from eyes, nose and mouth	0	5
Preventing Contamination by Hands						
6	☒	☐		Hands clean and properly washed	0	6
7	☒	☐		No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	6
Approved Source						
8	☒	☐		Food obtained from approved source	0	5
9	☒	☐		Food received at proper temperature	0	5
10	☒	☐		Food in good condition, safe, and undeteriorated	0	5
11	☒	☐		Required records available: shelf stock logs, parasite destruction	0	5
Protection from Contamination						
12	☒	☐		Food separated and protected	0	4
13	☒	☐		Food-contact surfaces: cleaned and sanitized	0	5
14	☒	☐		Proper disposition of unsale food, returned food not re-served	0	2
15	☒	☐			0	2

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Compliance Status				COS	R	WT
IN	OUT	NA	NO			
Safe Food and Water						
28	☐	☐		Pasteurized eggs used where required	0	1
29	☐	☐		Water and ice from approved source	0	2
30	☐	☐		Water obtained for specialized processing methods	0	1
Food Temperature Control						
31	☐	☐		Proper cooking methods used, adequate equipment for temperature control	0	2
32	☐	☐		Hot food properly cooked for hot holding	0	1
33	☐	☐		Approved thawing methods used	0	1
34	☐	☐		Thermometers provided and accurate	0	1
Food Identification						
35	☐	☐		Food properly labeled: original container, required records available	0	1
Prevention of Food Contamination						
36	☐	☐		Insects, rodents, and animals not present	0	2
37	☐	☐		Contamination prevented during food preparation, storage & display	0	1
38	☐	☐		Personal cleanliness	0	1
39	☐	☐		Wiping cloths, pre-sanitized and stored	0	1
40	☐	☐		Washing fruits and vegetables	0	1
Proper Use of Utensils						
41	☐	☐		In-use utensils, properly stored	0	1
42	☐	☐		Utensils, equipment and linens, properly stored, dried, handled	0	1
43	☐	☐		Single-use/single-service articles, properly stored, used	0	1
44	☐	☐		Linens used properly	0	1

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items listed as contributing to imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous place and post the third annual inspection report in a conspicuous place. You have the right to request the health reporting this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T-200, Section 26-1-103, 26-1-104, 26-1-105, 26-1-106, 26-1-107, 26-1-108, 26-1-109, 26-1-110, 26-1-111, 26-1-112, 26-1-113, 26-1-114, 26-1-115, 26-1-116, 26-1-117, 26-1-118, 26-1-119, 26-1-120.

Signature of Person in Charge: [Signature] Date: 12/02/2025 Signature of Environmental Health Specialist: [Signature] Date: 12/02/2025

*** Additional food safety information can be found on our website: <http://tn.gov/health/articles/food-service> ***

Free food safety training classes are available each month at the county health department. Please call () 6153405620 to sign-up for a class.

FDA 629



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE
100

Establishment Name: Congregate Feeding @ Hadley Community Ctr Type of Establishment: ☐ Farmer's Market Food Unit ☒ Permanent ☐ Mobile

Address: 1037 28th AVE N ☐ Temporary ☐ Seasonal

City: Nashville Time in: 12:25 PM AM / PM Time out: 12:55 PM AM / PM

Inspection Date: 11/24/2025 Establishment #: 605188961 Embargoed: 0

Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category: ☐ 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4 Follow-up Required: ☐ Yes ☒ No Number of Seats: 50

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each as indicated. For items marked OUT, IN, NA, CO or R for each item as applicable. Deduct points for category or subcategory.)

Item	Compliance	IN	OUT	NA	NO	Compliance Status	COS	R	WT
Supervision									
1	☒	☐	☐	☐	☐	Person in charge present, demonstrates knowledge, and performs duties	0	0	5
Employee Health									
2	☒	☐	☐	☐	☐	Management and food employee awareness, reporting	0	0	5
3	☒	☐	☐	☐	☐	Proper use of restriction and exclusion	0	0	5
Good Hygienic Practices									
4	☒	☐	☐	☐	☐	Proper eating, drinking, or tobacco use	0	0	5
5	☒	☐	☐	☐	☐	No discharge from eyes, nose, and mouth	0	0	5
Preventing Contamination by Hands									
6	☒	☐	☐	☐	☐	Hands clean and properly washed	0	0	5
7	☒	☐	☐	☐	☐	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	☒	☐	☐	☐	☐	Handwashing sink properly supplied and accessible	0	0	2
Approved Source									
9	☒	☐	☐	☐	☐	Food obtained from approved source	0	0	5
10	☒	☐	☐	☐	☐	Food received at proper temperature	0	0	5
11	☒	☐	☐	☐	☐	Food in proper condition, safe, and undamaged	0	0	5
12	☒	☐	☐	☐	☐	Required records available: shell stock tags, parasite infection	0	0	5
Protection from Contamination									
13	☒	☐	☐	☐	☐	Food separated and protected	0	0	5
14	☒	☐	☐	☐	☐	Food-contact surfaces: cleaned and sanitized	0	0	5
15	☒	☐	☐	☐	☐	Proper disposal of unsafe food, returned food not re-served	0	0	2

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Item	Compliance	IN	OUT	NA	NO	Compliance Status	COS	R	WT
Safe Food and Water									
28	☒	☐	☐	☐	☐	Pasteurized eggs used where required	0	0	2
29	☒	☐	☐	☐	☐	Water and ice from approved source	0	0	1
30	☒	☐	☐	☐	☐	Variances obtained for specialized processing methods	0	0	1
Food Temperature Control									
31	☒	☐	☐	☐	☐	Proper cooling methods used, adequate equipment for temperature control	0	0	2
32	☒	☐	☐	☐	☐	Plant food properly cooled for hot holding	0	0	1
33	☒	☐	☐	☐	☐	Approved thawing methods used	0	0	1
34	☒	☐	☐	☐	☐	Thermometers provided and accurate	0	0	1
Food Identification									
35	☒	☐	☐	☐	☐	Food properly labeled: original container, required records available	0	0	1
Prevention of Pest Contamination									
36	☒	☐	☐	☐	☐	Insects, rodents, and animals not present	0	0	2
37	☒	☐	☐	☐	☐	Contamination prevented during food preparation, storage & display	0	0	1
38	☒	☐	☐	☐	☐	Personal cleanliness	0	0	1
39	☒	☐	☐	☐	☐	Wiping cloths: properly used and stored	0	0	1
40	☒	☐	☐	☐	☐	Washing fruits and vegetables	0	0	1
Proper Use of Utensils									
41	☒	☐	☐	☐	☐	In-use utensils: properly stored	0	0	1
42	☒	☐	☐	☐	☐	Utensils, equipment and linens: properly stored, dried, handled	0	0	1
43	☒	☐	☐	☐	☐	Single-use single-service articles: properly stored, used	0	0	1
44	☒	☐	☐	☐	☐	Cutlery: used properly	0	0	1

Utensils are contact any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeat violations of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing to imminent health risk shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous place and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 26-1-103, 26-1-104, 26-1-105, 26-1-106, 26-1-107, 26-1-111, 26-1-113, 26-1-115, 26-1-116, 26-1-117, 26-1-118, 26-1-119, 26-1-120, 26-1-121, 26-1-122, 26-1-123, 26-1-124, 26-1-125, 26-1-126, 26-1-127, 26-1-128, 26-1-129, 26-1-130, 26-1-131, 26-1-132, 26-1-133, 26-1-134, 26-1-135, 26-1-136, 26-1-137, 26-1-138, 26-1-139, 26-1-140, 26-1-141, 26-1-142, 26-1-143, 26-1-144, 26-1-145, 26-1-146, 26-1-147, 26-1-148, 26-1-149, 26-1-150, 26-1-151, 26-1-152, 26-1-153, 26-1-154, 26-1-155, 26-1-156, 26-1-157, 26-1-158, 26-1-159, 26-1-160, 26-1-161, 26-1-162, 26-1-163, 26-1-164, 26-1-165, 26-1-166, 26-1-167, 26-1-168, 26-1-169, 26-1-170, 26-1-171, 26-1-172, 26-1-173, 26-1-174, 26-1-175, 26-1-176, 26-1-177, 26-1-178, 26-1-179, 26-1-180, 26-1-181, 26-1-182, 26-1-183, 26-1-184, 26-1-185, 26-1-186, 26-1-187, 26-1-188, 26-1-189, 26-1-190, 26-1-191, 26-1-192, 26-1-193, 26-1-194, 26-1-195, 26-1-196, 26-1-197, 26-1-198, 26-1-199, 26-1-200, 26-1-201, 26-1-202, 26-1-203, 26-1-204, 26-1-205, 26-1-206, 26-1-207, 26-1-208, 26-1-209, 26-1-210, 26-1-211, 26-1-212, 26-1-213, 26-1-214, 26-1-215, 26-1-216, 26-1-217, 26-1-218, 26-1-219, 26-1-220, 26-1-221, 26-1-222, 26-1-223, 26-1-224, 26-1-225, 26-1-226, 26-1-227, 26-1-228, 26-1-229, 26-1-230, 26-1-231, 26-1-232, 26-1-233, 26-1-234, 26-1-235, 26-1-236, 26-1-237, 26-1-238, 26-1-239, 26-1-240, 26-1-241, 26-1-242, 26-1-243, 26-1-244, 26-1-245, 26-1-246, 26-1-247, 26-1-248, 26-1-249, 26-1-250, 26-1-251, 26-1-252, 26-1-253, 26-1-254, 26-1-255, 26-1-256, 26-1-257, 26-1-258, 26-1-259, 26-1-260, 26-1-261, 26-1-262, 26-1-263, 26-1-264, 26-1-265, 26-1-266, 26-1-267, 26-1-268, 26-1-269, 26-1-270, 26-1-271, 26-1-272, 26-1-273, 26-1-274, 26-1-275, 26-1-276, 26-1-277, 26-1-278, 26-1-279, 26-1-280, 26-1-281, 26-1-282, 26-1-283, 26-1-284, 26-1-285, 26-1-286, 26-1-287, 26-1-288, 26-1-289, 26-1-290, 26-1-291, 26-1-292, 26-1-293, 26-1-294, 26-1-295, 26-1-296, 26-1-297, 26-1-298, 26-1-299, 26-1-300, 26-1-301, 26-1-302, 26-1-303, 26-1-304, 26-1-305, 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26-1-406, 26-1-407, 26-1-408, 26-1-409, 26-1-410, 26-1-411, 26-1-412, 26-1-413, 26-1-414, 26-1-415, 26-1-416, 26-1-417, 26-1-418, 26-1-419, 26-1-420, 26-1-421, 26-1-422, 26-1-423, 26-1-424, 26-1-425, 26-1-426, 26-1-427, 26-1-428, 26-1-429, 26-1-430, 26-1-431, 26-1-432, 26-1-433, 26-1-434, 26-1-435, 26-1-436, 26-1-437, 26-1-438, 26-1-439, 26-1-440, 26-1-441, 26-1-442, 26-1-443, 26-1-444, 26-1-445, 26-1-446, 26-1-447, 26-1-448, 26-1-449, 26-1-450, 26-1-451, 26-1-452, 26-1-453, 26-1-454, 26-1-455, 26-1-456, 26-1-457, 26-1-458, 26-1-459, 26-1-460, 26-1-461, 26-1-462, 26-1-463, 26-1-464, 26-1-465, 26-1-466, 26-1-467, 26-1-468, 26-1-469, 26-1-470, 26-1-471, 26-1-472, 26-1-473, 26-1-474, 26-1-475, 26-1-476, 26-1-477, 26-1-478, 26-1-479, 26-1-480, 26-1-481, 26-1-482, 26-1-483, 26-1-484, 26-1-485, 26-1-486, 26-1-487, 26-1-488, 26-1-489, 26-1-490, 26-1-491, 26-1-492, 26-1-493, 26-1-494, 26-1-495, 26-1-496, 26-1-497, 26-1-498, 26-1-499, 26-1-500, 26-1-501, 26-1-502, 26-1-503, 26-1-504, 26-1-505, 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26-1-606, 26-1-607, 26-1-608, 26-1-609, 26-1-610, 26-1-611, 26-1-612, 26-1-613, 26-1-614, 26-1-615, 26-1-616, 26-1-617, 26-1-618, 26-1-619, 26-1-620, 26-1-621, 26-1-622, 26-1-623, 26-1-624, 26-1-625, 26-1-626, 26-1-627, 26-1-628, 26-1-629, 26-1-630, 26-1-631, 26-1-632, 26-1-633, 26-1-634, 26-1-635, 26-1-636, 26-1-637, 26-1-638, 26-1-639, 26-1-640, 26-1-641, 26-1-642, 26-1-643, 26-1-644, 26-1-645, 26-1-646, 26-1-647, 26-1-648, 26-1-649, 26-1-650, 26-1-651, 26-1-652, 26-1-653, 26-1-654, 26-1-655, 26-1-656, 26-1-657, 26-1-658, 26-1-659, 26-1-660, 26-1-661, 26-1-662, 26-1-663, 26-1-664, 26-1-665, 26-1-666, 26-1-667, 26-1-668, 26-1-669, 26-1-670, 26-1-671, 26-1-672, 26-1-673, 26-1-674, 26-1-675, 26-1-676, 26-1-677, 26-1-678, 26-1-679, 26-1-680, 26-1-681, 26-1-682, 26-1-683, 26-1-684, 26-1-685, 26-1-686, 26-1-687, 26-1-688, 26-1-689, 26-1-690, 26-1-691, 26-1-692, 26-1-693, 26-1-694, 26-1-695, 26-1-696, 26-1-697, 26-1-698, 26-1-699, 26-1-700, 26-1-701, 26-1-702, 26-1-703, 26-1-704, 26-1-705, 26-1-706, 26-1-707, 26-1-708, 26-1-709, 26-1-710, 26-1-711, 26-1-712, 26-1-713, 26-1-714, 26-1-715, 26-1-716, 26-1-717, 26-1-718, 26-1-719, 26-1-720, 26-1-721, 26-1-722, 26-1-723, 26-1-724, 26-1-725, 26-1-726, 26-1-727, 26-1-728, 26-1-729, 26-1-730, 26-1-731, 26-1-732, 26-1-733, 26-1-734, 26-1-735, 26-1-736, 26-1-737, 26-1-738, 26-1-739, 26-1-740, 26-1-741, 26-1-742, 26-1-743, 26-1-744, 26-1-745, 26-1-746, 26-1-747, 26-1-748, 26-1-749, 26-1-750, 26-1-751, 26-1-752, 26-1-753, 26-1-754, 26-1-755, 26-1-756, 26-1-757, 26-1-758, 26-1-759, 26-1-760, 26-1-761, 26-1-762, 26-1-763, 26-1-764, 26-1-765, 26-1-766, 26-1-767, 26-1-768, 26-1-769, 26-1-770, 26-1-771, 26-1-772, 26-1-773, 26-1-774, 26-1-775, 26-1-776, 26-1-777, 26-1-778, 26-1-779, 26-1-780, 26-1-781, 26-1-782, 26-1-783, 26-1-784, 26-1-785, 26-1-786, 26-1-787, 26-1-788, 26-1-789, 26-1-790, 26-1-791, 26-1-792, 26-1-793, 26-1-794, 26-1-795, 26-1-796, 26-1-797, 26-1-798, 26-1-799, 26-1-800, 26-1-801, 26-1-802, 26-1-803, 26-1-804, 26-1-805, 26-1-806, 26-1-807, 26-1-808, 26-1-809, 26-1-810, 26-1-811, 26-1-812, 26-1-813, 26-1-814, 26-1-815, 26-1-816, 26-1-817, 26-1-818, 26-1-819,



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

Establishment Name: Hickory Hollow Towers Type of Establishment: ☒ Farmer's Market Food-Link ☒ Permanent ☐ Mobile
Address: 100 Curtis Hollow Rd., 1ST FLOOR
City: Antioch Time in: 11:45 AM AM / PM Time out: 12:00 PM AM / PM
Inspection Date: 12/01/2025 Establishment #: 605049739 Embargoed: 0
Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category: 01 ☒ 02 ☐ 03 ☐ 04 Follow-up Required: ☐ Yes ☒ No Number of Seats: _____

Key Factors are food preparation practices and employee behaviors most commonly reported to the Center for Disease Control and Prevention as contributing factors in foodborne disease outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

(Item Compliance)				COS - correct on-site during inspection				R - repeat violation of the same code provision			
IN	OUT	NA	NO	COS	R	WT		COS	R	WT	
Supervision											
1	☒	☐				5	Person in charge present, demonstrates knowledge and performs duties.				
Employee Health											
2	☐	☐	☐			5	Managers and food employees wear masks, if eating.				
3	☒	☐				5	Proper use of restriction and exclusion.				
Good Hygienic Practices											
4	☒	☐	☐			5	Proper eating, drinking, or tobacco use.				
5	☒	☐	☐			5	No exchange of food, drink, money, and mouth.				
Preventing Contamination by Hands											
6	☒	☐	☐			5	Hands clean and properly washed.				
7	☒	☐	☐			5	No bare hand contact with ready-to-eat foods or approved alternate procedures followed.				
8	☒	☐	☐			2	Handwashing sinks properly supplied and accessible.				
Approved Sources											
9	☒	☐	☐			5	Food obtained from approved source.				
10	☒	☐	☐			5	Food handling at proper temperature.				
11	☒	☐	☐			5	Food in good condition, safe, and unadulterated.				
12	☒	☐	☐			5	Required records available: shelf stock tags, parasite destruction.				
Protection from Contamination											
13	☒	☐	☐			2	Food separated and protected.				
14	☒	☐	☐			5	Food-contact surfaces: cleaned and sanitized.				
15	☒	☐	☐			2	Proper disposition of unsafe food; returned food not re-served.				

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

(Item Compliance)				COS - correct on-site during inspection				R - repeat violation of the same code provision			
IN	OUT	NA	NO	COS	R	WT		COS	R	WT	
Safe Food and Water											
28	☒	☐	☐			1	Pasteurized eggs used where required.				
29	☒	☐	☐			2	Water and ice from approved source.				
30	☒	☐	☐			1	Variances for water treatment and processing methods.				
Food Temperature Control											
31	☒	☐	☐			2	Proper cooling methods used, adequate equipment for temperature control.				
32	☒	☐	☐			1	Plum food properly cooked for hot holding.				
33	☒	☐	☐			1	Approved thawing methods used.				
34	☒	☐	☐			1	Thermometers provided and accurate.				
Food Identification											
35	☒	☐	☐			1	Food properly labeled, original container, required records available.				
Prevention of Food Contamination											
36	☒	☐	☐			2	Insects, rodents, and animals not present.				
37	☒	☐	☐			1	Contamination prevented during food preparation, storage & display.				
38	☒	☐	☐			1	Personal cleanliness.				
39	☒	☐	☐			1	Wiping cloths, properly used and stored.				
40	☒	☐	☐			1	Washing fruits and vegetables.				
Proper Use of Utensils											
41	☒	☐	☐			1	In-use utensils, properly stored.				
42	☒	☐	☐			1	Utensils, equipment and linens, properly stored, dried, handled.				
43	☒	☐	☐			1	Single use single service articles, properly stored, used.				
44	☒	☐	☐			1	Utensils used properly.				

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing to immediate health hazards shall be corrected immediately or operators shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the next full inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of the report. T.C.A. sections 26-14-703, 26-14-704, 26-14-705, 26-14-706, 26-14-707, 26-14-708, 26-14-709, 26-14-710, 26-14-711, 26-14-712, 26-14-713, 26-14-714, 26-14-715, 26-14-716, 26-14-717, 26-14-718, 26-14-719, 26-14-720, 26-14-721, 26-14-722, 26-14-723, 26-14-724, 26-14-725, 26-14-726, 26-14-727, 26-14-728, 26-14-729, 26-14-730, 26-14-731, 26-14-732, 26-14-733, 26-14-734, 26-14-735, 26-14-736, 26-14-737, 26-14-738, 26-14-739, 26-14-740, 26-14-741, 26-14-742, 26-14-743, 26-14-744, 26-14-745, 26-14-746, 26-14-747, 26-14-748, 26-14-749, 26-14-750, 26-14-751, 26-14-752, 26-14-753, 26-14-754, 26-14-755, 26-14-756, 26-14-757, 26-14-758, 26-14-759, 26-14-760, 26-14-761, 26-14-762, 26-14-763, 26-14-764, 26-14-765, 26-14-766, 26-14-767, 26-14-768, 26-14-769, 26-14-770, 26-14-771, 26-14-772, 26-14-773, 26-14-774, 26-14-775, 26-14-776, 26-14-777, 26-14-778, 26-14-779, 26-14-780, 26-14-781, 26-14-782, 26-14-783, 26-14-784, 26-14-785, 26-14-786, 26-14-787, 26-14-788, 26-14-789, 26-14-790, 26-14-791, 26-14-792, 26-14-793, 26-14-794, 26-14-795, 26-14-796, 26-14-797, 26-14-798, 26-14-799, 26-14-800, 26-14-801, 26-14-802, 26-14-803, 26-14-804, 26-14-805, 26-14-806, 26-14-807, 26-14-808, 26-14-809, 26-14-810, 26-14-811, 26-14-812, 26-14-813, 26-14-814, 26-14-815, 26-14-816, 26-14-817, 26-14-818, 26-14-819, 26-14-820, 26-14-821, 26-14-822, 26-14-823, 26-14-824, 26-14-825, 26-14-826, 26-14-827, 26-14-828, 26-14-829, 26-14-830, 26-14-831, 26-14-832, 26-14-833, 26-14-834, 26-14-835, 26-14-836, 26-14-837, 26-14-838, 26-14-839, 26-14-840, 26-14-841, 26-14-842, 26-14-843, 26-14-844, 26-14-845, 26-14-846, 26-14-847, 26-14-848, 26-14-849, 26-14-850, 26-14-851, 26-14-852, 26-14-853, 26-14-854, 26-14-855, 26-14-856, 26-14-857, 26-14-858, 26-14-859, 26-14-860, 26-14-861, 26-14-862, 26-14-863, 26-14-864, 26-14-865, 26-14-866, 26-14-867, 26-14-868, 26-14-869, 26-14-870, 26-14-871, 26-14-872, 26-14-873, 26-14-874, 26-14-875, 26-14-876, 26-14-877, 26-14-878, 26-14-879, 26-14-880, 26-14-881, 26-14-882, 26-14-883, 26-14-884, 26-14-885, 26-14-886, 26-14-887, 26-14-888, 26-14-889, 26-14-890, 26-14-891, 26-14-892, 26-14-893, 26-14-894, 26-14-895, 26-14-896, 26-14-897, 26-14-898, 26-14-899, 26-14-900, 26-14-901, 26-14-902, 26-14-903, 26-14-904, 26-14-905, 26-14-906, 26-14-907, 26-14-908, 26-14-909, 26-14-910, 26-14-911, 26-14-912, 26-14-913, 26-14-914, 26-14-915, 26-14-916, 26-14-917, 26-14-918, 26-14-919, 26-14-920, 26-14-921, 26-14-922, 26-14-923, 26-14-924, 26-14-925, 26-14-926, 26-14-927, 26-14-928, 26-14-929, 26-14-930, 26-14-931, 26-14-932, 26-14-933, 26-14-934, 26-14-935, 26-14-936, 26-14-937, 26-14-938, 26-14-939, 26-14-940, 26-14-941, 26-14-942, 26-14-943, 26-14-944, 26-14-945, 26-14-946, 26-14-947, 26-14-948, 26-14-949, 26-14-950, 26-14-951, 26-14-952, 26-14-953, 26-14-954, 26-14-955, 26-14-956, 26-14-957, 26-14-958, 26-14-959, 26-14-960, 26-14-961, 26-14-962, 26-14-963, 26-14-964, 26-14-965, 26-14-966, 26-14-967, 26-14-968, 26-14-969, 26-14-970, 26-14-971, 26-14-972, 26-14-973, 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26-15-73, 26-15-74, 26-15-75, 26-15-76, 26-15-77, 26-15-78, 26-15-79, 26-15-80, 26-15-81, 26-15-82, 26-15-83, 26-15-84, 26-15-85, 26-15-86, 26-15-87, 26-15-88, 26-15-89, 26-15-90, 26-15-91, 26-15-92, 26-15-93, 26-15-94, 26-15-95, 26-15-96, 26-15-97, 26-15-98, 26-15-99, 26-16-1, 26-16-2, 26-16-3, 26-16-4, 26-16-5, 26-16-6, 26-16-7, 26-16-8, 26-16-9, 26-16-10, 26-16-11, 26-16-12, 26-16-13, 26-16-14, 26-16-15, 26-16-16, 26-16-17, 26-16-18, 26-16-19, 26-16-20, 26-16-21, 26-16-22, 26-16-23, 26-16-24, 26-16-25, 26-16-26, 26-16-27, 26-16-28, 26-16-29, 26-16-30, 26-16-31, 26-16-32, 26-16-33, 26-16-34, 26-16-35, 26-16-36, 26-16-37, 26-16-38, 26-16-39, 26-16-40, 26-16-41, 26-16-42, 26-16-43, 26-16-44, 26-16-45, 26-16-46, 26-16-47, 26-16-48, 26-16-49, 26-16-50, 26-16-51, 26-16-52, 26-16-53, 26-16-54, 26-16-55, 26-16-56, 26-16-57, 26-16-58, 26-16-59, 26-16-60, 26-16-61, 26-16-62, 26-16-63, 26-16-64, 26-16-65, 26-16-66, 26-16-67, 26-16-68, 26-16-69, 26-16-70, 26-16-71, 26-16-72, 26-16-73, 26-16-74, 26-16-75, 26-16-76, 26-16-77, 26-16-78, 26-16-79, 26-16-80, 26-16-81, 26-16-82, 26-16-83, 26-16-84, 26-16-85, 26-16-86, 26-16-87, 26-16-88, 26-16-89, 26-16-90, 26-16-91, 26-16-92, 26-16-93, 26-16-94, 26-16-95, 26-16-96, 26-16-97, 26-16-98, 26-16-99, 26-17-1, 26-17-2, 26-17-3, 26-17-4, 26-17-5, 26-17-6, 26-17-7, 26-17-8, 26-17-9, 26-17-10, 26-17-11, 26-17-12, 26-17-13, 26-17-14, 26-17-15, 26-17-16, 26-17-17, 26-17-18, 26-17-19, 26-17-20, 26-17-21, 26-17-22, 26-17-23, 26-17-24, 26-17-25, 26-17-26, 26-17-27, 26-17-28, 26-17-29, 26-17-30, 26-17-31, 26-17-32, 26-17-33, 26-17-34, 26-17-35, 26-17-36, 26-17-37, 26-17-38, 26-17-39, 26-17-40, 26-17-41, 26-17-42, 26-17-43, 26-17-44, 26-17-45, 26-17-46, 26-17-47, 26-17-48, 26-17-49, 26-17-50, 26-17-51, 26-17-52, 26-17-53, 26-17-54, 26-17-55, 26-17-56, 26-17-57, 26-17-58, 26-17-59, 26-17-60, 26-17-61, 26-17-62, 26-17-63, 26-17-64, 26-17-65, 26-17-66, 26-17-67, 26-17-68, 26-17-69, 26-17-70, 26-17-71, 26-17-72, 26-17-73, 26-17-74, 26-17-75, 26-17-76, 26-17-77, 26-17-78, 26-17-79, 26-17-80, 26-17-81, 26-17-82, 26-17-83, 26-17-84, 26-17-85, 26-17-86, 26-17-87, 26-17-88, 26-17-89, 26-17-90, 26-17-91, 26-17-92, 26-17-93, 26-17-94, 26-17-95, 26-17-96, 26-17-97, 26-17-98, 26-17-99, 26-18-1, 26-18-2, 26-18-3, 26-18-4, 26-18-5, 26-18-6, 26-18-7, 26-18-8, 26-18-9, 26-18-10, 26-18-11, 26-18-12, 26-18-13, 26-18-14, 26-18-15, 26-18-16, 26-18-17, 26-18-18, 26-18-19, 26-18-20, 26-18-21, 26-18-22, 26-18-23, 26-18-24, 26-18-25, 26-18-26, 26-18-27, 26-18-28, 26-18-29, 26-18-30, 26-18-31, 26-18-32, 26-18-33, 26-18-34, 26-18-35, 26-18-36, 26-18-37, 26-18-38, 26-18-39, 26-18-40, 26-18-41, 26-18-42, 26-18-43, 26-18-44, 26-18-45, 26-18-46, 26-18-47, 26-18-48, 26-18-49, 26-18-50, 26-18-51, 26-18-52, 26-18-53, 26-18-54, 26-18-55, 26-18-56, 26-18-57, 26-18-58, 26-18-59, 2



