

# LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 05/19/26

Resolution  Ordinance

Contact/Prepared By: Alan Enzo

Date Prepared: 04/01/26

Title (Caption): VCA CACF SFSP 2026 grant - APPLICATION. This grant application is for the Tennessee Department of Human Services Child And Adult Care Food Summer Program. This is a reimbursement grant providing food program services at Kirkpatrick Community Center during June and July, 2026. The anticipated total operating budget will not exceed \$75,000.00

Submitted to Planning Commission?  N/A  Yes-Date: \_\_\_\_\_ Proposal No: \_\_\_\_\_

Proposing Department: Parks and Recreation Requested By: Monique Odom

Affected Department(s): Parks and Recreation Affected Council District(s): 6

**Legislative Category (check one):**

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

<b>FINANCE</b> Amount +/-: \$ <u>\$ 38,629.50</u> <b>Funding Source:</b> Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources	<b>Match: \$</b> <u>\$ 0.00</u> Judgments and Losses Local Government Investment Project Revenue Bonds Self-Insured Liability Solid Waste Reserve Unappropriated Fund Balance 4% Fund Other: _____ Date to Finance Director's Office: _____ <b>APPROVED BY</b> <b>FINANCE DIRECTOR'S OFFICE:</b> _____
Approved by OMB: <u>Aaron Pratt</u> <i>DH</i> Approved by Finance/Accounts: _____ Approved by Div Grants Coordination: <u>Juanita Paulsen</u>	

<b>ADMINISTRATION</b>	
Council District Member Sponsors: _____	
Council Committee Chair Sponsors: _____	
<b>Approved by Administration:</b> _____	<b>Date:</b> _____

<b>DEPARTMENT OF LAW</b>	
Date to Dept. of Law: _____	Approved by Department of Law: _____
<b>Settlement Resolution/Memorandum Approved by:</b> _____	
Date to Council: _____	For Council Meeting: _____ <input type="checkbox"/> E-mailed Clerk
<input type="checkbox"/> All Dept. Signatures <input type="checkbox"/> Copies <input type="checkbox"/> Backing <input type="checkbox"/> Legislative Summary <input type="checkbox"/> Settlement Memo <input type="checkbox"/> Clerk Letter <input type="checkbox"/> Ready to File	

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## GRANT APPLICATION SUMMARY SHEET

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**Grant Name:** Child & Adult Care Food Program 26-27  
**Department:** PARKS & RECREATION  
**Grantor:** U.S. DEPARTMENT OF AGRICULTURE  
**Pass-Through Grantor (If applicable):** TENN. DEPT. OF HUMAN SVCES.  
**Total Applied For:** \$38,629.50  
**Metro Cash Match:** \$0.00  
**Department Contact:** Alan Enzo  
 862-8400  
**Status:** CONTINUATION

**Program Description:**

VCA CACF SFSP 2026 grant - APPLICATION. This grant application is for the Tennessee Department of Human Services Child And Adult Care Food Summer Program. This is a reimbursement grant providing food program services at Kirkpatrick Community Center during June and July, 2026. The anticipated total operating budget will not exceed \$75,000.00. The Summer program will have 2 staff positions budgeted at .75 FTE each = 1.50 Total FTE (combination of a seasonal position and temporary services).

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

Program is for Summer 2026 only. We do not plan on continuing services under the Summer grant program.

**APPROVED AS TO AVAILABILITY OF FUNDS:**

**APPROVED AS TO FORM AND LEGALITY:**

Jenneen Reed/adm 4/29/2026 | 6:17 AM CDT  
**Director of Finance** **Date**

Courtney Mohan 4/29/2026 | 8:19 AM CDT  
**Metropolitan Attorney** **Date**

*AP DH*

**APPROVED AS TO RISK AND INSURANCE:**

Balagun Cobb 4/29/2026 | 7:08 AM CDT  
**Director of Risk Management Services** **Date**

Freddie O'Connell; Masami Tase 4/29/2026 | 3:42 AM CDT  
**Metropolitan Mayor** **Date**

(This application is contingent upon approval of the application by the Metropolitan Council.)