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE
100

Establishment Name: Nashville Christian Towers Type of Establishment: ☒ Permanent ☐ Mobile
 Address: 101 Foothill Cir
 City: Nashville Time in: 10:15 AM AM / PM Time out: 11:05 AM AM / PM
 Inspection Date: 05/22/2025 Establishment #: 605049735 Embargoed: 0
 Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
 Risk Category: ☒ 1 ☐ 2 ☐ 3 ☐ 4 Follow-up Required: ☐ Yes ☒ No Number of Seats: 25

Risk Factors are food preparation practices and employee behaviors most commonly reported in the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS
 (Mark designated compliance status (IN, OUT, NA, NO) for each as observed. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

(Mark designated compliance status (IN, OUT, NA, NO) for each code provision. For repeat violations, mark with R.)												
Item compliance		OUT-not in compliance		NA-not applicable		NO-not observed		COS-corrected as late during inspection		R-repeat violation of the same code provision		
Compliance Status										COS	R	WT
IN	OUT	NA	NO	Supervision								
1	☒	☐		Person in charge present, demonstrates knowledge, and performs duties.						☐	☐	3
IN	OUT	NA	NO	Employee Health								
2	☒	☐		Management and food employee awareness, reporting.						☐	☐	5
3	☒	☐		Proper use of restriction and exclusion.						☐	☐	
IN	OUT	NA	NO	Good Hygienic Practices								
4	☒	☐	☐	Proper eating, drinking, or tobacco use.						☐	☐	3
5	☒	☐	☐	No discharge from eyes, nose, and mouth.						☐	☐	
IN	OUT	NA	NO	Preventing Contamination by Hands								
6	☒	☐	☐	Hands clean and properly washed.						☐	☐	5
7	☒	☐	☐	No bare hand contact with ready-to-eat foods or approved shrimable procedures followed.						☐	☐	
8	☒	☐	☐	Handwashing sinks properly stocked and accessible.						☐	☐	2
IN	OUT	NA	NO	Approved Sources								
9	☒	☐	☐	Food obtained from approved source.						☐	☐	5
10	☐	☐	☐	Food received at proper temperature.						☐	☐	
11	☐	☐	☐	Food in good condition, safe, and undeteriorated.						☐	☐	
12	☐	☐	☒	Required records available: shell stock tags, parasite restriction.						☐	☐	
IN	OUT	NA	NO	Protection from Contamination								
13	☐	☐	☒	Food separated and protected.						☐	☐	4
14	☒	☐	☐	Food-contact surfaces: cleaned and sanitized.						☐	☐	5
15	☒	☐	☐	Proper disposition of unsafe food; returned food not re-served.						☐	☐	2

Compliance Status										COS	R	WT
IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods								
16	☐	☐	☒	Proper cooking time and temperatures.						☐	☐	5
17	☐	☐	☒	Proper reheating procedures for hot holding.						☐	☐	
IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control								
18	☐	☐	☒	Proper cooling time and temperature.						☐	☐	
19	☒	☐	☐	Proper hot holding temperatures.						☐	☐	
20	☐	☐	☐	Proper cold holding temperatures.						☐	☐	5
21	☐	☐	☒	Proper date marking and disposition.						☐	☐	
22	☐	☐	☒	Time as a public health control: procedures and records.						☐	☐	
IN	OUT	NA	NO	Consumer Advisory								
23	☐	☐	☒	Consumer advisory provided for raw and undercooked food.						☐	☐	4
IN	OUT	NA	NO	Highly Susceptible Populations								
24	☐	☐	☐	Pasteurized foods used; prohibited foods not offered.						☐	☐	5
IN	OUT	NA	NO	Chemicals								
25	☐	☐	☒	Food additives: approved and properly used.						☐	☐	5
26	☒	☐	☐	Toxic substances: properly identified; labels used.						☐	☐	
IN	OUT	NA	NO	Conformance with Approved Procedures								
27	☐	☐	☒	Compliance with variance, specialized process, and HACCP plan.						☐	☐	8

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES						R-repeat violation of the same code provision					
OUT-not in compliance			COS-corrected as late during inspection								
Compliance Status			COS	R	WT	Compliance Status			COS	R	WT
OUT Safe Food and Water						OUT Utensils and Equipment					
20	☐	Pasteurized eggs used where required	☐	☐	1	45	☐	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	☐	☐	1
29	☐	Water and ice from approved source	☐	☐	2	48	☐	Warewashing facilities, installed, maintained, used, test strips	☐	☐	1
36	☐	Variance obtained for specialized processing methods	☐	☐	1	47	☐	Nonfood-contact surfaces clean	☐	☐	1
OUT Food Temperature Control						OUT Physical Facilities					
31	☐	Proper cooling methods used; adequate equipment for temperature control	☐	☐	2	43	☐	Hot and cold water available; adequate pressure	☐	☐	2
32	☐	Plant food properly cooked for hot holding	☐	☐	1	49	☐	Pumping installed; proper backflow devices	☐	☐	2
33	☐	Approved thawing methods used	☐	☐	1	50	☐	Sewage and waste water properly disposed	☐	☐	2
34	☐	Thermometers provided and accurate	☐	☐	1	51	☐	Toilet facilities, properly constructed, supplied, cleaned	☐	☐	1
OUT Food Identification						52	☐	Garbage/refuse properly disposed; facilities maintained	☐	☐	1
35	☐	Food properly labeled; original container; required records available	☐	☐	1	53	☐	Physical facilities installed, maintained, and clean	☐	☐	1
OUT Prevention of Food Contamination						54	☐	Adequate ventilation and lighting; designated areas used	☐	☐	1
38	☐	Insects, rodents, and animals not present	☐	☐	2	OUT Administrative Items					
37	☐	Contamination prevented during food preparation, storage & display	☐	☐	1	55	☐	Current permit posted	☐	☐	0
38	☐	Personal cleanliness	☐	☐	1	56	☐	Most recent inspection posted	☐	☐	0
39	☐	Wiping cloths, properly used and stored	☐	☐	1	Compliance Status			YES	NO	WT
40	☐	Washing fruits and vegetables	☐	☐	1	Non-Smokers Protection Act					
OUT Proper Use of Utensils						57	☐	Compliance with TN Non-Smoker Protection Act	☒	☐	0
41	☐	In-use utensils, properly stored	☐	☐	1	58	☐	Tobacco products offered for sale	☐	☐	0
42	☐	Utensils, equipment and linens properly stored, dried, handled	☐	☐	1	59	☐	If tobacco products are sold, TSP's survey completed	☐	☐	
43	☐	Single-use/single-service articles, properly stored, used	☐	☐	1						
44	☐	Utensils used properly	☐	☐	1						

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing imminent health hazards shall be corrected immediately or corrections shall occur. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. Sections 26-1-14, 26-1-15, 26-1-16, 26-1-17, 26-1-18, 26-1-19, 26-1-20, 26-1-21, 26-1-22, 26-1-23, 26-1-24, 26-1-25, 26-1-26, 26-1-27, 26-1-28, 26-1-29, 26-1-30, 26-1-31, 26-1-32, 26-1-33, 26-1-34, 26-1-35, 26-1-36, 26-1-37, 26-1-38, 26-1-39, 26-1-40, 26-1-41, 26-1-42, 26-1-43, 26-1-44, 26-1-45, 26-1-46, 26-1-47, 26-1-48, 26-1-49, 26-1-50, 26-1-51, 26-1-52, 26-1-53, 26-1-54, 26-1-55, 26-1-56, 26-1-57, 26-1-58, 26-1-59, 26-1-60, 26-1-61, 26-1-62, 26-1-63, 26-1-64, 26-1-65, 26-1-66, 26-1-67, 26-1-68, 26-1-69, 26-1-70, 26-1-71, 26-1-72, 26-1-73, 26-1-74, 26-1-75, 26-1-76, 26-1-77, 26-1-78, 26-1-79, 26-1-80, 26-1-81, 26-1-82, 26-1-83, 26-1-84, 26-1-85, 26-1-86, 26-1-87, 26-1-88, 26-1-89, 26-1-90, 26-1-91, 26-1-92, 26-1-93, 26-1-94, 26-1-95, 26-1-96, 26-1-97, 26-1-98, 26-1-99, 26-1-100.

Signature of Person in Charge: [Signature] Date: 05/22/2025
 Signature of Environmental Health Specialist: [Signature] Date: 05/22/2025

*** Additional food safety information can be found on our website: <http://tn.gov/health/article/eh-foodservice> ***
 Free food safety training classes are available each month at the county health department. Please call () 615.340.5620 to sign-up for a class. RCA 029



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE

100

Establishment Name: Old Hickory Towers Type of Establishment: ☒ Farmer's Market Food Unit
 Address: 930 Industrial Rd.
 City: Old Hickory Time in: 10:20 AM AM / PM Time out: 10:40 AM AM / PM
 Inspection Date: 02/09/2026 Establishment #: 605049738 Embargoed: 0
 Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
 Risk Category: 01 ☒ 02 ☐ 03 ☐ 04 Follow-up Required: ☐ Yes ☒ No Number of Seats: _____

High factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each as observed. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN	OUT	NA	NO	COS	R	WT	Compliance Status
Supervision							
1	☒	☐	☐	☐	☐	5	Person in charge present, demonstrates knowledge and performs duties.
Employee Health							
2	☒	☐	☐	☐	☐	5	Management and food employees aware of and report illness.
3	☒	☐	☐	☐	☐	5	Proper use of restriction and exclusion.
Good Hygienic Practices							
4	☒	☐	☐	☐	☐	5	Proper eating, drinking, or tobacco use.
5	☒	☐	☐	☐	☐	5	No discharge from eyes, nose, and mouth.
Preventing Contamination by Hands							
6	☒	☐	☐	☐	☐	5	Hands clean and properly washed.
7	☒	☐	☐	☐	☐	5	No bare hand contact with ready-to-eat foods or approved alternate procedures followed.
8	☒	☐	☐	☐	☐	2	Handwashing sinks properly supplied and accessible.
Approved Source							
9	☒	☐	☐	☐	☐	5	Food obtained from approved source.
10	☒	☐	☐	☐	☐	5	Food received at proper temperature.
11	☒	☐	☐	☐	☐	5	Food in good condition, safe, and undisturbed.
12	☒	☐	☐	☐	☐	5	Required records available: shell stock tags, parasite destruction.
Protection from Contamination							
13	☒	☐	☐	☐	☐	4	Food separated and protected.
14	☒	☐	☐	☐	☐	5	Food-contact surfaces cleaned and sanitized.
15	☒	☐	☐	☐	☐	2	Proper disposition of unsafe food; returned food not re-served.

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

IN	OUT	NA	NO	COS	R	WT	Compliance Status
Safe Food and Water							
28	☒	☐	☐	☐	☐	1	Pasteurized eggs used where required.
29	☒	☐	☐	☐	☐	2	Water and ice from approved source.
30	☒	☐	☐	☐	☐	1	Varieties obtained for specialized processing methods.
Food Temperature Control							
31	☒	☐	☐	☐	☐	2	Proper cooling methods used; adequate equipment for temperature control.
32	☒	☐	☐	☐	☐	1	Hot food properly covered for hot holding.
33	☒	☐	☐	☐	☐	1	Approved thawing methods used.
34	☒	☐	☐	☐	☐	1	Thermometers provided and accurate.
Food Identification							
35	☒	☐	☐	☐	☐	1	Food properly labeled; original container; required records available.
Prevention of Food Contamination							
36	☒	☐	☐	☐	☐	2	Insects, rodents, and animals not present.
37	☒	☐	☐	☐	☐	1	Contamination prevented during food preparation, storage & display.
38	☒	☐	☐	☐	☐	1	Personal cleanliness.
39	☒	☐	☐	☐	☐	1	Wiping cloths properly used and stored.
40	☒	☐	☐	☐	☐	1	Washing fruits and vegetables.
Proper Use of Utensils							
41	☒	☐	☐	☐	☐	1	In-use utensils properly stored.
42	☒	☐	☐	☐	☐	1	Utensils, equipment and linens properly stored, dried, handled.
43	☒	☐	☐	☐	☐	1	Single-use/single-service articles properly stored, used.
44	☒	☐	☐	☐	☐	1	Towels used properly.

Failure to correct any violations of this factor immediately (in 10 days) may result in suspension of your food service establishment permit. Repeated violations of an individual risk factor may result in revocation of your food service establishment permit. Items identified as contributing to potential health hazards shall be corrected immediately or operators shall cease. You are required to post the food service establishment permit in a conspicuous location and the front of the inspection report in a conspicuous location. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within 10 days of the date of this report. T.C.A. sections 24-11-703, 24-11-706, 24-11-708, 24-11-709, 24-11-711, 24-11-715, 24-11-716, 24-11-717, 24-11-718.

Signature of Person in Charge: [Signature] Date: 02/09/2026 Signature of Environmental Health Specialist: [Signature] Date: 02/09/2026

*** Additional food safety information can be found on our website: <http://tn.gov/health/articles/eh-food-service> ***

Free food safety training classes are available each month at the county health department. Please call () 6153405620 to sign-up for a class. RDA 623

100

Risk Factors are food preparation practices and employee behaviors most commonly reported in the Centers for Disease Control and Prevention as contributing factors to foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS
(Mark designated compliance status (IR, OUT, NA, RO) for each selected item. For items marked OUT, mark COB or R for each item as applicable. Deduct points for category or subcategory.)

Good Water Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into food.

OUT	in compliance	OSHA-Inspected (or similar) inspection	Compliance Status

14. ☐ **Food Service Inspection**

Factors to consider are violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Reported violations of biological risk factors may result in revocation of your food service establishment permit. Items identified as contributing to human health hazards shall be corrected immediately or operators shall comply. You are required to post the food service establishment permit (in a conspicuous location) and post the food service inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of the report.

603-261-6200, 603-261-6206, 603-261-6210, 603-261-6211, 603-261-6212, 603-261-6213, 603-261-6214, 603-261-6215, 603-261-6216, 603-261-6217, 603-261-6218, 603-261-6219, 603-261-6220, 603-261-6221, 603-261-6222, 603-261-6223, 603-261-6224, 603-261-6225, 603-261-6226, 603-261-6227, 603-261-6228, 603-261-6229, 603-261-6230, 603-261-6231, 603-261-6232, 603-261-6233, 603-261-6234, 603-261-6235, 603-261-6236, 603-261-6237, 603-261-6238, 603-261-6239, 603-261-6240, 603-261-6241, 603-261-6242, 603-261-6243, 603-261-6244, 603-261-6245, 603-261-6246, 603-261-6247, 603-261-6248, 603-261-6249, 603-261-6250, 603-261-6251, 603-261-6252, 603-261-6253, 603-261-6254, 603-261-6255, 603-261-6256, 603-261-6257, 603-261-6258, 603-261-6259, 603-261-6260, 603-261-6261, 603-261-6262, 603-261-6263, 603-261-6264, 603-261-6265, 603-261-6266, 603-261-6267, 603-261-6268, 603-261-6269, 603-261-6270, 603-261-6271, 603-261-6272, 603-261-6273, 603-261-6274, 603-261-6275, 603-261-6276, 603-261-6277, 603-261-6278, 603-261-6279, 603-261-6280, 603-261-6281, 603-261-6282, 603-261-6283, 603-261-6284, 603-261-6285, 603-261-6286, 603-261-6287, 603-261-6288, 603-261-6289, 603-261-6290, 603-261-6291, 603-261-6292, 603-261-6293, 603-261-6294, 603-261-6295, 603-261-6296, 603-261-6297, 603-261-6298, 603-261-6299, 603-261-6300, 603-261-6301, 603-261-6302, 603-261-6303, 603-261-6304, 603-261-6305, 603-261-6306, 603-261-6307, 603-261-6308, 603-261-6309, 603-261-6310, 603-261-6311, 603-261-6312, 603-261-6313, 603-261-6314, 603-261-6315, 603-261-6316, 603-261-6317, 603-261-6318, 603-261-6319, 603-261-6320, 603-261-6321, 603-261-6322, 603-261-6323, 603-261-6324, 603-261-6325, 603-261-6326, 603-261-6327, 603-261-6328, 603-261-6329, 603-261-6330, 603-261-6331, 603-261-6332, 603-261-6333, 603-261-6334, 603-261-6335, 603-261-6336, 603-261-6337, 603-261-6338, 603-261-6339, 603-261-6340, 603-261-6341, 603-261-6342, 603-261-6343, 603-261-6344, 603-261-6345, 603-261-6346, 603-261-6347, 603-261-6348, 603-261-6349, 603-261-6350, 603-261-6351, 603-261-6352, 603-261-6353, 603-261-6354, 603-261-6355, 603-261-6356, 603-261-6357, 603-261-6358, 603-261-6359, 603-261-6360, 603-261-6361, 603-261-6362, 603-261-6363, 603-261-6364, 603-261-6365, 603-261-6366, 603-261-6367, 603-261-6368, 603-261-6369, 603-261-6370, 603-261-6371, 603-261-6372, 603-261-6373, 603-261-6374, 603-261-6375, 603-261-6376, 603-261-6377, 603-261-6378, 603-261-6379, 603-261-6380, 603-261-6381, 603-261-6382, 603-261-6383, 603-261-6384, 603-261-6385, 603-261-6386, 603-261-6387, 603-261-6388, 603-261-6389, 603-261-6390, 603-261-6391, 603-261-6392, 603-261-6393, 603-261-6394, 603-261-6395, 603-261-6396, 603-261-6397, 603-261-6398, 603-261-6399, 603-261-6400, 603-261-6401, 603-261-6402, 603-261-6403, 603-261-6404, 603-261-6405, 603-261-6406, 603-261-6407, 603-261-6408, 603-261-6409, 603-261-6410, 603-261-6411, 603-261-6412, 603-261-6413, 603-261-6414, 603-261-6415, 603-261-6416, 603-261-6417, 603-261-6418, 603-261-6419, 603-261-6420, 603-261-6421, 603-261-6422, 603-261-6423, 603-261-6424, 603-261-6425, 603-261-6426, 603-261-6427, 603-261-6428, 603-261-6429, 603-261-6430, 603-261-6431, 603-261-6432, 603-261-6433, 603-261-6434, 603-261-6435, 603-261-6436, 603-261-6437, 603-261-6438, 603-261-6439, 603-261-6440, 603-261-6441, 603-261-6442, 603-261-6443, 603-261-6444, 603-261-6445, 603-261-6446, 603-261-6447, 603-261-6448, 603-261-6449, 603-261-6450, 603-261-6451, 603-261-6452, 603-261-6453, 603-261-6454, 603-261-6455, 603-261-6456, 603-261-6457, 603-261-6458, 603-261-6459, 603-261-6460, 603-261-6461, 603-261-6462, 603-261-6463, 603-261-6464, 603-261-6465, 603-261-6466, 603-261-6467, 603-261-6468, 603-261-6469, 603-261-6470, 603-261-6471, 603-261-6472, 603-261-6473, 603-261-6474, 603-261-6475, 603-261-6476, 603-261-6477, 603-261-6478, 603-261-6479, 603-261-6480, 603-261-6481, 603-261-6482, 603-261-6483, 603-261-6484, 603-261-6485, 603-261-6486, 603-261-6487, 603-261-6488, 603-261-648

**** Additional food safety information can be found on our website <http://tn.gov/health/articles/en-foodservice> ****



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE
100

Establishment Name: Congregate Feeding Riverwood Towers Type of Establishment: ☒ Farmer's Market Food Unit
☒ Permanent ☐ Mobile
Address: 621 N. Dupont
City: Madison Time in: 10:55 AM AM / PM Time out: 11:10 AM AM / PM
Inspection Date: 11/19/2025 Establishment #: 605214090 Embargoed: 0
Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category: 01 ☒ 02 ☐ 03 ☐ 04 Follow-up Required: ☐ Yes ☒ No Number of Staff: 40

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS (Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Do not write for category or subcategory.)

Item compliance	OUT=not in compliance	NA=not applicable	NO=not observed	COS=corrected on-site during inspection	R=repeated violation of the same code provision
Supervision					
1	IN	OUT	NA	NO	
Person in charge present, demonstrates knowledge, and performs duties.	☒	☐	☐	☐	5
Employee Health					
2	IN	OUT	NA	NO	
Management and food employee awareness, reporting.	☒	☐	☐	☐	5
3	IN	OUT	NA	NO	
Proper use of restriction and exclusion.	☒	☐	☐	☐	5
Good Hygiene Practices					
4	IN	OUT	NA	NO	
Proper eating, drinking, or tobacco use.	☒	☐	☐	☐	5
5	IN	OUT	NA	NO	
No discharge from eyes, nose, and mouth.	☒	☐	☐	☐	5
Preventing Contamination by Hands					
6	IN	OUT	NA	NO	
Hands clean and properly washed.	☒	☐	☐	☐	5
7	IN	OUT	NA	NO	
No bare hand contact with ready-to-eat foods or approved alternate procedures followed.	☒	☐	☐	☐	5
8	IN	OUT	NA	NO	
Handwashing sinks properly supplied and accessible.	☒	☐	☐	☐	7
Approved Sources					
9	IN	OUT	NA	NO	
Food obtained from approved source.	☒	☐	☐	☐	5
10	IN	OUT	NA	NO	
Food received at proper temperature.	☒	☐	☐	☐	5
11	IN	OUT	NA	NO	
Food in good condition, safe, and undamaged.	☒	☐	☐	☐	5
12	IN	OUT	NA	NO	
Required records available when stock tags, parasitic instructions.	☒	☐	☐	☐	5
Protection from Contamination					
13	IN	OUT	NA	NO	
Food separated and protected.	☒	☐	☐	☐	4
14	IN	OUT	NA	NO	
Food-contact surfaces cleaned and sanitized.	☒	☐	☐	☐	5
15	IN	OUT	NA	NO	
Proper disposal of unsafe food; returned food not re-served.	☒	☐	☐	☐	2

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES (Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Do not write for category or subcategory.)

Item compliance	OUT=not in compliance	NA=not applicable	NO=not observed	COS=corrected on-site during inspection	R=repeated violation of the same code provision
Safe Food and Water					
28	OUT				
Pasteurized eggs used where required.	☐	☐	☐	☐	1
29	OUT				
Water and ice from approved source.	☐	☐	☐	☐	2
30	OUT				
Unpasteurized milk and cream used properly.	☐	☐	☐	☐	1
Food Temperature Control					
31	OUT				
Proper cooking methods used; adequate equipment for temperature control.	☐	☐	☐	☐	2
32	OUT				
Hot food properly cooked for hot holding.	☐	☐	☐	☐	1
33	OUT				
Approved thawing methods used.	☐	☐	☐	☐	1
34	OUT				
Thermometers provided and accurate.	☐	☐	☐	☐	1
Food Identification					
35	OUT				
Food properly labeled; original container; required records available.	☐	☐	☐	☐	1
Prevention of Pest Contamination					
36	OUT				
Insects, rodents, and animals not present.	☐	☐	☐	☐	2
37	OUT				
Contamination prevented during food preparation, storage & display.	☐	☐	☐	☐	1
38	OUT				
Personal cleanliness.	☐	☐	☐	☐	1
39	OUT				
Uniforms properly used and stored.	☐	☐	☐	☐	1
40	OUT				
Washing fruits and vegetables.	☐	☐	☐	☐	1
Proper Use of Utensils					
41	OUT				
In-use utensils properly stored.	☐	☐	☐	☐	1
42	OUT				
Utensils, equipment and linens properly stored, dried, handled.	☐	☐	☐	☐	1
43	OUT				
Single-use/single-service articles properly stored, used.	☐	☐	☐	☐	1
44	OUT				
Surfaces used properly.	☐	☐	☐	☐	1

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing imminent health hazards shall be corrected immediately or operations that create a health hazard shall be suspended. You are required to post the food service establishment permit in a conspicuous location and send the permit and inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of the report. T.C. # 26200. 06/14/2018, 06/14/2019, 06/14/2020, 06/14/2021, 06/14/2022, 06/14/2023, 06/14/2024, 06/14/2025, 06/14/2026, 06/14/2027, 06/14/2028, 06/14/2029, 06/14/2030, 06/14/2031, 06/14/2032, 06/14/2033, 06/14/2034, 06/14/2035, 06/14/2036, 06/14/2037, 06/14/2038, 06/14/2039, 06/14/2040, 06/14/2041, 06/14/2042, 06/14/2043, 06/14/2044, 06/14/2045, 06/14/2046, 06/14/2047, 06/14/2048, 06/14/2049, 06/14/2050, 06/14/2051, 06/14/2052, 06/14/2053, 06/14/2054, 06/14/2055, 06/14/2056, 06/14/2057, 06/14/2058, 06/14/2059, 06/14/2060, 06/14/2061, 06/14/2062, 06/14/2063, 06/14/2064, 06/14/2065, 06/14/2066, 06/14/2067, 06/14/2068, 06/14/2069, 06/14/2070, 06/14/2071, 06/14/2072, 06/14/2073, 06/14/2074, 06/14/2075, 06/14/2076, 06/14/2077, 06/14/2078, 06/14/2079, 06/14/2080, 06/14/2081, 06/14/2082, 06/14/2083, 06/14/2084, 06/14/2085, 06/14/2086, 06/14/2087, 06/14/2088, 06/14/2089, 06/14/2090, 06/14/2091, 06/14/2092, 06/14/2093, 06/14/2094, 06/14/2095, 06/14/2096, 06/14/2097, 06/14/2098, 06/14/2099, 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06/14/2598, 06/14/2599, 06/14/2600, 06/14/2601, 06/14/2602, 06/14/2603, 06/14/2604, 06/14/2



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

Establishment Name: Madison Senior Center Type of Establishment: ☐ Farmer's Market Food Unit ☒ Permanent ☐ Mobile
Address: 301 Madison St. ☐ Temporary ☐ Seasonal
City: Nashville Time in: 01:25 PM AM / PM Time out: 02:00 PM AM / PM
Inspection Date: 10/30/2025 Establishment #: 605123494 Embargoed: 0
Purpose of Inspection: ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category: ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required: ☐ Yes ☒ No Number of Seats: 10

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Item	IN	OUT	NA	NO	COS	R	WT
Supervision							
1	☒	☐	☐	☐	☐	☐	5
Person in charge present, demonstrates knowledge and performs duties.							
Employee Health							
2	☒	☐	☐	☐	☐	☐	5
Management and food employee awareness, reporting.							
3	☒	☐	☐	☐	☐	☐	5
Proper use of restriction and exclusion.							
Good Hygienic Practices							
4	☒	☐	☐	☐	☐	☐	5
Proper eating, drinking, or tobacco use.							
5	☒	☐	☐	☐	☐	☐	5
No discharge from eyes, nose, and mouth.							
Preventing Contamination by Hands							
6	☒	☐	☐	☐	☐	☐	5
Hands clean and properly washed.							
7	☒	☐	☐	☐	☐	☐	2
No bare hand contact with ready-to-eat foods or approved alternative procedures followed.							
Approved Source							
9	☒	☐	☐	☐	☐	☐	5
Food obtained from approved source.							
10	☒	☐	☐	☐	☐	☐	5
Food received at proper temperature.							
11	☒	☐	☐	☐	☐	☐	5
Food in good condition, safe, and properly stored.							
12	☒	☐	☐	☐	☐	☐	2
Required records available: shell stock tags, parasite destruction.							
Protection from Contamination							
13	☒	☐	☐	☐	☐	☐	4
Food separated and protected.							
14	☒	☐	☐	☐	☐	☐	6
Food-contact surfaces, cleaned and sanitized.							
15	☒	☐	☐	☐	☐	☐	2
Proper disposition of unsafe food; returned food not re-used.							
Compliance Status							
IN OUT NA NO COS R WT							
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods							
16	☒	☐	☐	☐	☐	☐	5
Proper cooking time and temperatures.							
17	☒	☐	☐	☐	☐	☐	5
Proper reheating procedures for hot holding.							
Cooling and Holding, Date Marking, and Time as a Public Health Control							
18	☒	☐	☐	☐	☐	☐	5
Proper cooling time and temperature.							
19	☒	☐	☐	☐	☐	☐	5
Proper hot holding temperatures.							
20	☒	☐	☐	☐	☐	☐	5
Proper cooling and holding temperatures.							
21	☒	☐	☐	☐	☐	☐	5
Proper date marking and disposition.							
22	☒	☐	☐	☐	☐	☐	5
Time as a public health control: procedures and records.							
Consumer Advisory							
23	☒	☐	☐	☐	☐	☐	4
Consumer advisory provided for raw and undercooked food.							
Highly Susceptible Populations							
24	☒	☐	☐	☐	☐	☐	5
Pasteurized foods used, prohibited foods not offered.							
Chemicals							
25	☒	☐	☐	☐	☐	☐	5
Food additives, approved and properly used.							
26	☒	☐	☐	☐	☐	☐	5
Toxic substances properly identified, stored, used.							
Compliance with Approved Procedures							
27	☒	☐	☐	☐	☐	☐	5
Compliance with variance, specialized process, and HACCP plan.							

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

Item	IN	OUT	NA	NO	COS	R	WT
Safe Food and Water							
28	☒	☐	☐	☐	☐	☐	1
Pasteurized eggs used where required.							
29	☒	☐	☐	☐	☐	☐	2
Water and ice from approved source.							
30	☒	☐	☐	☐	☐	☐	1
Food and drink obtained for special processing methods.							
Food Temperature Control							
31	☒	☐	☐	☐	☐	☐	2
Proper cooking methods used, adequate equipment for temperature control.							
32	☒	☐	☐	☐	☐	☐	1
Plant food properly cooked for hot holding.							
33	☒	☐	☐	☐	☐	☐	1
Approved thawing methods used.							
34	☒	☐	☐	☐	☐	☐	1
Thermometers, provided and accurate.							
Food Identification							
35	☒	☐	☐	☐	☐	☐	1
Food properly labeled, original container, required records available.							
Prevention of Food Contamination							
36	☒	☐	☐	☐	☐	☐	2
Insects, rodents, and animals not present.							
37	☒	☐	☐	☐	☐	☐	1
Contamination prevented during food preparation, storage & display.							
38	☒	☐	☐	☐	☐	☐	1
Personal cleanliness.							
39	☒	☐	☐	☐	☐	☐	1
Washing cloths, properly used and stored.							
40	☒	☐	☐	☐	☐	☐	1
Washing fruits and vegetables.							
Proper Use of Utensils							
41	☒	☐	☐	☐	☐	☐	1
In-use utensils, properly stored.							
42	☒	☐	☐	☐	☐	☐	1
Utensils, equipment and linens, properly stored, dried, handled.							
43	☒	☐	☐	☐	☐	☐	1
Single-use single service articles, properly stored, used.							
44	☒	☐	☐	☐	☐	☐	1
Dishes, used properly.							
Compliance Status							
IN OUT NA NO COS R WT							
Utensils and Equipment							
45	☒	☐	☐	☐	☐	☐	1
Food and non-food contact surfaces cleanable, properly designed, constructed, and used.							
46	☒	☐	☐	☐	☐	☐	1
Warewashing facilities, installed, maintained, used, test strips.							
47	☒	☐	☐	☐	☐	☐	1
Non-food contact surfaces clean.							
Physical Facilities							
48	☒	☐	☐	☐	☐	☐	2
Hot and cold water available, adequate pressure.							
49	☒	☐	☐	☐	☐	☐	2
Plumbing installed, proper backflow devices.							
50	☒	☐	☐	☐	☐	☐	2
Sewage and waste water properly disposed.							
51	☒	☐	☐	☐	☐	☐	1
Toilet facilities, properly constructed, properly cleaned.							
52	☒	☐	☐	☐	☐	☐	1
Garbage/refuse properly disposed, facilities maintained.							
53	☒	☐	☐	☐	☐	☐	1
Physical facilities installed, maintained, and clean.							
54	☒	☐	☐	☐	☐	☐	1
Adequate ventilation and lighting, designated areas used.							
Administrative Items							
55	☒	☐	☐	☐	☐	☐	0
Current permit posted.							
56	☒	☐	☐	☐	☐	☐	0
Most recent inspection posted.							
Compliance Status							
YES NO WT							
Non-Smokers Protection Act							
57	☒	☐	☐	☐	☐	☐	0
Compliance with TN Non-Smoker Protection Act.							
58	☒	☐	☐	☐	☐	☐	0
Tobacco products offered for sale.							
59	☒	☐	☐	☐	☐	☐	0
If tobacco products are sold, TSPNA survey completed.							

Failure to correct any violation of this code within ten (10) days may result in suspension of your food service establishment permit. Repeat violation of an identical risk factor may result in revocation of your food service establishment permit. Some items are contributing imminent health hazards and shall be corrected immediately or violations shall result. You are required to post the food service establishment permit at a conspicuous location and post the good retail inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report.

Signature of Person in Charge: [Signature] Date: 10/30/2025 Signature of Environmental Health Specialist: [Signature] Date: 10/30/2025

Additional food safety information can be found on our website: <http://tn.gov/health/articles/food-service>

Free food safety training classes are available each month at the county health department. Please call () 6153405620 to sign-up for a class. RDA 620

Freddie O'Connell
Mayor



MSS
metro social
services

Renee Pratt
Executive Director
Metro Social Services

Metropolitan Government of Nashville and Davidson County

RFP-2026-05 Nutrition Services for Older or Disabled Adults

Cost Effectiveness

Metro Social Services -

Frozen Meals are being proposed for utilization due to it is cost effective to deliver in bulk, which provides a much lower unit cost. 56% of meals provided will be frozen.



3055 Lebanon Pike, Nashville, TN 37214 | 615-862-6432

Freddie O'Connell
Mayor



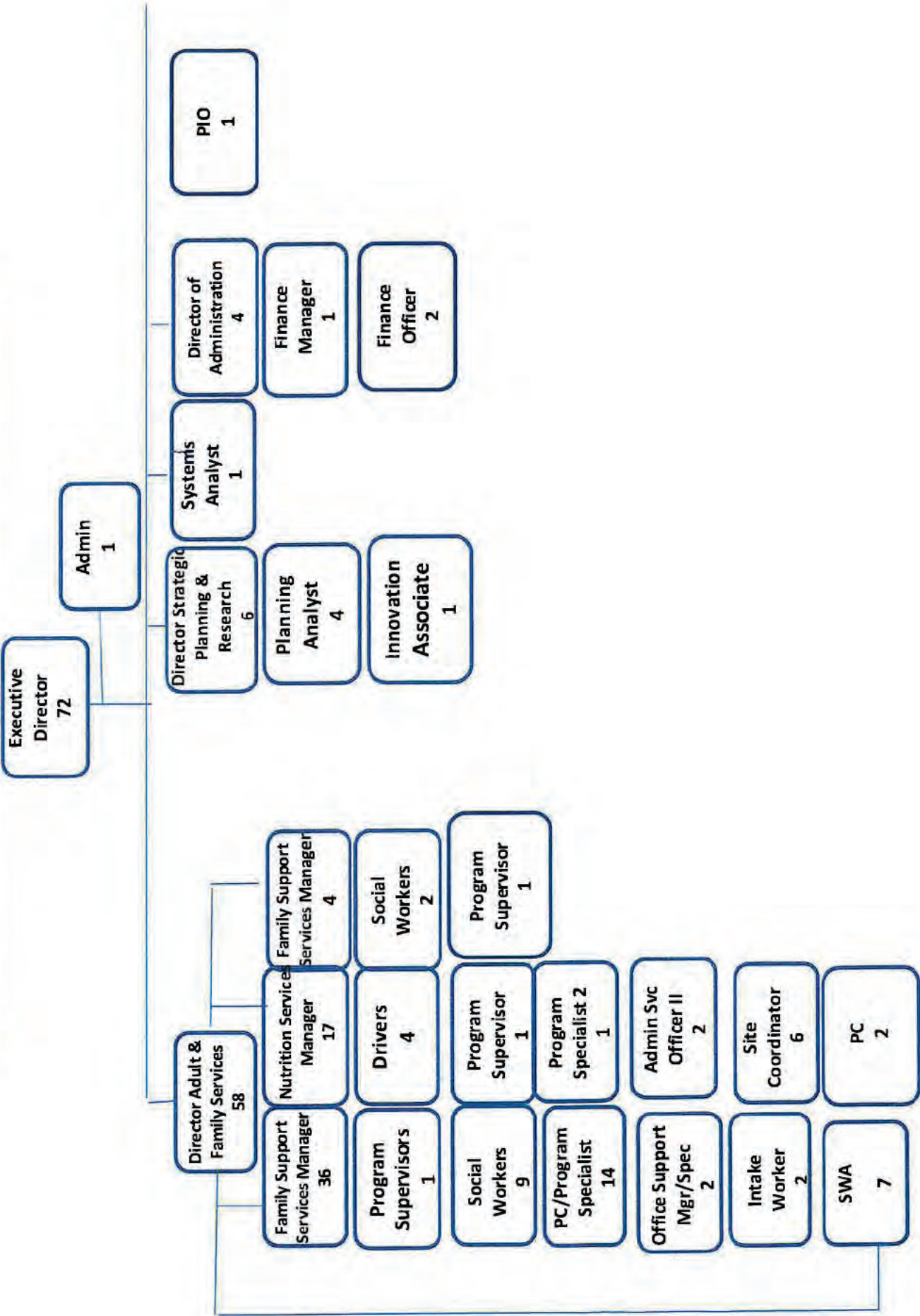
Renee Pratt
Executive Director
Metro Social Services

Metropolitan Government of Nashville and Davidson County

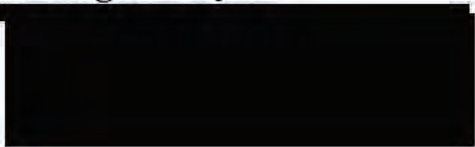
Item 10. Personnel and Training

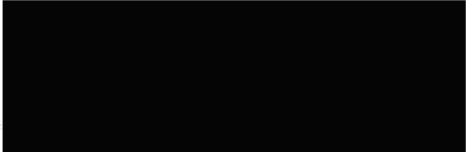


Metro Social Services FY2026



Metro Social Services
Board of Commissioners
Term and Contact Information

	<u>TERM BEGINS</u>	<u>TERM EXPIRES</u>
Charlotte Peacock 	March 19, 2016	July 20, 2029
Pastor William Harris 	April 2, 2024	April 3, 2029
Chandra Allen  	June 17, 2025	April 3, 2030
D'Angelo Taylor 	June 1, 2025	April 3, 2030

	<u>TERM BEGINS</u>	<u>TERM EXPIRES</u>
Shayla Holt 	April 7, 2021	April 3, 2026
Carolyn Smith 	April 22, 2021	April 3, 2026
Anne Havard 	June 4, 2024	March 24, 2029

FUNCTIONAL JOB DESCRIPTION

Classification: Program Manager II
Division: Adult & Family Services
Location: 3055 Lebanon Pike
 Nashville, Tn. 37214

Functional Title: Program Manager
Department: Social Services
Shift: 8:00-4:30 pm

Supervisor's Classification: Program Manager II
Supervisor's Functional Title: Director of Adult and Family Support Services

1. GENERAL PURPOSE OF JOB

Briefly describe the job's primary purpose or contribution to the department or organization.

Performs the professional and supervisory duties involved in supervising employees working with customers of the Nutrition Program and Liquid Supplement programs. Responsible for the overall day-to-day operations of the programs and any other related duties as required.

2. DUTIES AND RESPONSIBILITIES

List the job's essential or most important functions and responsibilities. Include all important aspects of the job, whether performed weekly, monthly, or annually, and any that occur at irregular intervals.

1. Responsible for the Nutrition & Ensure Programs and provides administrative leadership.
2. Ensures that all mandatory training is scheduled, the unit is staffed daily, approves all leave request and monitors the day-to-day operations of the unit.
3. Responsible for payroll, ensuring the time is accurate, training records and all evaluations of staff.
4. Responsible for all weekly, monthly, quarterly or annual reports that are required for the monitoring of the program.
5. Promotes a healthy, safe and productive work environment daily.
6. Develops Performance Measures and Goals for the unit and ensures that all are measurable by data collection procedures.
7. Responsible for ensuring case records are distributed equally and fairly among all staff and that all case records are reviewed and signed off by the Program Manager.
8. Conducts regularly scheduled staff meetings that ensure that all staff in the Nutrition receive the needed information to complete their task.
9. Maintains accurate reports, data collection and statistical information.
10. Participates in any community projects and committees that are pertinent to the program as assigned.
11. Participates in all scheduled meetings, trainings and seminars as needed.
12. Participate in marketing the Nutrition Program.
13. Ensures that all contractual requirements are being met
14. Counsels and corrects staff may it be orally or written for inappropriate actions.
15. Prepares written oral reports as needed.
16. Ensure that the program provides supportive services appropriate to address the needs of customer who are experiencing more complex and diverse issues.
17. Assuming or performing other duties as needed or assigned.
18. Works closely with the agency business office, metro finance and grantors to ensure budget and contractual obligations are met.
19. Assures nutrition policies and procedures are following Dept. of Disability Aging Nutrition Chapter 6 Standards.
20. Involved in the fiscal planning/food service management and evaluation of program.

3. SUPERVISORY RESPONSIBILITIES

If this job supervises others, give the name of the section or division managed and the number of employees supervised. If there are subordinate supervisors, include them also.

Responsible for the direct supervision of 1-3 FTE

4. OTHER SIGNIFICANT INFORMATION (AREAS OF SPECIALIZATION, ETC.)

Have knowledge of the complex and diverse needs of the customers being served and the awareness of the issues of individuals and families. Computer skills in Microsoft, Access, Excel and EBS systems.

PHYSICAL REQUIREMENTS CHECKLIST

Please indicate the frequency with which you perform the following activities as part of your job.

<u>Frequency</u>	<u>Time Spent</u>
Never	0%
Seldom	less than 10%
Occasionally	10% - 25%
Frequently	more than 25%

In addition, indicate whether each activity is essential to the performance of the duties of the position. Choose the frequency which best describes the amount of time you spend performing each activity.

<u>ACTIVITY</u>	<u>FREQUENCY</u>	<u>ESSENTIAL</u>	
LIFTING	10 lbs	☐ No	☒ Yes
	up to 25 lbs	☐ No	☒ Yes
	up to 50 lbs	☒ No	☐ Yes
	up to 100 lbs	☒ No	☐ Yes
	over 100 lbs	☒ No	☐ Yes
STANDING	Occasionally	☐ No	☒ Yes
WALKING	Occasionally	☒ No	☐ Yes
SITTING	Frequently	☐ No	☒ Yes
SEEING	Frequently	☐ No	☒ Yes
HEARING	Frequently	☐ No	☒ Yes
TALKING	Frequently	☐ No	☒ Yes
USING HANDS	Frequently	☐ No	☒ Yes
DRIVING	Occasionally	☐ No	☒ Yes

Does this job require a Commercial Drivers License (CDL) or Endorsement?

☒ No ☐ Yes Class: _____

Endorsements: _____

Please describe any other essential physical requirements of this position:

SIGNATURES:

EMPLOYEE

SUPERVISOR

DATE

FUNCTIONAL JOB DESCRIPTION

Classification: Program Supervisor
Division: Nutrition
Location: 3055 Lebanon Pike
 Nashville, Tn. 37214

Functional Title: Program Supervisor
Department: Social Services
Shift: 8-4:30pm

Supervisor's Classification: Special Projects Manager
Supervisor's Functional Title: Director of Programs

1. GENERAL PURPOSE OF JOB

Briefly describe the job's primary purpose or contribution to the department or organization.

This position is responsible for ensuring the Senior Nutrition Program meets the needs of its clients by providing information, making referrals, assessing, and meeting their needs as resources are available. This includes working with medical staff as well as partnering with agencies that serve Senior Adults and or people with disabilities to ensure they receive at least one nutritious meal daily.

2. DUTIES AND RESPONSIBILITIES

List the job's essential or most important functions and responsibilities. Include all important aspects of the job, whether performed weekly, monthly, or annually, and any that occur at irregular intervals.

- Responsible for working closely with the Program Manager as it pertains to contracts, audits, billing etc.
- ___ Responsible for working as a triage team with the Nutrition staff to ensure all sites are covered daily and all Homebound meals are delivered.
- Responsible for establishing and nurturing positive and healthy working relationships with the Congregate meal High rises Management, Community Centers Management, Parks & Recreation staff that are affiliated with the meal sites and MTA/WeGo.
- Ensure all AAA(OPTIONS) and grant client files are in order and contain authorizations from GNRC
- Process referrals from the MSS database waiting list
- Responsible to developing and establishing firm relationships with pertinent partners and organizations which will assist the customers in navigating the system as it pertains to medical insurance and their needs (prescriptions, medical equipment etc).
- Provides case management, counseling, and appropriate referrals
- Responsible for the assignment of initial assessments on customers pulled from the referral log.
- Assesses eligibility according to established program policies and guidelines
- Responsible for reading, understanding, implementing, and operate in Metro and MSS policies & procedures, GNRC and DDA (Dept. of Disability & Aging) policies procedures and hold staff accountable to the same.
- Provides outreach services within the community including being a part of the community events hosted by MSS
- Makes home visits to customers' homes and/or other agencies/locations within the community
- Provides customers with the necessary information to enable them to understand the services of the program and the information needed for continuation of services.
- Maintains accurate and professional case records and contacts in both the MSS system and the MonAmi database.
- Maintains data for accurate measures of outcomes that are assigned individually and programmatically
- Accurately completes required forms and documentation in a timely manner
- Participates in problem solving between staff and client as need arises
- Completes evaluations, counsels and recommends disciplinary action as needed.
- Responsible for being a part of the division and agency leadership team.
- Responsible for all weekly, monthly, quarterly, and annual reports.
- Responsible for working when needed across programs and the MSS operated shelters.
- Assumes other duties as needed or assigned

3. SUPERVISORY RESPONSIBILITIES

If this job supervises others, give the name of the section or division managed and the number of employees supervised. If there are subordinate supervisors, include them also.

Will be responsible to supervise 1-2 In Office Nutrition Staff upon formal Metro Supervisor training
Will be responsible to manage all congregate meal sites and supervise all congregate paid staff.

4. OTHER SIGNIFICANT INFORMATION (AREAS OF SPECIALIZATION, ETC.)

PHYSICAL REQUIREMENTS CHECKLIST

Please indicate the frequency with which you perform the following activities as part of your job.

<u>Frequency</u>	<u>Time Spent</u>
Never	0%
Seldom	less than 10%
Occasionally	10% - 25%
Frequently	more than 25%

In addition, indicate whether each activity is essential to the performance of the duties of the position. Choose the frequency which best describes the amount of time you spend performing each activity.

<u>ACTIVITY</u>	<u>FREQUENCY</u>	<u>ESSENTIAL</u>	
LIFTING	10 lbs	☒ No	☐ Yes
	up to 25 lbs	☒ No	☐ Yes
	up to 50 lbs	☒ No	☐ Yes
	up to 100 lbs	☒ No	☐ Yes
	over 100 lbs	☒ No	☐ Yes
STANDING	Frequently	☐ No	☒ Yes
WALKING	Frequently	☐ No	☒ Yes
SITTING	Frequently	☐ No	☒ Yes
SEEING	Frequently	☐ No	☒ Yes
HEARING	Frequently	☐ No	☒ Yes
TALKING	Frequently	☐ No	☒ Yes
USING HANDS	Frequently	☐ No	☒ Yes
DRIVING	Frequently	☐ No	☒ Yes

Does this job require a Commercial Drivers License (CDL) or Endorsement?

☒ No ☐ Yes Class: _____

Endorsements: _____

Please describe any other essential physical requirements of this position:

SIGNATURES:

EMPLOYEE

SUPERVISOR

DATE

FUNCTIONAL JOB DESCRIPTION

Classification: Van Driver(Home Ambassador)
Division: Nutrition Program
Location: 3055 Lebanon Pike
 Nashville, Tn. 37214

Functional Title: Van Driver
Department: Social Services
Shift: 8:00-4:00

Supervisor's Classification: Program Manager II
Supervisor's Functional Title: Program Manager II

1. GENERAL PURPOSE OF JOB

Briefly describe the job's primary purpose or contribution to the department or organization.

The purpose of this position is to deliver meals to homebound customers in Davidson County as a part of the Nutrition Program grant requirements. This position will also do routine checks on the customer during the weekly visit and assist with minor task which may enhance the customer's quality of life.

2. DUTIES AND RESPONSIBILITIES

List the job's essential or most important functions and responsibilities. Include all important aspects of the job, whether performed weekly, monthly, or annually, and any that occur at irregular intervals.

1. Responsible for delivering meals, nutritional education materials and other items to customers as requested.
2. Responsible for working with their supervisor to ensure the most efficient coordination of the meal delivery route for the homebound customers.
3. Responsible for ensuring route sheets are accurate and up to date prior to the meal delivery.
4. Responsible for completing and submitting missed meal reports daily
5. Responsible for effective communication with their supervisor and designated staff regarding delivery concerns and customer issues.
6. Responsible for assisting the customer with minor task on the assigned visit such as taking out the trash, bringing in the mail, warming up a meal in the microwave etc.
7. Responsible for being a team player and assist where needed within the program.
8. Responsible for submitting accurate monthly reports by the designated deadline.
9. Responsible for insuring accurate meal count, inventory and inspection of meals from the food vendor daily.
10. Responsible for collecting donations from customers and submitting them to the designated staff person.
11. Responsible for maintaining proper operations, cleanliness and appearance of vehicle.
12. Responsible for performing daily routine vehicle maintenance and safety checks on the vehicle.
13. Responsible for reporting any needed repairs and/or accidents to their supervisor and completing any necessary documentation.
14. Attend and participate in all meetings and trainings as appropriate.
15. Other duties as needed and/or assigned.

3. SUPERVISORY RESPONSIBILITIES

If this job supervises others, give the name of the section or division managed and the number of employees supervised. If there are subordinate supervisors, include them also.

None

4. OTHER SIGNIFICANT INFORMATION (AREAS OF SPECIALIZATION, ETC.)

- 1.) Proven ability to communicate effectively with elderly and/or disabled clients, family members, and other individuals involved in the care of the customer.
- 2.) General knowledge of the needs & resources of the elderly and disabled.
- 3.) General computer knowledge, the ability to work in an excel database, check emails etc.
- 4.) Flexibility to work with others in the best interest of the customers.
- 5.) The ability to work well independently and effectively communicate information to the team.

PHYSICAL REQUIREMENTS CHECKLIST

Please indicate the frequency with which you perform the following activities as part of your job.

<u>Frequency</u>	<u>Time Spent</u>
Never	0%
Seldom	less than 10%
Occasionally	10% - 25%
Frequently	more than 25%

In addition, indicate whether each activity is essential to the performance of the duties of the position. Choose the frequency which best describes the amount of time you spend performing each activity.

<u>ACTIVITY</u>	<u>FREQUENCY</u>	<u>ESSENTIAL</u>	
LIFTING	10 lbs	☒ No	☐ Yes
	up to 25 lbs	☒ No	☐ Yes
	up to 50 lbs	☒ No	☐ Yes
	up to 100 lbs	☒ No	☐ Yes
	over 100 lbs	☐ No	☐ Yes
STANDING	Occasionally	☐ No	☒ Yes
WALKING	Frequently	☐ No	☒ Yes
SITTING	Frequently	☐ No	☒ Yes
SEEING	Frequently	☐ No	☒ Yes
HEARING	Frequently	☐ No	☒ Yes
TALKING	Frequently	☐ No	☒ Yes
USING HANDS	Frequently	☐ No	☒ Yes
DRIVING	Frequently	☐ No	☒ Yes

Does this job require a Commercial Drivers License (CDL) or Endorsement?

☒ No ☐ Yes Class: _____

Endorsements: _____

Please describe any other essential physical requirements of this position:

SIGNATURES:

EMPLOYEE

SUPERVISOR

DATE

FUNCTIONAL JOB DESCRIPTION

Classification: Nutrition Site Coordinator
Division: Adult & Family Support
Location: 3055 Lebanon Pike
 Nashville, Tn. 37214

Functional Title: Nutrition Specialist
Department: Metro Social Services
Shift: 8:00-4:30

Supervisor's Classification: Program Supervisor
Supervisor's Functional Title: Program Supervisor

1. GENERAL PURPOSE OF JOB

Briefly describe the job's primary purpose or contribution to the department or organization.

Performs the administrative duties involved in overseeing and participating in a program to serve meals, and provide an opportunity for socialization, recreation and nutrition education to elderly and disabled individuals.

2. DUTIES AND RESPONSIBILITIES

List the job's essential or most important functions and responsibilities. Include all important aspects of the job, whether performed weekly, monthly, or annually, and any that occur at irregular intervals.

Oversees and participates in the delivery of program services:

1. May serve meals to eligible customers, create an atmosphere that is comfortable and conducive to social interaction among the clients and provide recreational activities and nutrition education for program customers.
2. Provide information and referral to community agencies for clients as needed.
3. Provides support to all the Congregate meal sites and be responsible for obtaining and making all bank deposits, collect and compile all monthly paperwork
4. Provide back-up support to the home delivered meal drivers in their absence.
5. Provide emotional support to customers and encourage them to be as independent as possible.
6. Receive and account for all fees, donations and other sources of income accrued by the site during operation.
7. Assess eligibility for home delivered & congregate meal services to customers using established policies and guidelines.
8. Complete and submit all monthly documentation in a timely manner.
9. Recruit, train and coordinate volunteers.
10. Ensure all safety and sanitation standards are observed.
11. Ensure food and supply waste is kept to a minimum.
12. Provide administrative support via, filing, meal counts, entering monthly data in MonAmi and the agency case management system, answering phones, and case record accountability etc.
13. Attend all meetings, trainings, in-services and workshops as required.
14. Perform any other duties as assigned.

3. SUPERVISORY RESPONSIBILITIES

If this job supervises others, give the name of the section or division managed and the number of employees supervised. If there are subordinate supervisors, include them also.

This is a non-supervisory classification; however, employees in this classification are responsible for coordinating the efforts of volunteers.

4. OTHER SIGNIFICANT INFORMATION (AREAS OF SPECIALIZATION, ETC.)

High School Education; Certified Nurses Training
 General knowledge of the needs of elderly and disabled persons
 Knowledge of the rules and regulations governing food service and sanitation.
 Knowledge of basic first aid and CPR
 Skills in dealing with customers, families and the public.

PHYSICAL REQUIREMENTS CHECKLIST

Please indicate the frequency with which you perform the following activities as part of your job.

Frequency	Time Spent
Never	0%
Seldom	less than 10%
Occasionally	10% - 25%
Frequently	more than 25%

In addition, indicate whether each activity is essential to the performance of the duties of the position. Choose the frequency which best describes the amount of time you spend performing each activity.

<u>ACTIVITY</u>	<u>FREQUENCY</u>	<u>ESSENTIAL</u>	
LIFTING	10 lbs	☐ No	☒ Yes
	up to 25 lbs	☐ No	☒ Yes
	up to 50 lbs	☒ No	☐ Yes
	up to 100 lbs	☒ No	☐ Yes
	over 100 lbs	☒ No	☐ Yes
STANDING	Frequently	☐ No	☒ Yes
WALKING	Frequently	☐ No	☒ Yes
SITTING	Occasionally	☐ No	☒ Yes
SEEING	Frequently	☐ No	☒ Yes
HEARING	Frequently	☐ No	☒ Yes
TALKING	Frequently	☐ No	☒ Yes
USING HANDS	Frequently	☐ No	☒ Yes
DRIVING	Frequently	☐ No	☒ Yes

Does this job require a Commercial Drivers License (CDL) or Endorsement?

☒ No ☐ Yes Class: _____

Endorsements: _____

Please describe any other essential physical requirements of this position:

SIGNATURES:

EMPLOYEE

SUPERVISOR

DATE

Freddie O'Connell
Mayor



Renee Pratt
Executive Director
Metro Social Services

Metropolitan Government of Nashville and Davidson County

- C. The proposed training and curriculum to be used to keep staff current with respect to service delivery requirements and best practices in services and supports**

The Nutrition Program Training plan includes training in the following Topics:

- **Specific health, social, economic and nutritional needs of older adults**
- **Nutrition Education**
- **Food Service and Management**
- **Safety and Sanitation**
- **Monitoring and quality assurance**
- **Meal delivery**
- **Food handling, preparation and storage**
- **Temperature control and food safety**
- **Title VI, Civil Rights Act**
- **Records and reporting requirements**
- **Conducting RA and IA**
- **Food Recalls/ Borne Illness**
- **Complaint and incident handling and reporting**
- **Dietary Guidelines**



Freddie O'Connell
Mayor



Renee Pratt
Executive Director
Metro Social Services

Metropolitan Government of Nashville and Davidson County

RFP-2026-05 Nutrition Services for Older or Disabled Adults

Financial Capacity Statement

Metro Social Services is a department of the Metropolitan Government of Nashville and Davidson County. Metro Social Services' fiscal year 2026-2027 budget was submitted with sufficient funding to provide for the continuation of this program at the level funded in fiscal year 2025-2026.

Metro Council will approve the fiscal budget for the FY 2027 on or before June 30, 2026. Metro Social Services has a clear understanding of the reimbursement-based contract. The Nutrition Program budget is funded in Metro's general fund, which covers the operations of the department until reimbursement is received.



**METROPOLITAN GOVERNMENT
OF NASHVILLE AND DAVIDSON
COUNTY, TENNESSEE**

**SCHEDULES OF EXPENDITURES OF FEDERAL
AND STATE AWARDS AND REPORTS
REQUIRED BY THE SINGLE AUDIT ACT
AS AMENDED AND THE UNIFORM GUIDANCE**

YEAR ENDED JUNE 30, 2024



Independent Auditor's Report on Internal Control
Over Financial Reporting and on Compliance and
Other Matters Based on an Audit of Financial Statements
Performed in Accordance with *Government Auditing Standards*

To the Honorable Mayor and Members of Council
The Metropolitan Government of Nashville and Davidson County, Tennessee

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the Metropolitan Government of Nashville and Davidson County, Tennessee (the "Government") as of and for the year ended June 30, 2024, and the related notes to the financial statements, which collectively comprise the Government's basic financial statements, and have issued our report thereon dated October 31, 2024. Our report includes a reference to other auditors. We have also audited and reported on separately the financial statements of the following discretely presented component units: the Hospital Authority, Metropolitan Transit Authority, and the Convention Center Authority. Other auditors audited the financial statements of the following discretely presented component units, as described in our report on the Government's financial statements: the Nashville District Management Corporation, the Gulch Business Improvement District, Inc., the Metropolitan Development and Housing Agency, the Electric Power Board, the Emergency Communications District, and the Metropolitan Nashville Airport Authority. This report does not include the results of our testing or the other auditors' testing of internal control over financial reporting or compliance and other matters that are reported on separately by us or other auditors.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Government's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Government's internal control. Accordingly, we do not express an opinion on the effectiveness of the Government's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.



Independent Auditor's Report on Compliance for Each Major Program and on
Internal Control Over Compliance Required by the Uniform Guidance and on
the Schedules of Expenditures of Federal and State Awards

To the Honorable Mayor and Members of Council
The Metropolitan Government of Nashville and Davidson County, Tennessee

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the Metropolitan Government of Nashville and Davidson County, Tennessee's (the "Government") compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Government's major federal programs for the year ended June 30, 2024. The Government's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

The Government's basic financial statements include the operations of the following component units: the Nashville District Management Corporation, the Gulch Business Improvement District, Inc., the Metropolitan Development and Housing Agency, the Electric Power Board, the Emergency Communications District, the Metropolitan Nashville Airport Authority, the Convention Center Authority, the Hospital Authority and the Metropolitan Transit Authority, which expended \$253,360,905 in federal awards which are not included in the accompanying Schedule of Expenditures of Federal Awards during the year ended June 30, 2024. Our audit, described below, did not include the operations of the Metropolitan Transit Authority, the Hospital Authority and the Convention Center Authority because, when applicable, we audited and reported on those component units' compliance separately. Our audit, described below, also did not include the operations of the Nashville District Management Corporation, Gulch Business Improvement District Inc., the Metropolitan Development and Housing Agency, the Electric Power Board, the Emergency Communications District, and the Metropolitan Nashville Airport Authority because those component units engaged other auditors to perform audits of compliance and report separately.

In our opinion, the Government complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2024.



To the Honorable Mayor and Members of Council
The Metropolitan Government of Nashville and Davidson County, Tennessee

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Government's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Government's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Government's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2024

Program Title	Federal Assistance Listing Number	Contract Number	Grant Period	Expenditures	Amount Passed Through to Subrecipients
NATIONAL ENDOWMENT FOR THE ARTS					
Passed Through Tennessee Arts Commission Major Cultural Institution 23	45.025	31625-14538	07-01-2023 to 06-15-2024	\$ 1,271	\$ -
Total Program	45.025			1,271	-
Direct Program: Our Town 21-23	45.024	LETTER	07-01-2021 to 06-30-2023	45,000	-
Total Program	45.024			45,000	-
Total National Endowment for the Arts				46,271	-
INSTITUTE OF MUSEUM AND LIBRARY SERVICES					
Passed Through Tennessee State Library and Archive Library Services 24	45.310	LS-249989-OLS-22	07-01-2024 to 06-30-2025	10,000	-
Total Program	45.310			10,000	-
Total Institute of Museum and Library Service				10,000	-
U.S. DEPARTMENT OF AGRICULTURE					
Passed Through Tennessee Department of Health Women, Infant and Children (WIC) 21-24	10.557	CG-22-72294	07-01-2021 to 06-30-2024	5,018,079	-
Total Program	10.557			5,018,079	-
Passed Through Tennessee Department of Human Services Child and Adult Care Food Program - At Risk Support, Metro Public Schools Child and Adult Care Food Program & NAZA HS 22-23	10.558 10.558	00101 Sponsor ID #00049	10-01-2023 to 09-30-2024 10-01-2023 to 09-30-2024	1,403,664 1,217,299	- -
Total Program	10.558			2,620,963	-
<i>Child Nutrition Cluster*</i>					
Passed Through Tennessee Department of Human Services Summer Food Service Program FY23 Summer Food Service Program- Breakfast & Lunch, Metro Public Schools	10.559 10.559	Sponsor ID #00049 00101	06-01-2023 to 07-31-2023 05-30-2024 to 06-28-2024	848,241 1,123,557	- -
Total Program	10.559			1,971,799	-

See accompanying Notes to Schedule of Expenditures of Federal and State Awards.
See independent auditor's report on supplemental information.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2024

Program Title	Federal Assistance Listing Number	Contract Number	Grant Period	Expenditures	Amount Passed Through to Subrecipients
Passed Through Tennessee Department of Health- Hospital Preparedness Program	93.889	GG-23-76084	07-01-2022 to 06-30-2027	70,286	-
Total Program	93.889			70,286	-
Direct Program					
Strengthening US Public Health Infrastructure, Workforce and Data Systems 23-28 - Foundational	93.967	5 NE110E000029-02-00	12-01-2022 to 11-30-2027	248,398	-
Strengthening US Public Health Infrastructure, Workforce and Data Systems 23-28 - Foundational	93.967	5 NE110E000029-02-00	12-01-2022 to 11-30-2027	36,189	-
Strengthening US Public Health Infrastructure, Workforce and Data Systems 23-28	93.967	1 NE110E000029-01-00	12-01-2022 to 11-30-2027	535,518	-
Strengthening US Public Health Infrastructure, Workforce and Data Systems 23-28	93.967	1 NE110E000029-01-00	12-01-2022 to 11-30-2027	53,772	-
Total Program	93.967			873,877	-
Total Center for Disease Control				3,439,514	-
U.S. DEPARTMENT OF ENERGY					
Direct Program					
EECBG- Historic Courthouse Energy Retrofit to Reduce Energy Consumption and Costs	81.128	SE00000144	10/01/2023 to 09-30-2025	36,410	-
Total Program	81.128			36,410	-
Total of U.S. Department Of Energy				36,410	-
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES					
Passed Through Tennessee Department of Health- A Step Ahead	93.558	N/A	11-17-2021 to 10-31-2024	125,645	-
Total Program	93.558			125,645	-
Passed Through Tennessee Department of Health- TN Breast And Cervical Screening Program 24	93.898	CG-24-79365	07-01-2023 to 06-30-2024	334,225	-
Total Program	93.898			334,225	-
Passed Through Tennessee Department of Health- Community Health Access And Navigation In Tennessee (C.H.A.N.T.) 22-23	93.944	CG-22-71250	07-01-2021 to 06-30-2023	383,884	-
Community Health Access And Navigation In Tennessee (C.H.A.N.T.) 22-22	93.944	CG-22-71250	07-01-2021 to 06-30-2023	(1,643,952) (a)	-
Community Health Access And Navigation In Tennessee (C.H.A.N.T.) 22-	93.944	CG-24-78298	07-01-2023 to 06-30-2024	373,902	-
Total Program	93.944			(886,105)	-
Passed Through Tennessee Department of Health- Family Planning 23-27	93.217	GG-23-74035	07-01-2022 to 06-30-2027	86,954	-
Total Program	93.217			86,954	-

See accompanying Notes to Schedule of Expenditures of Federal and State Awards.
See independent auditor's report on supplemental information.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2024

Program Title	Federal Assistance Listing Number	Contract Number	Grant Period	Expenditures	Amount Passed Through to Subrecipients
<i>Aging Cluster</i>					
Passed Through Greater Nashville Reg. Council GNRC Nutrition 24	93.044	2426-21	07-01-2023 to 06-30-2024	911,686	-
Total Program	93.044			911,686	-
<i>Total Aging Cluster*</i>				911,686	-
Passed Through Tennessee Department of Justice COVID 19 - ELC Detection and Mitigation of COVID in Confinement Facilities 21-23 Medical Examiner Cooler Expansion Project 22-24	93.323 93.323	Z-22-263574-00 GG-22-76303	08-01-2021 to 06-30-2024 03-01-2022 to 06-30-2024	98,220 310,770	- -
Passed Through Tennessee Department of Education COVID 19 - Epidemiology & Laboratory Capacity	93.323	N/A	07-01-2022 to 06-30-2023	(58,638)	-
Total Program	93.323			350,352	-
Passed Through Tennessee Department of Education Model Preschool Districts FY24	93.434	N/A	07-01-2023 to 06-30-2024	168,136	-
Total Program	93.434			168,136	-
<i>Direct Programs:</i>					
Ryan White Part A HIV Emergency Relief 23-24 Ryan White Part A HIV Emergency Relief 24-25	93.914 93.914	5189HIA11433-15-00 5189HHA11433-16-00	03-01-2023 to 02-28-2024 03-01-2024 to 02-28-2025	4,226,746 1,702,092	3,308,591 426,404
Total Program	93.914			5,928,838	3,734,995
<i>Direct Program:</i>					
COVID 19 - Disparities 21-24	93.391	NH75OT000013-01-00	06-01-2021 to 05-31-2024	937,486	223,477
Total Program	93.391			937,486	223,477
<i>Direct Program:</i>					
Healthy Start Initiative Eliminating Racial and Ethnic Disparities 23-24/ Nashville Strong Public Health Healthy Start Initiative Eliminating Racial and Ethnic Disparities 24-25/ Nashville Strong Public Health	93.926 93.926	H49MC32719-05 H49MC32719-06	07-01-2023 to 06-30-2024 04-01-2024 to 03-31-2029	687,487 303,094	- 171,848
Total Program	93.926			990,581	171,848
<i>Direct Program:</i>					
COVID 19 - Community Health Workers for Public Health Response & Resilient 23 COVID 19 - Community Health Workers for Public Health Response & Resilient 24	93.495 93.495	NU58DP006999-02-00 NU58DP006999-03-00	08-31-2022 to 08-30-2023 08-31-2023 to 08-30-2024	60,141 743,476	44,969 234,518
Total Program	93.495			803,617	279,487

See accompanying Notes to Schedule of Expenditures of Federal and State Awards.
See independent auditor's report on supplemental information.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2024

Program Title	Federal Assistance Listing Number	Contract Number	Grant Period	Expenditures	Amount Passed Through to Subrecipients
Direct Program Port Security Program 21-24	97.056	EMW-2018-PJ-00063	09-01-2021 to 02-28-2025	337,500	-
Total Program	97.056			337,500	-
Total U.S. Department of Homeland Security				1,413,492	-
U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT					
<i>CDBG - Entitlement Grants Cluster</i>					
Direct Program MDHA Community Development Block Grant	14.218	B-23-MC-47-0007	06-01-2023 to 01-31-2024	95,296	95,296
Total Program	14.218			95,296	95,296
Total CDBG - Entitlement Grants Cluster				95,296	95,296
Direct Program: CoC LIMIS CoC Coordinated Entry	14.267 14.267	TN0060L4J042215 TN0269L4J042206	11-01-2023 to 10-30-2024 10-01-2023 to 09-30-2024	115,731 121,912	-
Total Program	14.267			237,643	-
Total U.S. Department of Housing & Urban Development				332,938	95,296
U.S. DEPARTMENT OF INTERIOR					
Passed Through Tennessee Historical Commission Davidson County Cemetery Preservation Plan (Phase 2) 22-23 Davidson County Cemetery Preservation Plan (Phase 3)	15.904 15.904	77756 81028	10-01-2022 to 09-30-2023 10-01-2023 to 09-30-2024	14,018 22,488	-
Direct Program: National Park Services Civil Rights History 21-23	15.904	P21AP11841-00	09-01-2021 to 12-31-2023	38,234	-
Total Program	15.904			74,739	-
Total U.S. Department of Interior				74,739	-
U.S. DEPARTMENT OF JUSTICE					
Passed Through Tennessee Department of Finance & Administration VOCA Hispanic, Child, and Family 20-23 VOCA Family Justice Center 24	16.575 16.575	11-14-19 GG 2020-V2-GX-0012	07-01-2023 to 06-30-2025 07-01-2023 to 06-30-2024	252,204 9,170	-
Passed Through State of TN OCJP 2024 VOCA - Law Enforcement Victim Coordinator 24 Amend 1	16.575	51057	07-01-2023 to 06-30-2025	438,200	-
Total Program	16.575			699,574	-

See accompanying Notes to Schedule of Expenditures of Federal and State Awards.

See independent auditor's report on supplemental information.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2024

Program Title	Federal Assistance Listing Number	Contract Number	Grant Period	Expenditures	Amount Passed Through to Subrecipients
Direct Program: Addressing SUD Strengthening Families and Community 21-24 Comprehensive Opioid Abuse 20-25	16.838 16.838	15PB/A-21-GG-04526-COAP 2019-AR-BX-K036	10-01-2021 to 09-30-2024 10-01-2019 to 09-30-2025	397,344 201,562	- -
Total Program	16.838			598,906	-
Total U.S. Department of Justice				3,180,314	-
EXECUTIVE OFFICE OF THE PRESIDENT					
Direct Program: 2023 High Intensity Drug Trafficking Area (IIDTA) 23-23	95.001	G23AP0001A	01-01-2023 to 12-31-2023	119,283	-
Total Program	95.001			119,283	-
Total Executive Office of the President				119,283	-
U.S. DEPARTMENT OF LABOR					
WIOA Cluster					
Passed Through Northern Middle TN Workforce WIOA (Workforce Innovation & Opportunity Act) 21-22	17.259	NM-01-L-YCSP-MAC-02	01-01-2021 to 06-30-2024	714,731	-
Total Program	17.259			714,731	-
Total WIOA Cluster				714,731	-
Total U.S. Department of Labor				714,731	-
U.S. DEPARTMENT OF TRANSPORTATION					
Passed Through Tennessee Department of Transportation Congestion Mitigation and Air Quality General Competition 18-20 Congestion Mitigation Air Quality TDM (Phase 2) 23-25 COVID 19 - Federal COVID Relief Funds for Transportation Improvements (CRRSAA) 21-24	20.205 20.205 20.205	170129 200206 220057	11-21-2017 to 05-31-2022 11-01-2022 to 07-01-2027 09-15-2021 to 09-30-2024	2,758 100,641 2,048	- - -
Total Program	20.205			105,447	-
Highway Safety Cluster					
Passed Through Tennessee Department of Safety and Homeland Security 2024 Tennessee Highway Safety Office DUL 24-25	20.600	Z24THS193	10-01-2023 to 09-30-2024	288,500	-
Total Program	20.600			288,500	-

See accompanying Notes to Schedule of Expenditures of Federal and State Awards.
See independent auditor's report on supplemental information.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2024

Program Title	Federal Assistance Listing Number	Contract Number	Grant Period	Expenditures	Amount Passed Through to Subrecipients
Direct Program Air Pollution 105 19-24	66.001	A-00408120-9	10-01-2019 to 09-30-2024	522,055	-
Total Program	66.001			522,055	-
Passed Through Tennessee Department of Environment and Conservation Metro Nashville Police Department Inpound Lot Stormwater Retrofit 23-25	66.447	32701-04733	03-01-2023 to 09-30-2025	175,594	-
Total Program	66.447			175,594	-
Passed Through Tennessee Department of Environment and Conservation Clean Water State Revolving Loans- (CWSRF)	66.458	SRF 2020-446	05-20-2020 to 04-19-2040	161,853	-
Total Program	66.458			161,853	-
Passed Through Tennessee Department of Environment and Conservation Drinking Water State Revolving Loans- (DWSRF)	66.468	DWF 2020-224	05-20-2020 to 04-19-2040	3,983,836	-
Total Program	66.468			3,983,836	-
Total U.S. Environmental Protection Agency				5,024,409	-
U.S. DEPARTMENT OF EDUCATION					
Passed Through TN Department of Education 21st CCLC Cohort 19	84.287	S-287C200043	07-01-2021 to 06-30-2022	250,789	-
21st CCLC Cohort 2022 FY23	84.287C	S287C220043	07-01-2022 to 06-30-2024	497,248	-
21st CCLC Cohort 2023 FY24	84.287C	S287C220043	07-01-2023 to 06-30-2024	299,441	-
21st CCLC Cohort FY20	84.287C	S287C220043	07-01-2019 to 06-30-2020	(150)	-
21st CCLC Cohort FY21	84.287C	S287C220043	07-01-2019 to 06-30-2021	(300)	-
21st CCLC-PreK Cohort 18	84.287	S287C220043	07-01-2021 to 06-30-2022	(2,164)	-
Total Program	84.287			1,044,864	-
Passed Through Tennessee Department of Education ATSI 22	84.010	21-01	07-01-2021 to 06-30-2022	110,486	-
Consolidated Admin Pool	84.010	N/A	07-01-2021 to 06-30-2022	3,501,861	-
Title I, Part A	84.010A	S010A200042	07-01-2021 to 06-30-2024	34,306,392	-
Title I-A Neglected	84.010	S013A220042	07-01-2021 to 06-30-2024	239,656	-
Title IA Turnaround Action 2.0 FY23	84.010A	S010A200042	07-01-2022 to 06-30-2023	343,054	-
Title IA Turnaround Action Grant 3C	84.010A	S010A200042	07-01-2022 to 09-30-2024	2,835,720	-
Title I-C	84.010	S013A220042	07-01-2021 to 06-30-2024	35,724	-
Title I-D Delinquen	84.010	S013A220042	07-01-2021 to 06-30-2024	223,454	-
SIG IV FY 2019	84.010A	S01 0A 180042	07-01-2018 to 09-30-2021	(5,447)	-
School Level Improvement Grant	84.010A	S01 0A 180042	07-01-2022 to 06-30-2023	(3,358)	-
Total Program	84.010			41,587,042	-

See accompanying Notes to Schedule of Expenditures of Federal and State Awards.
See independent auditor's report on supplemental information.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2024

Program Title	Federal Assistance Listing Number	Contract Number	Grant Period	Expenditures	Amount Passed Through to Subrecipients
Passed Through Tennessee Department of Education Title II-A Principal Pipeline Title II-A	84.367 84.367	S367A170040 S367A230040	07-01-2017 to 06-30-2020 07-01-2021 to 06-30-2024	(4,500) 3,745,915	- -
Total Program	84.367			3,741,415	-
Passed Through Tennessee Department of Education Title III Title III Immigrant	84.365 84.365	S365A220042 S365A220042	07-01-2021 to 06-30-2024 07-01-2021 to 06-30-2024	2,974,624 18,133	- -
Total Program	84.365			2,992,757	-
Passed Through Tennessee Department of Education Title IX McKinney-Vento	84.196	S196A200044	07-01-2021 to 06-30-2024	638,115	-
Total Program	84.196			638,115	-
Passed Through Tennessee Department of Education MNPS Summer Literacy Training Stipend FY23	84.364	N/A	07-01-2021 to 06-30-2023	230,649	-
Total Program	84.364			230,649	-
Passed Through Tennessee Department of Education Preschool Expansion	84.419	N/A	07-01-2021 to 06-30-2022	(1,952)	-
Total Program	84.419			(1,952)	-
Passed Through Tennessee Department of Education Title I SIG Priority Sch	84.377A	N/A	07-01-2023 to 06-30-2024	(14,534)	-
Total Program	84.377A			(14,534)	-
Passed Through Tennessee Department of Education SP ED TRANS SCH-WORK FY24	84.126	34570-53523	10-01-2022 to 09-30-2024	195,196	-
Total Program	84.126			195,196	-
Direct Program: EIR Expansion Grant FY24 EIR Pyramid Model GROW STEM	84.411C 84.411 84.411	7564840 UJ411B170021 UJ411C150082	07-01-2023 to 06-30-2024 10-01-2021 to 09-30-2023 01-01-2020 to 06-30-2021	307,679 274,574 (2,691)	- - -
Total Program	84.411			579,562	-

See accompanying Notes to Schedule of Expenditures of Federal and State Awards.
See independent auditor's report on supplemental information.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE
SCHEDULE OF EXPENDITURES OF STATE AWARDS

For the Year Ended June 30, 2024

Program Title	Contract Number	Grant Period	Expenditures	Amount Passed Through to Subrecipients
TENNESSEE ADMINISTRATIVE OFFICE OF THE COURTS:				
Interpreter/Translation Services 24	RS2023-2288	07-01-2023 to 06-30-2024	\$ 81,450	\$ -
Court Interpreter 24	24-RS2023-2313	07-01-2023 to 06-30-2024	91,901	-
Courtroom Security Grant 24	24-RS2024-161	07-01-2023 to 06-30-2024	59,591	-
Total Tennessee Admin Office of the Courts			232,942	-
TENNESSEE ARTS COMMISSION:				
Arts Build Communities 24	31625-12533	07-01-2023 to 06-30-2024	73,710	-
Total Tennessee Arts Commission			73,710	-
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES:				
State Supplement Juvenile Court Improvement 19-24	60968	08-01-2023 to 06-30-2024	4,324	-
Juvenile Justice Prevention 24	RS2023-2102	07-01-2023 to 06-30-2024	398,074	-
Department of Children Services DV Liaison 24 Amend 1	80403	11-01-2023 to 06-30-2025	26,358	-
Total Tennessee Department of Children's Services			428,757	-
TENNESSEE DEPARTMENT OF CORRECTION:				
Community Corrections Services (TDOC) 22-25	37952-13006	07-01-2023 to 06-30-2025	1,466,541	-
Total Tennessee Department of Correction			1,466,541	-
TENNESSEE DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT:				
Genesco - Industrial Development Board	66695	12-01-2019 to 12-16-2022	1,000,000	-
iHeart Media - Industrial Development Board	74127	01-01-2020 to 12-31-2022	1,250,000	-
Oracle America, Inc - Industrial Development Board	73110	05-01-2021 to 04-30-2024	65,000,000	-
Total Tennessee Department of Economic and Community Development			67,250,000	-
TENNESSEE DEPARTMENT OF HUMAN SERVICES:				
Community Services Poverty Fund (CSPF) 24	Letter of Agreement by DHS	07-01-2023 to 06-30-2024	25,050	-
VCA CACFP - Child and Adult Care Food Program 23-24	Sponsor #00711 CACFP	10-01-2023 to 09-30-2024	362,094	-
Total Tennessee Department of Human Services			387,144	-

See accompanying Notes to Schedule of Expenditures of Federal and State Awards.
See independent auditor's report on supplemental information.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE
SCHEDULE OF EXPENDITURES OF STATE AWARDS

For the Year Ended June 30, 2024

Program Title	Contract Number	Grant Period	Expenditures	Amount Passed Through to Subrecipients
TENNESSEE DEPARTMENT OF HEALTH:				
Project Diabetes 22-25	Z-23-256985	07-01-2023 to 06-30-2025	25,167	20,867
Tobacco Prevention & Cessation Services 24-25	GG-24-77619	07-01-2023 to 06-30-2025	86,609	-
Community Health Access And Navigation In Tennessee (C.H.A.N.T) 22-23	GG-22-721250	07-01-2021 to 06-30-2023	1,657,248	-
Community Health Access And Navigation In Tennessee (C.H.A.N.T) 24	GG-24-78298	07-01-2023 to 06-30-2024	1,614,080	-
Healthy Start Home Visiting 21-24	GG-22-72394	10-01-2021 to 06-30-2024	49,291	-
Family Planning 23-27	GG-23-74035	07-01-2022 to 06-30-2027	877,894	-
TN Bicusd And Cervical Screening Program 24	GG-24-79365	07-01-2023 to 06-30-2024	334,225	-
TennCare Dental Prevention Oral Health 22-24	GG-23-76059	07-01-2022 to 06-30-2024	920,100	-
Fetal Infant Mortality Review 21-24	GG-21-65650	07-01-2020 to 06-30-2024	320,363	-
Tuberculosis Control Prevention Outreach Services 24	GG-24-79682	07-01-2023 to 06-30-2024	1,568,325	-
Grant in Aid 24	GE-24-290195	07-01-2023 to 06-30-2024	743,050	-
Prenatal Presumptive Eligibility 20-24	GG-20-63836	07-01-2020 to 06-30-2024	136,200	-
Viral Hepatitis Services 24-25	34349-94222	07-01-2021 to 06-30-2023	105,984	-
Total Tennessee Department of Health			8,438,536	20,867
TENN DEPT. OF SAFETY & HOMELAND SECURITY				
School Resource Officer 24	34901-01482	07/01/2023 to 06/30/2024	3,409,000	-
Total Tennessee Emergency Management Agency			3,409,000	-
TENNESSEE OFFICE OF CRIMINAL JUSTICE PROGRAMS				
Office of Family Safety VOCA , FSC Victim Services 24	52047	07-01-2023 to 06-30-2024	21,309	-
2024 Victim Services State 24	52642	07-01-2023 to 06-30-2024	131,400	-
2024 Violent Crime Intervention Fund (VCIF) (TCCRP) Hot Spot 24-27	52343	11-01-2023 to 06-30-2027	89,100	-
2023 Violent Crime Intervention Fund 23-25	51552	08-01-2023 to 06-30-2025	1,525,400	-
Total Tennessee Office of Criminal Justice Programs			1,767,209	-
TENNESSEE DEPARTMENT OF ENVIRONMENT & CONSERVATION:				
Recycling Rebate 23-24	Letter	07-01-2023 to 06-30-2024	75,808	-
Total Tennessee Emergency Management Agency			75,808	-
TENNESSEE DEPARTMENT OF STATE:				
Middle TN ICAC Task Force 21-26	69807	07-01-2021 to 06-30-2026	225,700	39,900
Total Tennessee Department of State			225,700	39,900
TOTAL EXPENDITURES OF STATE AWARDS			\$ 102,976,933	\$ 60,767

METROPOLITAN GOVERNMENT OF NASHVILLE
AND DAVIDSON COUNTY, TENNESSEE
NOTES TO SCHEDULES OF EXPENDITURES OF FEDERAL AND STATE AWARDS
YEAR ENDED JUNE 30, 2024

A. BASIS OF PRESENTATION - Continued

Program Clusters

The Uniform Guidance defines a cluster of programs as a grouping of closely related programs that share common compliance requirements. According to this definition, similar programs deemed to be a cluster of programs are tested accordingly.

Schedule of Expenditures of State Awards

In compliance with Tennessee state law, the accompanying schedule of expenditures of state awards is included with this report. Such schedule presents all state funded financial awards, as defined by the State Comptroller of the Treasury's Office, and is prepared and presented in a manner consistent with the schedule of expenditures of federal awards.

B. BASIS OF ACCOUNTING

The expenditures presented in the accompanying schedules of expenditures of federal and state awards were developed from agency records and federal and state financial reports which have been reconciled to the central accounting records of the Government. Governmental funds are reported using a modified accrual basis of accounting. Proprietary funds are reported using the accrual basis of accounting. These central records serve as the primary source of information in the preparation of the Government's basic financial statements.

Federal and state revenues and expenditures are included in the general fund, special revenue funds, capital projects funds, and enterprise funds in the Government's basic financial statements.

Because the schedules of expenditures of federal and state awards present only a selected portion of the Government's operations, they are not intended to and do not present the financial position or changes in financial position of the Government.

C. MATCHING COSTS

The State of Tennessee's portion of joint programs with the Government are included in the accompanying schedule of expenditures of state awards, except in those cases where the state's portion is combined with the federal portion and cannot be separately identified. In such cases, the state's portion is included in the accompanying schedule of expenditures of federal awards. The Government's portion of such joint awards is not included.

METROPOLITAN GOVERNMENT OF NASHVILLE
AND DAVIDSON COUNTY, TENNESSEE
NOTES TO SCHEDULES OF EXPENDITURES OF FEDERAL AND STATE AWARDS
YEAR ENDED JUNE 30, 2024

F. STATE REVOLVING LOAN FUNDS

At June 30, 2024, there were outstanding balances of \$7,408,619 and \$22,955,068 on loans obtained through the Clean Water State Revolving Loan Fund (ALN 66.458) and the Drinking Water State Revolving Loan Fund (ALN 66.468), respectively. Principal payments on the Clean Water State Revolving Loan Fund and the Drinking Water State Revolving Loan Fund during fiscal year 2024 totaled \$503,426 and \$236,268, respectively.

METROPOLITAN GOVERNMENT OF NASHVILLE
AND DAVIDSON COUNTY, TENNESSEE
SCHEDULE OF FINDINGS AND QUESTIONED COSTS - Continued
YEAR ENDED JUNE 30, 2024

SECTION II - FINANCIAL STATEMENT FINDINGS

None reported.

SECTION III - FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS

None reported.

**SECTION IV - FINDINGS AND QUESTIONED COSTS REQUIRED BY THE STATE
OF TENNESSEE AUDIT MANUAL**

None reported.

SECTION V - SUMMARY OF PRIOR AUDIT FINDINGS

Financial Statement Findings

Prior Year Finding Number	Finding Title	Status / Current Year Finding Number
2023-001	Metropolitan Nashville Public Schools Grant Receivables and Expenditures	Corrected

Federal Award Findings and Questioned Costs

No prior findings reported.

Findings and Questioned Costs Required by the State of Tennessee Audit Manual

No prior findings reported.



GREATER
NASHVILLE
REGIONAL
COUNCIL

RFP 2026-05 NUTRITION SERVICES FOR OLDER OR DISABLED ADULTS

Q&A Addendum

Last Updated: 12:00 pm, March 18, 2026

1. **Is the Offeror allowed to provide meal delivery service by paying a third party to prepare and deliver the food?**

Answer. There are no current restrictions to utilizing a third party for preparation and delivery of food, but please note that any subcontractor used to carry out the program are required to meet all program requirements and would need to be available to be monitored annually by GNRC.

2. **Are refrigerated meals that need to be heated by the client before consumption considered ready-to-eat or frozen?**

Answer. They would be considered ready-to-eat.

3. **Are the listed amounts (\$8.15 for hot/ready-to-eat meals and \$7.15 for frozen or shelf-stable meals) the maximum allowable cost per meal, or are these the maximum reimbursement rates regardless of the actual cost incurred?**

Answer. These are the maximum reimbursement rates regardless of actual cost incurred.

4. **Are there funding ranges to consider?**

Answer. Funding ranges will be confirmed once selections are made, as the amount of funding provided will depend on the number of counties served, the amount of funding available, and the number of providers selected.

5. **My senior center receives meals through a GNRC-contracted vendor. Do I need to complete a proposal to continue receiving these meals?**

Answer. No. You would only need to submit a proposal to GNRC for the services you would like to provide. If you are just receiving meals or other services from other GNRC-contracted vendors, you would need to discuss with the vendor if they have any requirements for you to continue receiving those services through them. The vendors themselves would be the ones submitting a proposal to GNRC to provide those services.

Connecting Communities. Empowering People.

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6. Do I have to be a nutrition-specific provider?

Answer. RFQ 2026-05 does not require the Offeror to provide mainly nutrition services, but the proposed program must adhere to all nutrition program and funding requirements. Details of both can be found in the RFQ at www.gnrc.org/procurement and the referenced [SUA Program and Policy Manual, Chapter 6](#).

7. What is the current number of Home Delivered Meal participants and the approximate number of meals served annually in the GNRC region?

Answer. Between July 1, 2024 and June 30, 2025, GNRC's nutrition partners provided 659,424 meals for 8,464 clients.

8. What is the typical number of meals per day, per participant? Are bi-weekly deliveries are permitted?

Answer. Typically, participants receive 5 meals per week with daily delivery. Clients who have the capability to manage and safe storage for bi-weekly meals may be able to be approved for less-frequent delivery.

9. Regarding the Nutrition Counseling requirement, is the expectation that counseling be provided to all participants receiving meals, or only to those identified as needing additional support (e.g., through nutrition risk screening or referral from GNRC)? Is there an expected frequency or level of effort for Nutrition Counseling sessions?

Answer. Nutrition counseling can be requested by the recipient and is recommended based on a high risk score. Typically, Nutrition Counseling takes place as one or two phone contacts between the client and the dietician.

10. Does GNRC anticipate selecting multiple providers for Home Delivered Meals?

Answer. GNRC will determine the number of providers selected based on available funding and what will best serve the full region. Historically, GNRC has had multiple providers for all nutrition services.

11. Which subcontractors need to be listed on the Service Details form?

Answer. Only subcontractors who will be performing work directly related to the services being proposed need to be listed on the Service Detail form. If the work being done by a subcontractor is being proposed as meeting any of the contract requirements and the individual or company is a true subcontractor (not a volunteer or employee), they should be listed on the Service Detail form.

12. Should a subcontractor provide answers to the questions on the RFP for the services they'll be providing?

Answer. We would need this information for the proposed project. It does not matter who provides the answer as long as it reflects the project being proposed.

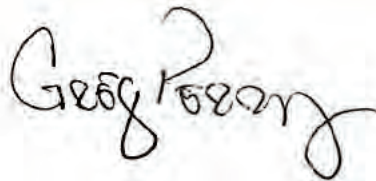
13. If meals are being shipped via a courier service (e.g. UPS, FedEx), would background checks be required?

Answer. Background checks would not be required for the provision of drop ship meals as long as the delivery person does not enter the home.

Have Additional Questions?

All inquiries should be directed to writing at rfp@gnrc.org. Answers will be provided in writing and made available to all potential offerors online at [GNRC.org/Procurement](https://www.gnrc.org/Procurement) as an addendum to the solicitation. Any correspondence related to the RFP should refer to the appropriate solicitation number, page number, and paragraph number.

RFQ documents are available online at <https://www.gnrc.org/procurement>

A handwritten signature in black ink that reads "Greg Perry". The signature is written in a cursive, flowing style.

APPLICATION FOR Nutrition Services for Older or Disabled Adults – RFP-
2026-05

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



Director
Department of Social Services



Date

LEGISLATIVE TRACKING FORMFiling for Council Meeting Date: 07/21/26

Resolution



Ordinance

Contact/Prepared By: Tammy HuntDate Prepared: 06/18/26Title (Caption): Nutrition Program 27Award From GNRC for the Nutrition Grant to provide meals for seniors.Submitted to Planning Commission? ☒ N/A ☐ Yes-Date: _____ Proposal No: _____Proposing Department: Social Services Requested By: Renee PrattAffected Department(s): Social Services 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 +/-: \$ \$ 175,000.00Match: \$ \$ 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 JE

Date to Finance Director's Office: _____

Approved by Finance/Accounts: _____

APPROVED BYApproved by Div Grants Coordination: Quanita 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: GNRC Nutrition Program 27

Department: SOCIAL SERVICES

Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Pass-Through Grantor
(If applicable):** GREATER NASHVILLE REGIONAL COUNCIL

Total Award this Action: \$175,000.00

Cash Match Amount \$0.00

Department Contact: Tammy Hunt
862-6406

Status: CONTINUATION

Program Description:

This is a continuation of the Nutrition Grant Social Services has had with GNRC for over 30 years. This grant provides meals for the elderly through the Meals on Wheels program and at congregate sites throughout Nashville and Davidson County.

Plan for continuation of services upon grant expiration:

None

Grants Tracking Form

Part One

Pre-Application ☐ Application ☐ Award Acceptance ☒ Contract Amendment ☐													
Department		Dept. No.		Contact				Phone		Fax			
SOCIAL SERVICES		037		Tammy Hunt				862-6406					
Grant Name:		GNRC Nutrition Program 27											
Grantor:		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES						Other:					
Grant Period From:		07/01/26		(applications only) Anticipated Application Date:									
Grant Period To:		06/30/27		(applications only) Application Deadline:									
Funding Type:		FED PASS THRU		Multi-Department Grant ☐ If yes, list below.									
Pass-Thru:		GREATER N'VILLE REG. COUNCIL						Outside Consultant Project: ☐					
Award Type:		COMPETITIVE						Total Award: \$175,000.00					
Status:		CONTINUATION						Metro Cash Match: \$0.00					
Metro Category:		Est. Prior.						Metro In-Kind Match: \$0.00					
CFDA #		111E 93.052						Is Council approval required? ☒					
Project Description:						Applic. Submitted Electronically? ☐							
This is a continuation of the Nutrition Grant Social Services has had with GNRC for over 30 years. This grant provides meals for the elderly through the Meals on Wheels program and at congregate sites throughout Nashville and Davidson County.													
Plan for continuation of service after expiration of grant/Budgetary Impact:													
How is Match Determined?													
Fixed Amount of \$				or				% of Grant		Other: ☐			
Explanation for "Other" means of determining match:													
For this Metro FY, how much of the required local Metro cash match:													
Is already in department budget?						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				42.12%		Indirect Cost of Grant to Metro:				\$73,710.00			
*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	FY27			\$175,000.00				\$175,000.00	\$73,710.00	\$0.00
Yr 2										
Yr 3										
Yr 4										
Yr 5										
Total		\$0.00	\$0.00	\$175,000.00	\$0.00		\$0.00	\$175,000.00	\$73,710.00	\$0.00
Date Awarded:					Tot. Awarded:	\$175,000.00	Contract#:	AAAD-27-0217		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

JP

GCP Received 7/01/26

GCP Approved 7/01/26

RESOLUTION NO. _____

A resolution ratifying the submission of a grant application to the Greater Nashville Regional Council and accepting a grant from the Greater Nashville Regional Council to the Metropolitan Government, acting by and through the Metropolitan Social Services Commission, to provide home-delivered meals nutrition services for older or disabled adults.

WHEREAS, the Greater Nashville Regional Council accepted grant applications to provide nutrition services to older adults and adults with disabilities in Davidson County with an award not to exceed \$175,000 with no cash match required; and,

WHEREAS, the Metropolitan Social Services Commission submitted a grant application to Greater Nashville Regional Council in March 2026 to provide nutrition services to older adults and adults with disabilities in Davidson County; and,

WHEREAS, the Greater Nashville Regional Council has awarded a grant in an amount not to exceed \$175,000 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Social Services Commission, to provide home-delivered meals nutrition services for older or disabled adults; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that the submission of the grant application is ratified and the grant award accepted.

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

Section 1. That the submission of the grant application by the Metropolitan Government, acting by and through the Metropolitan Social Services Commission, to the Greater Nashville Regional Council, to provide home-delivered meals nutrition services for older or disabled adults throughout Davidson County, a copy of which is attached hereto and incorporated herein, is hereby ratified.

Section 2. That the grant by and between the Greater Nashville Regional Council, in an amount not to exceed \$175,000 to the Metropolitan Government, acting by and through the Metropolitan Social Services Commission, to provide home-delivered meals nutrition services for older or disabled adults, a copy of which grant is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 3. That the amount of this grant be appropriated to the Metropolitan Social Services Commission, based on the revenues estimated to be received and any match to be applied.

Section 4. 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

APPROVED AS TO FORM
AND LEGALITY:

Matthew Gault
Metropolitan Attorney

INTRODUCED BY:

Member(s) of Council



Contract Cover Sheet

Aging and Disability Services

Contractor ID: MSS

Contract #: AAAD-27-0217

Contractor Legal Entity Name: Metropolitan Government of Nashville and Davidson County - Social Services	
Service Type: Nutrition services for older or disabled adults through in-home services programs	
Start Date: 7/1/2026	End Date: 6/30/2027
Estimated Liability: \$175,000.00	
Contract Type: Fee for Service	
Match Required: No	
Assistance Living Number(s): IIIE 93.052	
Contractor Entity Type: Government	
DBE: NA: Government or Non-Profit	
GNRC Contact: Michael Skipper Executive Director 44 Vantage Way, Suite 450 Nashville, TN 37228 mskipper@gnrc.org; CC: sfowler@gnrc.org 615-682-6628	Contractor Contact: Tammy Hunt Finance Manager P.O. Box 19300 Nashville, Tennessee 37219-6300 tammy.hunt@nashville.gov 615-862-6406

**CONTRACT AAAD-27-0217
BETWEEN
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - SOCIAL SERVICES
AND THE
GREATER NASHVILLE REGIONAL COUNCIL**

This Contract, by and between Metropolitan Government of Nashville and Davidson County - Social Services ("CONTRACTOR") and the GREATER NASHVILLE REGIONAL COUNCIL, a Tennessee governmental entity ("GNRC"), is for the provision of nutrition services for older or disabled adults through in-home services programs. GNRC and CONTRACTOR may be referred to individually as a "Party" or collectively as the "Parties" to this Contract.

This Contract is for funding originating from the federal Older Americans Act and the state of Tennessee. This funding is passed through the Tennessee Department of Disability and Aging in its role as the State Unit on Aging ("SUA") to GNRC in its role as the designated Area Agency on Aging and Disability ("AAAD") for its thirteen-county region.

A. SCOPE OF SERVICES:

Scope of Services. CONTRACTOR agrees to provide the activities identified in the "Scope of Services" described in Attachment A and incorporated into this Contract.

B. TERM OF CONTRACT:

- B.1. Term. The parties agree that this Contract is effective for the period beginning on July 1, 2026 ("Effective Date") and ending on June 30, 2027 ("Term") unless terminated in accordance with Sections E.2. and E.3.
- B.2. Renewal Option. This Contract may be renewed upon satisfactory completion of the Term. GNRC reserves the right to execute up to 3 renewal options under the same terms and conditions for a period not to exceed 12 months each by GNRC, at GNRC's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of 48 months.
- B.3. Out-of-Term Work. GNRC will have no obligation to CONTRACTOR for fulfillment of the Scope outside the then-current Term.

C. PAYMENT TERMS AND CONDITIONS:

- C.1. Estimated Liability. The total purchases of any goods or services under the Contract are not known and will be based on actual units of goods or services rendered in compliance with the Contract. GNRC estimates the purchases during the Term will be \$175,000.00 ("Estimated Liability"). This Contract does not grant the CONTRACTOR any exclusive rights. GNRC does not guarantee that it will buy any minimum quantity of goods or services under this Contract. Subject to the terms and conditions of this Contract, the CONTRACTOR will only be paid for goods or services provided under this Contract after a service authorization is issued to the CONTRACTOR by GNRC or as otherwise specified by this Contract.
- C.2. Payment Methodology. The CONTRACTOR will be compensated based on the payment methodology outlined in Attachment B for goods or services authorized by GNRC. The CONTRACTOR's compensation will be contingent upon the satisfactory provision of goods or services as set forth in Attachment A.
- C.3. Travel Compensation. The CONTRACTOR will not be compensated or reimbursed for travel time, travel expenses, meals, or lodging.

- C.4. Invoice Requirements. Utilizing the GNRC-required database, the CONTRACTOR must invoice GNRC only for goods delivered and accepted by GNRC or services satisfactorily provided at the amounts stipulated in Section C.2., above.
- a. CONTRACTOR's invoices must
 - (1) be submitted via the GNRC-required database with necessary supporting documentation on a monthly basis no later than the 8th day of the month for the services provided in the preceding month;
 - (2) be completed in the GNRC-required database in the manner provided monthly to CONTRACTOR by GNRC;
 - (3) include only charges for goods delivered or services provided as described in Section A and in accordance with payment terms and conditions set forth in Section C;
 - (4) be submitted only for goods delivered or services completed and not include any charge for future goods to be delivered or services to be performed;
 - (5) not include CONTRACTOR's taxes, which includes without limitation CONTRACTOR's sales and use tax, excise taxes, franchise taxes, real or personal property taxes, or income taxes; and
 - (6) include shipping or delivery charges only as authorized in this Contract.
 - b. GNRC will issue payment only for complete, accurate invoices received as required by this Section. GNRC may delay payment due to late, incomplete, or incorrect invoices. There is no guaranteed payment timeframe for invoices.
- C.5. Payment of Invoice. A payment by GNRC does not prejudice GNRC's right to object to or question any reimbursement, payment, invoice, or related matter. A payment by GNRC must not be construed as acceptance of any part of the work or service provided or as approval of any amount invoiced.
- C.6. Invoice Reductions. The CONTRACTOR's invoice will be subject to reduction for amounts included in any invoice or payment that is determined by GNRC to be noncompliant with the requirements of this Section C or otherwise not allowed under the Contract or governing authority.
- C.7. Intentionally Omitted.
- C.8. GNRC's Right to Set Off. GNRC reserves the right to set off or deduct from amounts that are or will become due and payable to the CONTRACTOR under this Contract or under any other agreement between the CONTRACTOR and GNRC under which the CONTRACTOR has a right to receive payment from GNRC.
- C.9. Prerequisite Documentation. The CONTRACTOR must not invoice GNRC under this Contract until GNRC has received the following documentation.
- a. The "Authorization Agreement for Automatic Deposit Form" provided by GNRC. By doing so, the CONTRACTOR acknowledges and agrees that, once this form is received by GNRC, payments to the CONTRACTOR, under this or any other contract the CONTRACTOR has with GNRC, may be made by ACH.

- b. A W-9 form. The taxpayer identification number on the W-9 form must be the same as the CONTRACTOR's Federal Employer Identification Number or Social Security Number provided in CONTRACTOR's response to any requests for proposals.
- C.10. Final Invoice and Close Out. CONTRACTOR must submit any final invoice within thirty days of the conclusion of the Term, in form and substance acceptable to GNRC. CONTRACTOR must submit an estimated final invoice by the 8th of the month following the conclusion of the Term.
- a. If total disbursements by GNRC pursuant to this Contract exceed the amounts permitted by this Contract, CONTRACTOR must refund the difference to GNRC. CONTRACTOR must submit the refund with the final invoice.
 - b. GNRC will not pay any invoice submitted to GNRC later than thirty days after the conclusion of the Term.
 - c. CONTRACTOR must close out its accounting records at the end of the Term in such a way that reimbursable expenditures and revenue collections are not carried forward.

D. STANDARD TERMS AND CONDITIONS:

- D.1. Required Approvals. GNRC is not bound by this Contract until it is signed by the Parties and, if necessary, approved by appropriate officials in accordance with any applicable laws, regulations, and bylaws.
- D.2. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Contract must be in writing and must be made by a nationally recognized overnight delivery service with an asset-tracking system, or by email with receipt confirmation. All communications, regardless of method of transmission, must be addressed to the respective Party at the appropriate mailing address, or email address.

CONTRACTOR:
TAMMY HUNT
FINANCE MANAGER
P.O. BOX 19300
NASHVILLE, TENNESSEE 37219-6300
EMAIL: TAMMY.HUNT@NASHVILLE.GOV
PHONE: 615-862-6406

GNRC:
MICHAEL SKIPPER
EXECUTIVE DIRECTOR
44 VANTAGE WAY, SUITE 450
NASHVILLE, TN 37228
EMAIL: MSKIPPER@GNRC.ORG CC: SFOWLER@GNRC.ORG
PHONE: 615-682-6628

All instructions, notices, consents, demands, or other communications are effective upon actual receipt or upon confirmation of delivery. A Party may change its contact information for the purposes of receiving notice by providing notice in accordance with this section.

- D.3. Modification and Amendment. This Contract may be modified only by a written amendment signed by all Parties to this Contract and approved by appropriate officials in accordance with any applicable laws, regulations, and or bylaws.

- D.4. Assignment and Subcontracting. CONTRACTOR must not assign this Contract or enter into a subcontract for any of the services provided under this Contract without the prior written approval of GNRC. Notwithstanding any use of the approved subcontractors, CONTRACTOR must be the prime contractor and responsible for compliance with all terms and conditions of this Contract.
- D.5. Monitoring. CONTRACTOR understands and agrees that all activities conducted and records maintained pursuant to this Contract are subject to monitoring and evaluation by GNRC as well as other entities including without limitation the Tennessee Department of Disability and Aging, the Tennessee Comptroller of the Treasury, or their duly appointed representatives.
- D.6. Strict Performance. Failure by any Party to require, in any one or more cases, the strict performance of any of the terms, covenants, conditions, or provisions of this Contract must not be construed as a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Contract may be held to be waived, modified, or deleted except by a written amendment signed by the Parties to this Contract.
- D.7. Independent Contractor; No Third-Party Beneficiary. The Parties to this Contract must not act as employees, partners, joint venturers, or associates of one another. Nothing in this Contract may be construed to create an employer/employee relationship or to allow either party to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one Party are not the employees or agents of the other Party. There are no third-party beneficiaries to this Contract.
- D.8. Tennessee Department of Revenue Registration. CONTRACTOR must comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608.
- D.9. Force Majeure. The obligations of the Parties are subject to prevention by causes beyond the parties' control that could not be avoided by the exercise of due care including, but not limited to, natural disasters, riots, wars, epidemics, or any other similar cause.
- D.10. State and Federal Compliance. The CONTRACTOR must comply with all applicable state and federal laws and regulations in the performance of this Contract. This includes, but is not limited to, compliance with Title VI of the Civil Rights Act of 1964.
- D.11. Governing Law. This Contract must be governed by and construed in accordance with the laws of the state of Tennessee. The Parties agree that they are subject to the exclusive jurisdiction of the courts of the state of Tennessee in actions that may arise under this Contract. Each Party hereby irrevocably consents to the exclusive jurisdiction and venue of the state or federal courts located within Davidson County.
- D.12. Entire Agreement. This Contract is complete and contains the entire understanding between the Parties relating to its subject matter, including all the terms and conditions of the Parties' agreement. This Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the Parties, whether written or oral.
- D.13. Severability. The terms and conditions of this Contract are severable. If any provision is determined to be invalid or unenforceable, the remaining provisions will not be affected and remain in full force and effect.
- D.14. Headings. Section headings of this Contract are for reference purposes only and must not be construed as part of this Contract.
- D.15. Incorporation of Additional Documents. Each of the following documents are incorporated as a part of this Contract by reference. In the event of a discrepancy or ambiguity regarding GNRC's

duties, responsibilities, and performance under this Contract, these items govern in order of precedence below:

- a. any amendment to this Contract, with the latter in time controlling over any earlier amendments;
- b. this Contract with attachments and exhibits;
- c. RFP 2026-05, with any addenda and updates provided by GNRC; and
- d. CONTRACTOR's response to RFP 2026-05.

D.16. Intentionally Omitted.

D.17. Subject to Funds Availability. This Contract is subject to the appropriation and availability of state or federal funds. In the event that the funds are not appropriated or are otherwise unavailable, GNRC reserves the right to terminate this Contract upon written notice to CONTRACTOR. GNRC's right to terminate this Contract due to lack of funds is not a breach of this Contract by GNRC. Upon receipt of the written notice, CONTRACTOR must cease all work associated with the Contract. Should such an event occur, CONTRACTOR will be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, CONTRACTOR will have no right to recover from GNRC any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

D.18. Licensure. CONTRACTOR, its employees, and any approved subcontractor must be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and must upon request provide proof of all licenses.

D.19. Limitation of GNRC's Liability. GNRC has no liability except as specifically provided in this Contract. In no event will GNRC be liable to CONTRACTOR or any other party for any lost revenues, lost profits, loss of business, loss of grant funding, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Contract or otherwise. GNRC's total liability under this Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise will under no circumstances exceed the Estimated Liability established in Section C.1 of this Contract. This limitation of liability is cumulative and not per incident.

D.20. No Acquisition of Equipment or Motor Vehicles. This Contract does not involve the acquisition and disposition of equipment or motor vehicles acquired with funds provided under this Contract.

D.21. Confidentiality of Records. Strict standards of confidentiality of records and information must be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to CONTRACTOR by GNRC or acquired by CONTRACTOR on behalf of GNRC that is regarded as confidential under state or federal law must be regarded as "Confidential Information." Nothing in this Section permits CONTRACTOR to disclose any Confidential Information, regardless of whether it has been disclosed or made available to CONTRACTOR due to intentional or negligent actions or inactions of agents of GNRC or third parties. Confidential Information must not be disclosed except as required or permitted under state or federal law. CONTRACTOR must take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law. The obligations set forth in this Section will survive the termination of this Contract.

- D.22. Intentionally Omitted
- D.23. Personally Identifiable Information. While performing its obligations under this Contract, CONTRACTOR may have access to Personally Identifiable Information held by GNRC ("PII"). For the purposes of this Contract, "PII" includes "Nonpublic Personal Information" as that term is defined in Title V of the Gramm-Leach-Bliley Act of 1999 or any successor federal statute, and the rules and regulations thereunder, all as may be amended or supplemented from time to time ("GLBA") and personally identifiable information and other data protected under any other applicable laws, rule or regulation of any jurisdiction relating to disclosure or use of personal information ("Privacy Laws"). CONTRACTOR agrees to not do or omit to do anything which would cause GNRC to be in breach of any Privacy Laws. CONTRACTOR must, and must cause its employees, agents and representatives to: (i) keep PII confidential and may use and disclose PII only as necessary to carry out those specific aspects of the purpose for which the PII was disclosed to CONTRACTOR and in accordance with this Contract, GLBA and Privacy Laws; and (ii) implement and maintain appropriate technical and organizational measures regarding information security to: (A) ensure the security and confidentiality of PII; (B) protect against any threats or hazards to the security or integrity of PII; and (C) prevent unauthorized access to or use of PII. CONTRACTOR must immediately notify GNRC: (1) of any disclosure or use of any PII by CONTRACTOR or any of its employees, agents and representatives in breach of this Contract; and (2) of any disclosure of any PII to CONTRACTOR or its employees, agents and representatives where the purpose of such disclosure is not known to CONTRACTOR or its employees, agents and representatives. GNRC reserves the right to review CONTRACTOR's policies and procedures used to maintain the security and confidentiality of PII and CONTRACTOR must, and cause its employees, agents and representatives to, comply with all reasonable requests or directions from GNRC to enable GNRC to verify or ensure that CONTRACTOR is in full compliance with its obligations under this Contract in relation to PII. Upon termination or expiration of the Contract or at GNRC's direction at any time in its sole discretion, whichever is earlier, CONTRACTOR must immediately return to GNRC any and all PII which it has received under this Contract and must destroy all records of such PII. CONTRACTOR must report to GNRC any instances of unauthorized access to or potential disclosure of PII in the custody or control of CONTRACTOR ("Unauthorized Disclosure") that come to CONTRACTOR's attention. Any such report must be made by CONTRACTOR within 24 hours after the Unauthorized Disclosure has come to the attention of CONTRACTOR. CONTRACTOR must take all necessary measures to halt any further Unauthorized Disclosures. CONTRACTOR, at the sole discretion of GNRC, must provide no cost credit monitoring services for individuals whose PII was affected by the Unauthorized Disclosure. CONTRACTOR must bear the cost of notification to all individuals affected by the Unauthorized Disclosure, including individual letters and public notice. The remedies set forth in this Section are not exclusive and are in addition to any claims or remedies available to GNRC under this Contract or otherwise available at law. The obligations set forth in this Section survive the termination of this Contract.
- D.24. Transfer of CONTRACTOR's Obligations. CONTRACTOR must not transfer or restructure its operations related to this Contract without the prior written approval of GNRC. CONTRACTOR must immediately notify GNRC in writing of a proposed transfer or restructuring of its operations related to this Contract. GNRC reserves the right to request additional information or impose additional terms and conditions before approving a proposed transfer or restructuring.
- D.25. Prohibited Advertising. CONTRACTOR must not refer to this Contract or CONTRACTOR's relationship with GNRC under this Contract in commercial advertising in such a manner as to state or imply that CONTRACTOR or the CONTRACTOR's goods or services are endorsed. The obligations set forth in this Section survive the termination of this Contract.

E. FEDERALLY AND STATE-REQUIRED TERMS AND CONDITIONS

- E.1. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment C, is incorporated in this Contract.
- E.2. Termination for Convenience. GNRC may terminate this Contract without cause for any reason. A termination for convenience shall not be a breach of this Contract by GNRC. GNRC will give CONTRACTOR at least 30 days written notice before the effective termination date. CONTRACTOR shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall GNRC be liable to CONTRACTOR for compensation for any service that has not been rendered. The final decision as to the amount for which GNRC is liable shall be determined by GNRC. CONTRACTOR shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for GNRC's exercise of its right to terminate for convenience.
- E.3. Termination for Cause. If CONTRACTOR fails to properly perform its obligations under this Contract, or if CONTRACTOR violates any terms of this Contract, GNRC shall have the right to immediately terminate this Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of GNRC's right to terminate this Contract for cause, CONTRACTOR shall not be relieved of liability to GNRC for damages sustained by virtue of any breach of this Contract by CONTRACTOR.
- E.4. Conflicts of Interest. CONTRACTOR warrants that no part of the total Estimated Liability shall be paid directly or indirectly to an employee or official of the state of Tennessee or GNRC as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to CONTRACTOR in connection with any work contemplated or performed relative to this Contract.
- E.5. Lobbying.

a. Certification for Contracts, Grants, Loans, and Cooperative Agreements

CONTRACTOR certifies, to the best of his or her knowledge and belief, that:

- (1) No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, CONTRACTOR shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that

all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

b. Statement for Loan Guarantees and Loan Insurance

CONTRACTOR states, to the best of his or her knowledge and belief, that:

- i. If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment provided for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

E.6. Nondiscrimination. CONTRACTOR hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Contract or in the employment practices of CONTRACTOR on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law. CONTRACTOR shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

E.7. Public Accountability. If CONTRACTOR is subject to Tenn. Code Ann. § 8-4-401 *et seq.*, or if this Contract involves the provision of services to citizens by CONTRACTOR on behalf of GNRC, CONTRACTOR agrees to establish a system through which recipients of services may present grievances about the operation of the service program. CONTRACTOR shall also display in a prominent place, located near the passageway through which the public enters in order to receive Contract supported services, a sign at least 11" in height and 17" in width stating:

NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.

The sign shall be on the form prescribed by the Comptroller of the Treasury. The SUA shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from CONTRACTOR, provide CONTRACTOR with any necessary signs.

E.8. Public Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by CONTRACTOR in relation to this Contract shall include the statement, "This project is funded under a contract with the State of Tennessee." All notices by CONTRACTOR in relation to this Contract shall be approved by GNRC.

E.9. Records. CONTRACTOR and any approved subcontractor shall maintain documentation for all charges under this Contract. The books, records, and documents of CONTRACTOR and any approved subcontractor, insofar as they relate to work performed or money received under this Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the

records be maintained for a period of less than five full years from the date of the final payment. CONTRACTOR's records shall be subject to audit at any reasonable time and upon reasonable notice by GNRC, the SUA, the Comptroller of the Treasury, or their duly appointed representatives.

The records shall be maintained in accordance with Governmental Accounting Standards Board (GASB) Accounting Standards or the Financial Accounting Standards Board (FASB) Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.

In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

Expenditures shall be made in accordance with local government purchasing policies and procedures and purchasing procedures for local governments authorized under state law.

CONTRACTOR shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

CONTRACTOR shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. CONTRACTOR shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by GNRC, the SUA, the Central Procurement Office, or the Commissioner of Finance and Administration of the state of Tennessee.

E.10. Debarment and Suspension. CONTRACTOR certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;
- b. have not within a three-year period preceding this Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and
- d. have not within a three-year period preceding this Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

CONTRACTOR shall provide immediate written notice to GNRC if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

E.11. Prohibition of Illegal Immigrants.

- a. CONTRACTOR agrees that it shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract. CONTRACTOR shall reaffirm this attestation by submitting to GNRC a completed Attestation, included as Attachment D, semi-annually during the Term. If CONTRACTOR is a party to more than one contract with GNRC, CONTRACTOR may submit one attestation that applies to all contracts with GNRC. All CONTRACTOR attestations shall be maintained by CONTRACTOR and made available to GNRC upon request.
- b. Prior to the use of any subcontractor in the performance of this Contract, and semi-annually thereafter, during the Term, CONTRACTOR shall obtain and retain a current, written Attestation that the subcontractor will not knowingly utilize the services of an illegal immigrant to perform work under this Contract and will not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant to perform work under this Contract. Attestations obtained from subcontractors shall be maintained by CONTRACTOR and made available to GNRC upon request.
- c. CONTRACTOR shall maintain records for all personnel used in the performance of this Contract. CONTRACTOR's records shall be subject to review and random inspection at any reasonable time upon reasonable notice by GNRC and SUA to ensure CONTRACTOR is not knowingly utilizing the services of an illegal immigrant in the performance of this Contract.
- d. CONTRACTOR understands and agrees that failure to comply with this section will be subject to the sanctions of Tenn. Code Ann. § 12-3-309 for acts or omissions occurring after its effective date.
- e. For purposes of this Contract, "illegal immigrant" shall be defined as any person who is not: (i) a United States citizen; (ii) a Lawful Permanent Resident; (iii) a person whose physical presence in the United States is authorized; or (iv) allowed by the federal Department of Homeland Security and who, under federal immigration laws or regulations, is authorized to be employed in the U.S.

E.12. Equal Opportunity. As a condition for receipt of funds under this Contract, CONTRACTOR agrees to comply with 41 C.F. R. § 60-1.4 as that section is amended from time to time during the term.

E.13. Clean Air Act and Federal Water Pollution Control Act. As a condition for receipt of funds under this Contract, CONTRACTOR agrees to comply with the Clean Air Act, 42 U.S.C. § 7401 *et seq.* and the Federal Water Pollution Control Act, 33 U.S.C § 1251 *et seq.*, as those sections are amended from time to time during the term. Violations must be reported to the Administration for Community Living and the Region 4 Office of the Environmental Protection Agency.

E.14. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Contract. CONTRACTOR certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.

E.15. State Sponsored Insurance Plan Enrollment. CONTRACTOR warrants that it will not enroll or permit its employees, officials, or employees of contractors to enroll or participate in a state sponsored health insurance plan through their employment, official, or contractual relationship with GNRC unless CONTRACTOR first demonstrates to the satisfaction of the Department of

Finance and Administration that it and any contract entity satisfies the definition of a governmental or quasigovernmental entity as defined by federal law applicable to ERISA.

- E.16. Work Papers Subject to Review. CONTRACTOR shall make all audit, accounting, or financial analysis work papers, notes, and other documents available for review by the Comptroller of the Treasury or his representatives, upon request, during normal working hours either while the analysis is in progress or subsequent to the completion of this Contract.
- E.17. Drug-Free Workplace. The Grantee shall provide a drug-free workplace pursuant to the "Drug-Free Workplace Act," 41 U.S.C. §§ 8101 through 8106, and its accompanying regulations.
- E.18. Audit Report. The Grantee shall be audited in accordance with applicable Tennessee law.

When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

A copy of the audit report shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.

- E.19. Boycott of Israel. CONTRACTOR certifies that it is not currently engaged in, and will not for the duration of the Contract engage in, a boycott of Israel as defined by Tenn. Code Ann. § 12-4-119. This provision shall not apply to contracts with a total value of less than \$250,000 or to contractors with less than ten employees.
- E.20. Federal Funding Accountability and Transparency Act (FFATA). This Contract requires CONTRACTOR to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. CONTRACTOR is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that CONTRACTOR provides information to the state of Tennessee as required.

CONTRACTOR shall comply with the following:

- a. Reporting of Total Compensation of CONTRACTOR's Executives.
 - (1) CONTRACTOR shall report the names and total compensation of each of its five most highly compensated executives for CONTRACTOR's preceding completed fiscal year, if in CONTRACTOR's preceding fiscal year it received:
 - i. 80 percent or more of CONTRACTOR's annual gross revenues from Federal procurement contracts and federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and sub awards); and
 - ii. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act (and sub awards); and
 - iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or § 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

As defined in 2 C.F.R. § 170.315, "Executive" means officers, managing partners, or any other employees in management positions.

- (2) Total Compensation means the cash and noncash dollar value earned by the Executive during CONTRACTOR's preceding fiscal year and includes the following (for more information see 17 CFR § 229.402(c)(2)):
- i. Salary and bonus.
 - ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - v. Above-market earnings on deferred compensation which is not tax qualified.
 - vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.
- b. CONTRACTOR must report Executives' Total Compensation described above to the state of Tennessee by the end of the month during which this Contract is established.
- c. If this Contract is amended to extend its term, CONTRACTOR must submit an Executive Total Compensation report to the state of Tennessee by the end of the month in which the amendment to this Contract becomes effective.
- d. CONTRACTOR will obtain a Unique Entity Identifier (SAM) and maintain its number for the term of this Contract. More information about obtaining a Unique Entity Identifier can be found at: <https://www.gsa.gov>.

CONTRACTOR's failure to comply with the above requirements is a material breach of this Contract for which GNRC may terminate this Contract for cause. GNRC will not be obligated to pay any outstanding invoice received from CONTRACTOR unless and until CONTRACTOR is in full compliance with the above requirements.

[SPACE INTENTIONALLY LEFT BLANK]

The parties have entered into this Contract# AAAD-27-0217, effective as of 7/1/2026.

AGREED:

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - SOCIAL SERVICES

SEE NEXT PAGE

FREDDIE O'CONNELL, MAYOR

Date

GREATER NASHVILLE REGIONAL COUNCIL

MICHAEL SKIPPER, EXECUTIVE DIRECTOR

Date

**SIGNATURE PAGE
FOR**

GRANT NO. Nutrition Services through in-home Services-Contract AAAD-27-0217

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

**METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY**


Director of Social Services

4/1/2026
Date

**APPROVED AS TO AVAILABILITY
OF FUNDS:**


Director of Finance
Department of Finance

7/15/2026 | 5:36 PM CDT
Date

APPROVED AS TO RISK AND INSURANCE:


Director of Insurance

7/16/2026 | 8:51 AM CDT
Date

**APPROVED AS TO FORM AND
LEGALITY:**


Metropolitan Attorney

7/16/2026 | 8:45 AM CDT
Date


Freddie O' Connell
Metropolitan Mayor


Date

ATTEST:


Metropolitan Clerk


Date

Attachment A

**Nutrition Services for Older or Disabled Adults through In-Home Services Programs
Greater Nashville Regional Council Scope of Services for
Metropolitan Government of Nashville and Davidson County - Social Services**

1.0 GENERAL

1.1 DEFINITIONS

For the purpose of this Scope of Services:

- **“GNRC”** refers to The Greater Nashville Regional Council
- **“Contractor”** refers to Metropolitan Government of Nashville and Davidson County - Social Services
- **“Contract”** refers to Contract # AAAD-27-0217 between GNRC and Contractor. This Scope of Services is incorporated into the Contract.
- **“Contractor’s Designee”** refers to the individual designated by the Contractor to be responsible for ensuring compliance with the Contract.
- **“SUA”** refers to the Tennessee Department on Disability and Aging, in its capacity as the designated State Unit on Aging under the Older Americans Act of 1965, as amended.
- **“SUA Database”** refers to Mon Ami, accessible from app.monami.io, or any successor product required by the SUA.
- **“GNRC Client”** refers to individuals who have been determined by GNRC to meet eligibility criteria and are authorized to receive services.
- **“Quality Assurance”** refers to the process by which GNRC ensures that its programs and services are compliant with contractual obligations and program expectations and that contractors and grantees are fulfilling their obligations.

1.2. BACKGROUND AND OBJECTIVES

The purpose of the Contract is for the Contractor to provide home-delivered meals nutrition services to eligible persons in order to enhance their capacities to remain self-sufficient in their homes and to maximize the informal support provided by caregivers. Services under this Contract will be provided to adults aged sixty and over (referred to as older adults), adults with disabilities, and their caregivers in one or more of the Tennessee counties of Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson, and Wilson.

Services must be targeted primarily to older adults in the greatest social or economic need, with particular attention to low-income, minority older adults, and those residing in rural areas. At a minimum, GNRC strives to provide services to older adults and their caregivers in the greatest social or economic need in proportion to the population of the counties served.

For services provided under this Contract, GNRC identifies eligible individuals and determines needed services. GNRC is responsible for identification, coordination, and authorization of all services and any adjustments to the services being provided through these programs. Services and units of services to be provided to GNRC Clients must be consistent with the Provider Authorization, which will be provided to Contractor through the SUA Database. Contractor must submit all reports to GNRC as specified in this Scope of Services to receive payment for services rendered.

Funding sources include State of Tennessee Options for Community Living funds, and federal Older Americans Act Title III E Family Caregiver funds. Federal and state funds provided through this Contract must be expended only for services authorized by the Contract.

1.3. PREREQUISITES

Prior to performing any work under this Contract, the Contractor must meet the following criteria:

- A. Be licensed in accordance with federal and the state of Tennessee regulations and such license must be in good standing.
- B. Be registered and in good standing with the Tennessee Secretary of State, if applicable.
- C. Obtain sufficient insurance to indemnify loss of federal, state, and local resources due to casualty, fraud, physical injury, and food borne illness.
- D. Obtain sufficient bond coverage for protection of GNRC and the SUA from theft, forgery, embezzlement, and fraud losses by the GNRC Service Provider, any of its agents or employees, full or part-time.
- E. Operate or have an agreement in place with at least one GNRC-approved meal production facility. All production of meals served through this contract must happen at an approved facility.

1.4. PREREQUISITE DOCUMENTATION

Contractor must submit the following documentation in order to be eligible for payment under this Contract.

- A. All financial documentation detailed in section C.8 of the Contract.
- B. Documentation of required insurance as detailed in section D.16 of the Contract
- C. If the Contractor's business is organized any way other than a sole proprietorship, Contractor must provide a copy of partnership agreement, operating agreement, or bylaws, depending on the business structure.
- D. Notify GNRC electronically at the beginning of the Contract term of any changes to the counties in which Contractor intends to operate; days and times services will be available; as well as any planned holiday closures. This information must be approved in writing by GNRC prior to the provision of any services by Contractor. Written approval from GNRC must be received prior to the Contractor's implementation of any changes in service area, days and times of services, and holiday closures.

1.5. COMPLIANCE GUIDELINES

- A. Contractor must have a policy in place to ensure that personnel who have contracted any infectious illness or disease do not provide in-person services to GNRC Clients until they are without symptoms.
- B. Contractor must ensure that notices of nondiscrimination policies are posted in conspicuous places that are available to all employees and applicants. Proof of these policies and notices must be made available upon request.
- C. Contractor must notify Adult Protective Services and GNRC about any potentially unsafe or hazardous conditions, or suspicions of abuse, neglect, or exploitation that may place the GNRC Client, case managers, aides, or any other person in imminent danger.

- D. Contractor must implement a plan to address how GNRC Clients will be served and the procedures that must be instituted in the event an emergency or disaster occurs. This plan must include protocols for communicating with workers and regarding how GNRC Clients will be assisted during an emergency or unexpected event. Contractor must ensure all staff have a copy of and an understanding of this plan.
- E. Contractor must:
 - 1. Inform older individuals and their family caregivers of their right to file a grievance if they are dissatisfied with or denied services related to this Contract
 - 2. Provide them with a copy of GNRC's required grievance procedures; and
 - 3. Follow the GNRC-required grievance procedures.
- F. Contractor must comply with the administrative, program, and fiscal requirements contained in the applicable SUA policies, procedures, and Program Instructions, as well as any applicable federal, state, and local civil rights rules and regulations.

2.0. PERSONNEL

2.1. BACKGROUND CHECKS

- A. Contractor must complete background checks on employees, subcontractors, and volunteers as required by Tennessee Code Annotated § 52-2-1002 or any successor authority. Required background checks must be conducted prior to the employee, subcontractor, or volunteer having direct contact with or assuming direct responsibility for the GNRC Client. "Direct responsibility" includes anyone who supervises persons who have direct contact with GNRC Clients, even if the supervisors themselves do not have direct contact.
- B. Contractor must document and maintain personnel files for each Contractor staff or volunteer who has access to GNRC Client information or who provides direct care for, has direct contact with, or has direct responsibility for the safety and care of GNRC Clients in their homes. At minimum, personnel files must contain the following:
 - 1. Confidentiality statement, renewed and signed annually
 - 2. Current job description
 - 3. Results of any required background checks
 - 4. Results of any other requested checks
 - 5. Justification of the decision to employ an individual, with reference to any information received from the background check. The justification must be signed by Contractor.
 - 6. Evidence of orientation and training

2.2. KEY PERSONNEL

Contractor must designate a responsible supervisor by name and title for contracted service activities who must ensure that services are provided on a day-to-day basis according to the Contract, relevant governing authority, and Provider Authorization/Notification of Change documents.

2.3. TRAINING

- A. Contractor staff and volunteers must participate in training relevant to their major job responsibilities and in GNRC- and SUA-designated training, which includes Title VI training, when appropriate.
- B. Contractor's Designee must attend and participate in the annual mandatory training, which includes Title VI training, hosted by GNRC, when appropriate.

2.4. PERSONNEL CONDUCT

- A. Contractor must not collect any GNRC Client's Social Security number.
- B. Contractor must ensure that all staff and volunteers display proper identification when entering GNRC Clients' homes in an official capacity. Proper identification is either:
 - 1. A photo ID issued by Contractor that identifies the name of Contractor and the name of the staff or volunteer; or
 - 2. A Contractor-issued identification (such as a business card) presented with a valid state-issued photo ID (such as a driver's license).
- C. Contractor staff or volunteer(s) must not pay bills, cash checks, or in any way handle GNRC Clients' money without prior approval of staff or volunteer's supervisor. All transactions involving GNRC Clients' money must be documented using a standardized form, which includes, at minimum, the name of the worker(s), purpose of errand, dollar amount given to worker, and the signatures of the worker and the GNRC Client. The GNRC Client must receive a copy of the form. A receipt including a specific notation of the amount of change returned to the GNRC Client must also be provided to the client, with a copy kept by Contractor.
- D. Contractor staff or volunteer(s) must not solicit or accept gratuities, favors, or anything of monetary value from a GNRC Client.
- E. Contractor staff or volunteer(s) must not offer for sale any type of merchandise or service to any GNRC Client; nor may they seek to encourage the acceptance of any particular belief or philosophy by any GNRC Client.

3.0. SECURITY

Contractor must treat all participant information as confidential as described in the Contract, including without limitation sections D.21 and D.23 of the Contract. Contractor must ensure that participant information is filed securely and accessed or shared according to the minimum necessary rule.

4.0. SERVICES**4.1. DIRECT SERVICES PROVIDED**

- A. Contractor must provide the services marked by an "x" in the following categories.

X	Service
X	Hot Home-Delivered Meal (1 meal)
X	Frozen/Shelf-Stable Home-Delivered Meal (1 meal)
X	Liquid Nutrition Supplement (1 meal equivalent)

- B. Contractor must provide quarterly Nutrition Education to all GNRC Clients (at least 1 session/education material per GNRC Client per quarter).

- C. Contractor must offer Nutrition Counseling to all GNRC Clients who are identified by GNRC as "high risk." Nutrition Counseling must also be made available to any participant upon request. All Nutrition Counseling must be conducted by a Registered Dietitian (RD) or Individual with Comparable Expertise (ICE).

4.2. **CONDUCTING SERVICES**

- A. Services under this Contract must be provided only to individuals who have been determined by GNRC to meet eligibility criteria and are authorized to receive services.
- B. Contractor must make arrangements for the availability of services in weather-related and other emergencies, when feasible.
- C. Services must begin within ten business days of the receipt of the Provider Authorization by Contractor. Contractor must notify GNRC immediately if services cannot begin within the specified timeframe for any reason.
- D. GNRC Clients must not be denied or limited services because of their income or financial resources. Distance from Contractor must not be used to deny services as this practice violates the mandate for special emphasis to rural residents, residents with disabilities and isolated individuals.
- E. Contractor must consult a Dietitian or Individual with Comparable Expertise (ICE) for the provision of nutrition education and menu analysis.
- F. Contractor must maintain food at safe and appropriate temperatures and limit the amount of time meals spend in transit before consumed.
- G. Contractor must ensure that nutrition services meet all food safety standards and comply with local health department regulations. Contractor must ensure that all foods are kept within the temperature guidelines established by the Tennessee Department of Health.
- H. Meals provided by Contractor must comply with the most recent Dietary Guidelines for Americans (DGAs) published by the Secretary of Health and Human Services and the Secretary of Agriculture, and contain:
 - 1. A minimum of 33 1/3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, for the provision of one meal daily;
 - 2. Minimum of 66 2/3 percent of DRIs for the provision of two meals daily; or
 - 3. 100 percent of DRIs for the provision of three meals daily.
- I. Contractor, upon identifying additional needs or change in circumstances of a GNRC Client, must ensure that that GNRC Client is referred to GNRC for additional assessment.
- J. Contractor must maintain a copy of all current Food Service Establishment Inspection Reports completed by state and local health department staff for each food preparation site and food service subcontractor used in the nutrition program. Contractor assures that any corrective actions recommended by the state or local officials will be resolved in a timely manner.
- K. **Home Delivered Meals** must be served to eligible homebound older adults and must be delivered to the person's place of residence. In some cases, the persons' live-in caregiver may also receive home-delivered meals.

- L. **Liquid Nutrition** supplements must be served in such quantity to be nutritionally equivalent to a home-delivered meal. Provision of liquid nutrition supplements to any GNRC Client requires an assessment by a RD for feasibility and appropriateness.

4.3. **SERVICE REPORTING AND TIMELINES**

- A. Contractor must have methods and procedures in place for the collection and reporting of individual-specific data, including but not limited to rosters and invoices, and provide to GNRC on or before the fourteenth day of the month following the month being reported.
- B. Each month, Contractor must enter information related to the GNRC Clients into the SUA Database and submit verification reports to GNRC. This must be done by the fourteenth day of the following month unless otherwise permitted in writing by GNRC.
- C. Contractor must keep documentation of all contact with or on behalf of GNRC Clients in the SUA Database.
- C. If Contractor observes any changes in an individual's condition, health, or needs, Contractor must provide a written report to GNRC within five business days of observation. The changes and notification should be documented in the GNRC Client's record within the SUA Database.
- D. Contractor must follow GNRC procedures for reporting units of service and adjustment to units and charges for the delivery of services in the event an error is identified.
- E. Contractor is responsible for ensuring the accuracy of reports, units of service, and clients served monthly.
- F. Contractor must notify GNRC in writing immediately if a home-delivered meal participant is not home and did not provide notice to Contractor of the expected absence.
- G. Contractor must communicate with GNRC to ensure that GNRC Clients have access to benefits under other programs and that services are coordinated in a manner that does not lead to an unnecessary duplication of services.
- H. Contractor must notify GNRC if the GNRC Client is interested in the opportunity to make a voluntary contribution to the cost of their services. No GNRC Client will be denied services in the event they or their family cannot or do not wish to provide voluntary contribution.

4.4. **MISSED SERVICES**

Contractor may not charge for missed visits. Contractor must track and report missed visits to GNRC within five business days of the missed visit and provide the date, time, and reason for the missed visit. An excessive number of missed visits may result in cessation of services.

4.5. **SERVICE RECORD KEEPING**

Contractor must retain records as detailed in section E.9 of the Contract.

5.0. **GNRC-FURNISHED RESOURCES**

- A. GNRC will provide Provider Authorizations electronically to Contractor through the SUA Database.
- B. GNRC will provide Client Information Sheets to Contractor electronically upon request.

[SPACE INTENTIONALLY LEFT BLANK]

6.0. QUALITY ASSURANCE

Quality Assurance (QA) is an ongoing process that involves GNRC, GNRC Clients, the SUA, and Contractor. The purpose of QA is to ensure that all service consumers receive appropriate care from qualified providers so that they may continue to live safely within their home and community. GNRC staff review documents for accuracy, calculate the volume of services provided, and monitor for compliance with contractual, federal and state quality standards. GNRC staff frequently communicate with Contractor to offer program orientation, recurring training, schedule monitoring, and review incident or complaint reports involving Contractor. GNRC Clients are surveyed for their satisfaction with the services provided, the results of which inform changes when feasible.

- A. Contractor must respond to requests for information from GNRC and the SUA in a timely manner.
- B. Contractor will be subject to an in-person program monitoring visit at least once annually. Contractor is required to submit all requested documents electronically prior to the onsite visit. Any findings of noncompliance issued by GNRC will require Contractor to submit an acceptable and detailed Plan of Compliance.

GNRC reserves the right to conduct additional visits as necessary to assist Contractor in achieving and maintaining compliance with the required standards. Failure to cooperate with the monitoring process may result in the termination of the Contract.

Attachment B Cont.**Pay Rate Table for Metropolitan Government of Nashville and Davidson County - Social Services
NUTRITION SERVICES FOR OLDER OR DISABLED ADULTS THROUGH IN-HOME SERVICES PROGRAMS****Older Americans Act and State OPTIONS Programs**

Service	Unit	Pay Rate (per one Unit)
Hot Home Delivered Meal	One Meal	\$8.15
Frozen/Self Stable Home Delivered Meal	One Meal	\$7.15
Liquid Nutrition	One Meal Equivalent	\$7.15

The program under which services are to be provided will be determined by GNRC based on client eligibility and funding availability

Attachment C**Federal Award Identification Worksheets for Metropolitan Government of Nashville and Davidson County - Social Services**

Subrecipient's (Contractor) name (must match name associated with its Unique Entity Identifier (SAM) or FEIN)	Metropolitan Government of Nashville and Davidson County - Social Services
Subrecipient's Unique Entity Identifier (SAM) or FEIN	62-0694743
Federal Award Identification Number (FAIN)	2601TNOAFC
Federal award date	03/7/2026
Subaward Period of Performance Start and End Date	7/1/2026
Subaward Budget Period Start and End Date	6/30/2027
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.052
Grant contract's begin date	7/1/2026
Grant contract's end date	6/30/2027
Amount of federal funds obligated by this grant contract	See C.1 Estimated Liability & Attachment B
Total amount of federal funds obligated to the subrecipient	See C.1 Estimated Liability & Attachment B
Total amount of the federal award to the pass-through entity (GNRC)	\$868,200
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	IIIE Family Caregiver
Name of federal awarding agency	Department of Health and Human Services
Name and contact information for the federal awarding official	Department of Health and Human Services Administration for Community Living One Massachusetts Avenue NW Washington, DC 20001-1401
Name of pass-through entity	Greater Nashville Regional Council
Name and contact information for the pass-through entity awarding official	Michael Skipper, Executive Director 44 Vantage Way, Ste 450 Nashville, TN 37228
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.332 for information on type of indirect cost rate)	N/A

Attachment D

This document must be signed and submitted semi-annually, as detailed in E.11 of the Contract.

ATTESTATION RE PERSONNEL USED IN CONTRACT PERFORMANCE

SUBJECT CONTRACT NUMBER:	AAAD-27-0217
CONTRACTOR LEGAL ENTITY NAME:	Metropolitan Government of Nashville and Davidson County - Social Services
EMPLOYER IDENTIFICATION NUMBER:	62-0694743

The Contractor, identified above, does hereby attest, certify, warrant, and assure that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract.

CONTRACTOR SIGNATURE

NOTICE: This attestation MUST be signed by an individual empowered to contractually bind the Contractor. Attach evidence documenting the individual's authority to contractually bind the Contractor, unless the signatory is the Contractor's chief executive or president.

FREDDIE O' CONNELL MAYOR METROPOLITAN GOVERNMENT NASHVILLE & DAVIDSON COUNTY

PRINTED NAME AND TITLE OF SIGNATORY

DATE OF ATTESTATION

Certificate Of Completion

Envelope Id: 341DA5EE-21FD-85EF-81B5-69C6AC3BD478

Status: Completed

Subject: Complete with Docusign: SocSer-NutritionProgram27App Ready Part 1.pdf, SocSer-NutritionProgram2...

Source Envelope:

Document Pages: 217

Signatures: 12

Envelope Originator:

Certificate Pages: 15

Initials: 2

Juanita Paulson

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Envelopeld Stamping: Enabled

Nashville, TN 37219

Time Zone: (UTC-06:00) Central Time (US & Canada)

Juanita.Paulsen@nashville.gov

IP Address: 170.190.198.185

Record Tracking

Status: Original

Holder: Juanita Paulson

Location: DocuSign

7/14/2026 10:16:23 AM

Juanita.Paulsen@nashville.gov

Security Appliance Status: Connected

Pool: StateLocal

Signer Events

Signature

Timestamp

Joseph Emmons

Joseph.Emmons@nashville.gov

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Signed: 7/14/2026 10:42:33 AM

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Not Offered via Docusign

Aaron Pratt

Aaron.Pratt@nashville.gov

Security Level: Email, Account Authentication
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Jenneen Reed/mjw

MaryJo.Wiggins@nashville.gov

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Electronic Record and Signature Disclosure:

Accepted: 7/15/2026 5:35:56 PM

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Matthew Garth

Matthew.Garth@nashville.gov

Security Level: Email, Account Authentication
(None)

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Signed: 7/16/2026 8:45:59 AM

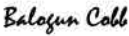
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Electronic Record and Signature Disclosure:

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Signer Events	Signature	Timestamp
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Electronic Record and Signature Disclosure:
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In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Karina Valdez karina.valdez@nashville.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 7/16/2026 8:51:34 AM

Electronic Record and Signature Disclosure:
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Tammy Hunt Tammy.Hunt@nashville.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 7/16/2026 8:51:35 AM
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Electronic Record and Signature Disclosure:
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Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/14/2026 10:37:50 AM
Certified Delivered	Security Checked	7/16/2026 8:51:19 AM
Signing Complete	Security Checked	7/16/2026 8:51:31 AM
Completed	Security Checked	7/16/2026 8:51:35 AM

Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

1. ACCEPTANCE OF TERMS AND CONDITIONS These Terms and Conditions govern your ("Subscriber" or "you") use of DocuSign's on-demand electronic signature service (the "Subscription Service"), as accessed either directly through DocuSign.com, DocuSign.net, or through a DocuSign affiliate's web page offering a Service Plan (collectively, the "Site"). By depositing any document into the System (as defined below), you accept these Terms and Conditions (including your corresponding Service Plan, the DocuSign.com Terms of Use, and all policies and guidelines referenced and hereby incorporated into these Terms and Conditions) and any modifications that may be made to the Terms and Conditions from time to time. If you do not agree to these Terms and Conditions, you should not use the Subscription Service or visit or browse the Site. These Terms and Conditions constitute a binding legal agreement between you and DocuSign, Inc. ("DocuSign," "we," "us," and "our"). Please read them carefully and print a copy for your future reference.

2. MODIFICATION OF TERMS AND CONDITIONS We reserve the right to modify these Terms and Conditions at any time and in any manner at our sole discretion by: (a) posting a revision on the Site; or (b) sending information regarding the amendment to the email address you provide to us. YOU ARE RESPONSIBLE FOR REGULARLY REVIEWING THE SITE TO OBTAIN TIMELY NOTICE OF ANY AMENDMENTS. YOU SHALL BE DEEMED TO HAVE ACCEPTED SUCH AMENDMENTS BY CONTINUING TO USE THE SUBSCRIPTION SERVICE FOR MORE THAN 20 DAYS AFTER SUCH AMENDMENTS HAVE BEEN POSTED OR INFORMATION REGARDING SUCH AMENDMENTS HAS BEEN SENT TO YOU. You agree that we shall not be liable to you or to any third party for any modification of the Terms and Conditions.

3. DEFINITIONS "Account" means a unique account established by Subscriber to enable its Authorized Users to access and use the Subscription Service. "Authorized User" means any employee or agent of Subscriber, identified by a unique email address and user name, who is registered under the Account, provided that no two persons may register, access or use the Subscription Service as the same Authorized User. "Contract" refers to a contract, notice, disclosure, or other record or document deposited into the System by Subscriber for processing using the Subscription Service. "Envelope" means an electronic record containing one or more eContracts consisting of a single page or a group of pages of data uploaded to the System. "Seat" means an active Authorized User listed in the membership of an Account at any one time. No two individuals may log onto or use the Subscription Service as the same Authorized User, but Subscriber may unregister or deactivate Authorized Users and replace them with other Authorized Users without penalty, so long as the number of active Authorized Users registered at any one time is equal to or less than the number of Seats purchased. "Service Plan" means the right to access and use the Subscription Service for a specified period in exchange for a periodic fee, subject to the Service Plan restrictions and requirements that are used to describe the selected Service Plan on the Site. Restrictions and requirements may include any or all of the following: (a) number of Seats and/or Envelopes that a Subscriber may use in a month or year for a fee; (b) fee for sent Envelopes in excess of the number of Envelopes allocated to Subscriber under the Service Plan; (c) per-seat or per-user restrictions; (d) the license to use DocuSign software products such as DocuSign Connect Express in connection with the Subscription Service; and (e) per use fees. "Specifications" means the technical specifications set forth in the "Subscription Service Specifications" available at <http://docuSign.com/company/specifications>. "Subscription Service" means DocuSign's on-demand electronic signature service, as updated from time

to time, which provides on-line display, certified delivery, acknowledgement, electronic signature, and storage services for eContracts via the Internet. "System" refers to the software systems and programs, communication and network facilities, and hardware and equipment used by DocuSign or its agents to provide the Subscription Service. "Term" means the period of effectiveness of these Terms and Conditions, as specified in Section 12 below. "Transaction Data" means the metadata associated with an Envelope (such as transaction history, image hash value, method and time of Envelope deletion, sender and recipient names, email addresses and signature IDs) and maintained by DocuSign in order to establish the digital audit trail required by the Subscription Service.

4. SUBSCRIPTION SERVICE

During the term of the Service Plan and subject to these Terms and Conditions, Subscriber will have the right to obtain an Account and register its Authorized Users, who may access and use the Subscription Service, and DocuSign will provide the Subscription Service in material conformance with the Specifications. You must be 18 years of age or older to register for an Account and use the Subscription Service. Subscriber's right to use the Subscription Service is limited to its Authorized Users, and Subscriber agrees not to resell or otherwise provide or assist with the provision of the Subscription Service to any third party. In addition, DocuSign's provision of the Subscription Service is conditioned on Subscriber's acknowledgement and agreement to the following: (a) The Subscription Service facilitates the execution of eContracts between the parties to those eContracts. Nothing in these Terms and Conditions may be construed to make DocuSign a party to any eContract processed through the Subscription Service, and DocuSign makes no representation or warranty regarding the transactions sought to be effected by any eContract; (b) Between DocuSign and Subscriber, Subscriber has exclusive control over and responsibility for the content, quality, and format of any eContract. All eContracts stored by DocuSign are maintained in an encrypted form, and DocuSign has no control of or access to their contents; (c) If Subscriber elects to use one or more of the optional features designed to verify the identity of the intended recipient of an eContract that DocuSign makes available to its subscribers ("Authentication Measures"), DocuSign will apply only those Authentication Measures selected by the Subscriber, but makes no representations or warranties about the appropriateness of any Authentication Measure. Further, DocuSign assumes no liability for: (A) the inability or failure by the intended recipient or other party to satisfy the Authentication Measure; or (B) the circumvention by any person (other than DocuSign) of any Authentication Measure; (d) Certain types of agreements and documents may be excepted from electronic signature laws (e.g. wills and agreements pertaining to family law), or may be subject to specific regulations promulgated by various government agencies regarding electronic signatures and electronic records. DocuSign is not responsible or liable to determine whether any particular eContract is subject to an exception to applicable electronic signature laws, or whether it is subject to any particular agency promulgations, or whether it can be legally formed by electronic signatures; (e) DocuSign is not responsible for determining how long any d to be retained or stored under any applicable laws, regulations, or legal or administrative agency processes. Further, DocuSign is not responsible for or liable to produce any of Subscriber's eContracts or other documents to any third parties; (f) Certain consumer protection or similar laws or regulations may impose special requirements with respect to electronic transactions involving one or more "consumers," such as (among others) requirements that the consumer consent to the method of contracting and/or that the consumer be provided with a copy, or access to a copy, of a paper or other non-electronic, written record of the transaction. DocuSign does not and is not responsible to: (A) determine whether any

particular transaction involves a “consumer”; (B) furnish or obtain any such consents or determine if any such consents have been withdrawn; (C) provide any information or disclosures in connection with any attempt to obtain any such consents; (D) provide legal review of, or update or correct any information or disclosures currently or previously given; (E) provide any such copies or access, except as expressly provided in the Specifications for all transactions, consumer or otherwise; or (F) otherwise to comply with any such special requirements; and (g) Subscriber undertakes to determine whether any “consumer” is involved in any eContract presented by Subscriber or its Authorized Users for processing, and, if so, to comply with all requirements imposed by law on such eContracts or their formation. (h) If the domain of the primary email address associated with the Account is owned by an organization and was assigned to Subscriber as an employee, contractor or member of such organization, and that organization wishes to establish a commercial relationship with DocuSign and add the Account to such relationship, then, if Subscriber does not change the email address associated with the Account, the Account may become subject to the commercial relationship between DocuSign and such organization and controlled by such organization.

5. RESPONSIBILITY FOR CONTENT OF COMMUNICATIONS As between Subscriber and DocuSign, Subscriber is solely responsible for the nature and content of all materials, works, data, statements, and other visual, graphical, video, and written or audible communications submitted by any Authorized User or otherwise processed through its Account, the Subscription Service, or under any Service Plan. Accordingly: (a) Subscriber will not use or permit the use of the Subscription Service to send unsolicited mass mailings outside its organization. The term “unsolicited mass mailings” includes all statutory or common definitions or understanding of those terms in the applicable jurisdiction, such as those set forth for “Commercial Electronic Mail Messages” under the U.S. CAN-SPAM Act, as an example only; and (b) Subscriber will not use or permit the use of the Subscription Service: (i) to communicate any message or material that is defamatory, harassing, libelous, threatening, or obscene; (ii) in a way that violates or infringes upon the intellectual property rights or the privacy or publicity rights of any person or entity or that may otherwise be unlawful or give rise to civil or criminal liability (other than contractual liability of the parties under eContracts processed through the Subscription Service); (iii) in any manner that is likely to damage, disable, overburden, or impair the System or the Subscription Service or interfere with the use or enjoyment of the Subscription Service by others; or (iv) in any way that constitutes or encourages conduct that could constitute a criminal offense. DocuSign does not monitor the content processed through the Subscription Service, but in accordance with DMCA (Digital Millennium Copyright Act) safe harbors, it may suspend any use of the Subscription Service, or remove or disable any content that DocuSign reasonably and in good faith believes violates this Agreement or applicable laws or regulations. DocuSign will use commercially reasonable efforts to notify Subscriber prior to any such suspension or disablement, unless DocuSign reasonably believes that: (A) it is prohibited from doing so under applicable law or under legal process, such as court or government administrative agency processes, orders, mandates, and the like; or (B) it is necessary to delay notice in order to prevent imminent harm to the System, Subscription Service, or a third party. Under circumstances where notice is delayed, DocuSign will provide the notice if and when the related restrictions in the previous sentence no longer apply.

6. PRICING AND PER USE PURCHASES The prices, features, and options of the Subscription Service available for an Account depend on the Service Plan selected by Subscriber. Subscriber may also purchase optional services on a periodic or per-use basis. DocuSign may add or change the prices, features or options available with a

Service Plan without notice. Subscriber's usage under a Service Plan is measured based on the actual number of Seats as described in the Service Plan on the Site. Once a per-Seat Service Plan is established, the right of the named Authorized User to access and use the Subscription Service is not transferable; any additional or differently named Authorized Users must purchase per-Seat Service Plans to send Envelopes. Extra seats, users and/or per use fees will be charged as set forth in Subscriber's Service Plan if allowed by such Service Plan. If a Services Plan defines a monthly Envelope Allowance (i.e. # Envelopes per month allowed to be sent), all Envelopes sent in excess of the Envelope Allowance will incur a per-Envelope charge. Any unused Envelope Allowances will expire and not carry over from one billing period to another under a Service Plan. Subscriber's Account will be deemed to have consumed an Envelope at the time the Envelope is sent by Subscriber, regardless of whether Envelopes were received by recipients, or whether recipients have performed any actions upon any eContract in the Envelope. Powerforms are considered Envelopes within an Envelope Allowance Service Plan, and will be deemed consumed at the time they are "clicked" by any end user regardless of whether or not any actions are subsequently performed upon such Envelope. For Service Plans that specify the Envelope Allowance is "Unlimited," Subscriber is allowed to send a reasonable number of Envelopes from the number of Seats purchased. If DocuSign suspects that the number of Envelopes sent from a particular Seat or a group of Seats is abusive and/or unduly burdensome, DocuSign will promptly notify Subscriber, discuss the use-case scenario with Subscriber and any continued monitoring, additional discussions and/or information required to make a final determination on the course of action based on such information. In the event Subscriber exceeds, in DocuSign's sole discretion, reasonable use restrictions under a Service Plan, DocuSign reserves the right to transfer Subscriber into a higher-tier Service Plan without notice. If you misrepresent your eligibility for any Service Plan, you agree to pay us the additional amount you would have been charged under the most favorable pricing structure for which you are eligible. DocuSign may discontinue a Service Plan at any time, and with prior notice to you, may migrate your Account to a similar Service Plan that may carry a different fee. You agree to allow us to charge your credit card for the fees associated with a substitute Service Plan, even if those fees are higher than those you agreed to when you registered your Account. Optional services, are measured at the time of use, and such charges are specific to the number of units of the service(s) used during the billing period. Optional services subject to periodic charges, such as additional secure storage, are charged on the same periodic basis as the Service Plan fees for the Subscription Service.

7. SUBSCRIBER SUPPORT DocuSign will provide Subscriber support to Subscriber as specified in the Service Plan selected by Subscriber, and that is further detailed on DocuSign's website.

8. STORAGE DocuSign will store eContracts per the terms of the Service Plan selected by Subscriber. For Service Plans that specify the Envelope storage amount is "Unlimited," DocuSign will store an amount of Envelopes that is not abusive and/or unduly burdensome, in DocuSign's sole discretion. Subscriber may retrieve and store copies of eContracts for storage outside of the System at any time during the Term of the Service Plan when Subscriber is in good financial standing under these Terms and Conditions, and may delete or purge eContracts from the System at its own discretion. DocuSign may, at its sole discretion, delete an uncompleted eContract from the System immediately and without notice upon earlier of: (i) expiration of the Envelope (where Subscriber has established an expiration for such Envelope, not to exceed 365 days); or (ii) expiration of the Term. DocuSign assumes no liability or responsibility for a party's failure or inability to electronically sign any eContract within such a period of time. DocuSign may retain Transaction Data for as long as it has a

business purpose to do so. 9. BUSINESS AGREEMENT BENEFITS You may receive or be eligible for certain pricing structures, discounts, features, promotions, and other benefits (collectively, "Benefits") through a business or government Subscriber's agreement with us (a "Business Agreement"). Any and all such Benefits are provided to you solely as a result of the corresponding Business Agreement and such Benefits may be modified or terminated without notice. If you use the Subscription Service where a business or government entity pays your charges or is otherwise liable for the charges, you authorize us to share your account information with that entity and/or its authorized agents. If you are enrolled in a Service Plan or receive certain Benefits tied to a Business Agreement with us, but you are liable for your own charges, then you authorize us to share enough account information with that entity and its authorized agents to verify your continuing eligibility for those Benefits and the Service Plan. 10. FEES AND PAYMENT TERMS The Service Plan rates, charges, and other conditions for use are set forth in the Site. Subscriber will pay DocuSign the applicable charges for the Services Plan as set forth on the Site. If you add more Authorized Users than the number of Seats you purchased, we will add those Authorized Users to your Account and impose additional charges for such additional Seats on an ongoing basis. Charges for pre-paid Service Plans will be billed to Subscriber in advance. Charges for per use purchases and standard Service Plan charges will be billed in arrears. When you register for an Account, you will be required to provide DocuSign with accurate, complete, and current credit card information for a valid credit card that you are authorized to use. You must promptly notify us of any change in your invoicing address or changes related to the credit card used for payment. By completing your registration for the Services Plan, you authorize DocuSign or its agent to bill your credit card the applicable Service Plan charges, any and all applicable taxes, and any other charges you may incur in connection with your use of the Subscription Service, all of which will be charged to your credit card. Each time you use the Subscription Service, or allow or cause the Subscription Service to be used, you reaffirm that we are authorized to charge your credit card. You may terminate your Account and revoke your credit card authorization as set forth in the Term and Termination section of these Terms and Conditions. We will provide you with one invoice in a format we choose, which may change from time to time, for all Subscription Service associated with each Account and any charges of a third party on whose behalf we bill. Payment of all charges is due and will be charged to your credit card upon your receipt of an invoice. Billing cycle end dates may change from time to time. When a billing cycle covers less than or more than a full month, we may make reasonable adjustments and/or prorations. If your Account is a qualified business account and is approved by us in writing for corporate billing, charges will be accumulated, identified by Account identification number, and invoiced on a monthly basis. You agree that we may (at our option) accumulate charges incurred during your monthly billing cycle and submit them as one or more aggregate charges during or at the end of each cycle, and that we may delay obtaining authorization from your credit card issuer until submission of the accumulated charge(s). This means that accumulated charges may appear on the statement you receive from your credit card issuer. If DocuSign does not receive payment from your credit card provider, you agree to pay all amounts due upon demand. DocuSign reserves the right to correct any errors or mistakes that it makes even if it has already requested or received payment. Your credit card issuer's agreement governs your use of your credit card in connection with the Subscription Service, and you must refer to such agreement (not these Terms and Conditions) with respect to your rights and liabilities as a cardholder. You are solely responsible for any and all fees charged to your credit card by the issuer, bank, or financial institution including, but not limited to, membership,

overdraft, insufficient funds, and over the credit limit fees. You agree to notify us about any billing problems or discrepancies within 20 days after they first appear on your invoice. If you do not bring them to our attention within 20 days, you agree that you waive your right to dispute such problems or discrepancies. We may modify the price, content, or nature of the Subscription Service and/or your Service Plan at any time. If we modify any of the foregoing terms, you may cancel your use of the Subscription Service. We may provide notice of any such changes by e-mail, notice to you upon log-in, or by publishing them on the Site. Your payment obligations survive any termination of your use of the Subscription Service before the end of the billing cycle. Any amount not paid when due will be subject to finance charges equal to 1.5% of the unpaid balance per month or the highest rate permitted by applicable usury law, whichever is less, determined and compounded daily from the date due until the date paid. Subscriber will reimburse any costs or expenses (including, but not limited to, reasonable attorneys' fees) incurred by DocuSign to collect any amount that is not paid when due. DocuSign may accept any check or payment in any amount without prejudice to DocuSign's right to recover the balance of the amount due or to pursue any other right or remedy. Amounts due to DocuSign under these Terms and Conditions may not be withheld or offset by Subscriber for any reason against amounts due or asserted to be due to Subscriber from DocuSign. Unless otherwise noted and Conditions are denominated in United States dollars, and Subscriber will pay all such amounts in United States dollars. Other than federal and state net income taxes imposed on DocuSign by the United States, Subscriber will bear all taxes, duties, VAT and other governmental charges (collectively, "taxes") resulting from these Terms and Conditions or transactions conducted in relation to these Terms and Conditions. Subscriber will pay any additional taxes as are necessary to ensure that the net amounts received and retained by DocuSign after all such taxes are paid are equal to the amounts that DocuSign would have been entitled to in accordance with these Terms and Conditions as if the taxes did not exist. 11.

DEPOSITS, SERVICE LIMITS, CREDIT REPORTS, AND RETURN OF BALANCES You authorize us to ask consumer reporting agencies or trade references to furnish us with employment and credit information, and you consent to our rechecking and reporting personal and/or business payment and credit history if, in our sole discretion, we so choose. If you believe that we have reported inaccurate information about your account to a consumer reporting agency, you may send a written notice describing the specific inaccuracy to the address provided in the Notices section below. For you to use the Subscription Service, we may require a deposit or set a service limit. The deposit will be held as a partial guarantee of payment. It cannot be used by you to pay your invoice or delayed payment. Unless otherwise required by law, deposits may be mixed with other funds and will not earn interest. We reserve the right to increase your deposit if we deem appropriate. You may request that we reevaluate your deposit on an annual basis, which may result in a partial or total refund of the deposit to you or credit to your account. If you default or these Terms and Conditions are terminated, we may, without notice to you, apply any deposit towards payment of any amounts you owe to us. After approximately 90 days following termination of these Terms and Conditions, any remaining deposit or other credit balance in excess of amounts owed will be returned without interest, unless otherwise required by law, to you at your last known address. You agree that any amounts under \$15 will not be refunded to cover our costs of closing your account. If the deposit balance is undeliverable and returned to us, we will hold it for you for one year from the date of return and, during that period, we may charge a service fee against the deposit balance. You hereby grant us a security interest in any deposit we require to secure the performance of your obligations under these Terms and

Conditions. 12. TERM AND TERMINATION The term of these Terms and Conditions for each Account begins on the date you register for an Account and continues for the term specified by the Service Plan you purchase (the "Term"). You may terminate your Account at any time upon 10 days advance written notice to DocuSign following the Notice procedures set forth in these Terms and Conditions. Unless you terminate your Account or you set your Account to not auto renew, your Service Plan will automatically renew at the end of its Term (each a "Renewal Term"), and you authorize us (without notice) to collect the then-applicable fee and any taxes for the renewed Service Plan, using any credit card we have on record for you. Service Plan fees and features may change over time. Your Service Plan for a Renewal Term will be the one we choose as being closest to your Service Plan from the prior Term. For any termination (including when you switch your Account), you will be responsible for payment of all fees and charges through the end of the billing cycle in which termination occurs. If you terminate your annual Service Plan Account within the first 30 days of the Term, you may submit written request to DocuSign following the Notice procedures set forth in these Terms and Conditions, for a full refund of the prepaid fees paid by you to DocuSign. You will be limited to one refund. You agree that termination of an annual Service Plan after the first 30 days will not entitle you to any refund of prepaid fees. You will be in default of these Terms and Conditions if you: (a) fail to pay any amount owed to us or an affiliate of ours or any amount appearing on your invoice; (b) have amounts still owing to us or an affiliate of ours from a prior account; (c) breach any provision of these Terms and Conditions; (d) violate any policy applicable to the Subscription Service; (e) are subject to any proceeding under the Bankruptcy Code or similar laws; or (f) if, in our sole discretion, we believe that your continued use of the Subscription Service presents a threat to the security of other users of the Subscription Service. If you are in default, we may, without notice to you, suspend your Account and use of the Subscription Service, withhold refunds and terminate your Account, in addition to all other remedies available to us. We may require reactivation charges to reactivate your Account after termination or suspension. The following provisions will survive the termination of these Terms and Conditions and your Account: Sections 3, 9-11, and 15-23. 13. SUBSCRIBER WARRANTIES You hereby represent and warrant to DocuSign that: (a) you have all requisite rights and authority to use the Subscription Service under these Terms and Conditions and to grant all applicable rights herein; (b) the performance of your obligations under these Terms and Conditions will not violate, conflict with, or result in a default under any other agreement, including confidentiality agreements between you and third parties; (c) you will use the Subscription Service for lawful purposes only and subject to these Terms and Conditions; (d) you are responsible for all use of the Subscription Service in your Account; (e) you are solely responsible for maintaining the confidentiality of your Account names and password(s); (f) you agree to immediately notify us of any unauthorized use of your Account of which you become aware; (g) you agree that DocuSign will not be liable for any losses incurred as a result of a third party's use of your Account, regardless of whether such use is with or without your knowledge and consent; (h) you will not use the Subscription Service in any manner that could damage, disable, overburden or impair the System, or interfere with another's use of the Subscription Service by others; (i) any information submitted to DocuSign by you is true, accurate, and correct; and (j) you will not attempt to gain unauthorized access to the System or the Subscription Service, other accounts, computer systems, or networks under the control or responsibility of DocuSign through hacking, cracking, password mining, or any other unauthorized means. 14. DOCUSIGN WARRANTIES DocuSign represents and warrants that: (a) the Subscription Service as delivered to Subscriber

and used in accordance with the Specifications will not infringe on any United States patent, copyright or trade secret; (b) the Subscription Service will be performed in accordance with the Specifications in their then-current form at the time of the provision of such Subscription Service; (c) any DocuSign Products that are software shall be free of harmful or illicit code, trapdoors, viruses, or other harmful features; (d) the proper use of the Subscription Service by Subscriber in accordance with the Specifications and applicable law in the formation of an eContract not involving any consumer will be sufficient under the Electronic Signatures in Global and National Commerce Act, 15 U.S.C. Â§Â§ 7001 et seq. (the "ESIGN Act") to E-SIGN Act; (e) the proper use of the Subscription Service by Subscriber in accordance with the Specifications and applicable law in the formation of an eContract involving a consumer will be sufficient under the E-SIGN Act to support the validity of such formation, to the extent provided in the E-SIGN Act, so long as and provided that Subscriber complies with all special requirements for consumer eContracts, including and subject to those referenced in Section 4.(f) and (g) above; and (f) DocuSign has implemented information security policies and safeguards to preserve the security, integrity, and confidentiality of eContracts and to protect against unauthorized access and anticipated threats or hazards thereto, that meet the objectives of the Interagency Guidelines Establishing Standards for Safeguarding Subscriber Information as set forth in Section 501 (b) of the Gramm-Leach-Bliley Act.

15. DISCLAIMER OF WARRANTIES EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES EXPRESSLY PROVIDED IN SECTION 14 OF THESE TERMS AND CONDITIONS, THE SUBSCRIPTION SERVICE AND THE SITE ARE PROVIDED "AS IS," AND DOCUSIGN: (a) MAKES NO ADDITIONAL REPRESENTATION OR WARRANTY OF ANY KIND WHETHER EXPRESS, IMPLIED (EITHER IN FACT OR BY OPERATION OF LAW), OR STATUTORY, AS TO ANY MATTER WHATSOEVER; (b) EXPRESSLY DISCLAIMS ALL IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, QUALITY, ACCURACY, AND TITLE; AND (c) DOES NOT WARRANT THAT THE SUBSCRIPTION SERVICE OR SITE ARE OR WILL BE ERROR-FREE, WILL MEET SUBSCRIBER'S REQUIREMENTS, OR BE TIMELY OR SECURE. SUBSCRIBER WILL BE SOLELY RESPONSIBLE FOR ANY DAMAGE RESULTING FROM THE USE OF THE SUBSCRIPTION SERVICE OR SITE. SUBSCRIBER WILL NOT HAVE THE RIGHT TO MAKE OR PASS ON ANY REPRESENTATION OR WARRANTY ON BEHALF OF DOCUSIGN TO ANY THIRD PARTY. USE OF THE SUBSCRIPTION SERVICE AND SITE ARE AT YOUR SOLE RISK. Because some states and jurisdictions do not allow limitations on implied warranties, the above limitation may not apply to you. In that event, such warranties are limited to the minimum warranty period allowed by the applicable law.

16. SUBSCRIBER INDEMNIFICATION OBLIGATIONS You will defend, indemnify, and hold us, our affiliates, officers, directors, employees, suppliers, consultants, and agents harmless from any and all third party claims, liability, damages, and costs (including, but not limited to, attorneys' fees) arising from or related to: (a) your use of the Subscription Service; (b) your violation of these Terms and Conditions; (c) your infringement, or infringement by any other user of your Account, of any intellectual property or other right of any person or entity; or (d) the nature and content of all materials, works, data, statements, and other visual, graphical, written, or audible communications of any nature submitted by any Authorized User of your Account or otherwise processed through your Account.

17. LIMITATIONS OF LIABILITY NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED IN THESE TERMS AND CONDITIONS, DOCUSIGN WILL NOT, UNDER ANY CIRCUMSTANCES, BE LIABLE TO SUBSCRIBER

FOR ANY CONSEQUENTIAL, INCIDENTAL, SPECIAL, OR EXEMPLARY DAMAGES ARISING OUT OF OR RELATED TO THE TRANSACTIONS CONTEMPLATED UNDER THESE TERMS AND CONDITIONS, INCLUDING BUT NOT LIMITED TO LOST PROFITS OR LOSS OF BUSINESS, EVEN IF APPRISED OF THE LIKELIHOOD OF SUCH DAMAGES OCCURRING. UNDER NO CIRCUMSTANCES WILL DOCUSIGN'S TOTAL LIABILITY OF ALL KINDS ARISING OUT OF OR RELATED TO THESE TERMS AND CONDITIONS OR SUBSCRIBER'S USE OF THE SUBSCRIPTION SERVICE (INCLUDING BUT NOT LIMITED TO WARRANTY CLAIMS), REGARDLESS OF THE FORUM AND REGARDLESS OF WHETHER ANY ACTION OR CLAIM IS BASED ON CONTRACT, TORT (INCLUDING NEGLIGENCE), OR OTHERWISE, EXCEED THE TOTAL AMOUNT PAID BY SUBSCRIBER TO DOCUSIGN UNDER THESE TERMS AND CONDITIONS DURING THE 3 MONTHS PRECEDING THE DATE OF THE ACTION OR CLAIM. EACH PROVISION OF THESE TERMS AND CONDITIONS THAT PROVIDES FOR A LIMITATION OF LIABILITY, DISCLAIMER OF WARRANTIES, OR EXCLUSION OF DAMAGES REPRESENTS AN AGREED ALLOCATION OF THE RISKS OF THESE TERMS AND CONDITIONS BETWEEN THE PARTIES. THIS ALLOCATION IS REFLECTED IN THE PRICING OFFERED BY DOCUSIGN TO SUBSCRIBER AND IS AN ESSENTIAL ELEMENT OF THE BASIS OF THE BARGAIN BETWEEN THE PARTIES. EACH OF THESE PROVISIONS IS SEVERABLE AND INDEPENDENT OF ALL OTHER PROVISIONS OF THESE TERMS AND CONDITIONS, AND EACH OF THESE PROVISIONS WILL APPLY EVEN IF THE WARRANTIES IN THESE TERMS AND CONDITIONS HAVE FAILED OF THEIR ESSENTIAL PURPOSE. Because some states and jurisdictions do not allow limitation of liability in certain instances, portions of the above limitation may not apply to you.

18. CONFIDENTIALITY – "Confidential Information" means any trade secrets or other information of DocuSign, whether of a technical, business, or other nature (including, without limitation, DocuSign software and related information), that is disclosed to or made available to Subscriber. Confidential Information does not include any information that: (a) was known to Subscriber prior to receiving it from DocuSign; (b) is independently developed by Subscriber without use of or reference to any Confidential Information; (c) is acquired by Subscriber from another source without restriction as to use or disclosure; or (d) is or becomes part of the public domain through no fault or action of Subscriber. During and after the Term of these Terms and Conditions, Subscriber will: (i) use the Confidential Information solely for the purpose for which it is provided; (ii) not disclose such Confidential Information to a third party; and (iii) protect such Confidential Information from unauthorized use and disclosure to the same extent (but using no less than a reasonable degree of care) that it protects its own Confidential Information of a similar nature. If Subscriber is required by law to disclose the Confidential Information or the terms of these Terms and Conditions, Subscriber must give prompt written notice of such requirement before such disclosure and assist the DocuSign in obtaining an order protecting the Confidential Information from public disclosure. Subscriber acknowledges that, as between the parties, all Confidential Information it receives from DocuSign, including all copies thereof in Subscriber's possession or control, in any media, is proprietary to and exclusively owned by DocuSign. Nothing in these Terms and Conditions grants Subscriber any right, title, or interest in or to any of the Confidential Information. Subscriber's incorporation of the Confidential Information into any of its own materials shall not render Confidential Information non-confidential. Subscriber acknowledges that any actual or threatened violation of this confidentiality provision may cause

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