### Grants Tracking Form

Part One

<input type="radio"/> Pre-Application <input checked="" type="radio"/> Application <input type="radio"/> Award Acceptance <input type="radio"/> Contract Amendment				
Department	Dept. No.	Contact	Phone	Fax
PARKS & RECREATION	040	Alan Enzo	862-8400	862-8414
<b>Grant Name:</b> Child & Adult Care Food Program 26-27				
<b>Grantor:</b> U.S. DEPARTMENT OF AGRICULTURE <span style="float: right;"><b>Other:</b></span>				
<b>Grant Period From:</b> 06/01/26		<small>(applications only)</small> <b>Anticipated Application Date:</b> 05/01/26		
<b>Grant Period To:</b> 07/31/26		<small>(applications only)</small> <b>Application Deadline:</b> 05/01/26		
<b>Funding Type:</b> STATE		<b>Multi-Department Grant</b> <input type="checkbox"/> <span style="float: right;">→ If yes, list below.</span>		
<b>Pass-Thru:</b> TENN. DEPT. OF HUMAN SVCS.		<b>Outside Consultant Project:</b> <input type="checkbox"/>		
<b>Award Type:</b> COMPETITIVE		<b>Total Award:</b> \$38,629.50		
<b>Status:</b> CONTINUATION		<b>Metro Cash Match:</b> \$0.00		
<b>Metro Category:</b> Est. Prior.		<b>Metro In-Kind Match:</b> \$0.00		
<b>CFDA #</b> N/A		<b>Is Council approval required?</b> <input type="checkbox"/>		
<b>Project Description:</b>		<b>Applic. Submitted Electronically?</b> <input type="checkbox"/>		
VCA CACF SFSP 2026 grant - APPLICATION. This grant application is for the Tennessee Department of Human Services Child And Adult Care Food Summer Program. This is a reimbursement grant providing food program services at Kirkpatrick Community Center during June and July, 2026. The anticipated total operating budget will not exceed \$75,000.00. The Summer program will have 2 staff positions budgeted at .75 FTE each = 1.50 Total FTE (combination of a seasonal position and temporary services).				
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>				
Program is for Summer 2026 only. We do not plan on continuing services under the Summer grant program.				
<b>How is Match Determined?</b>				
<b>Fixed Amount of \$</b> \$0.00		or		<b>0.0%</b> <b>% of Grant</b>
<b>Other:</b> <input type="checkbox"/>				
<b>Explanation for "Other" means of determining match:</b>				
<b>For this Metro FY, how much of the required local Metro cash match:</b>				
<b>Is already in department budget?</b>		N/A		<b>Fund</b>
<b>Is not budgeted?</b>		\$0.00		<b>Business Unit</b>
<b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>			<b>Proposed Source of Match:</b> N/A	
<b>Other:</b>				
<b>Number of FTEs the grant will fund:</b>		1.50		<b>Actual number of positions added:</b>
				2.00
<b>Departmental Indirect Cost Rate</b>		15.07%		<b>Indirect Cost of Grant to Metro:</b>
				\$5,821.47
<b>*Indirect Costs allowed?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>% Allow.</b> tied with application		<b>Ind. Cost Requested from Grantor:</b>
				waiver submitted with application
<b>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</b>				
<b>Draw down allowable?</b> <input type="checkbox"/>				
<b>Metro or Community-based Partners:</b>				

Part Two

Grant Budget

Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY26		\$19,314.75			N/A		\$19,314.75	\$2,910.73	\$0.00
Yr 2	FY27		\$19,314.75			N/A		\$19,314.75	\$2,910.73	\$0.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		<b>\$0.00</b>	<b>\$38,629.50</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$38,629.50</b>	<b>\$5,821.47</b>	<b>\$0.00</b>
<b>Date Awarded:</b>					<b>Tot. Awarded:</b>		<b>Contract#:</b>			
(or) <b>Date Denied:</b>					<b>Reason:</b>					
(or) <b>Date Withdrawn:</b>					<b>Reason:</b>					

Contact: [GrantsCoordination@nashville.gov](mailto:GrantsCoordination@nashville.gov)



Resolution No. \_\_\_\_\_

A resolution approving an application for a Summer Food Service Program (CACFP) grant from the Tennessee Department of Human Services to the Metropolitan Government, acting by and through the Metro Parks and Recreation Department, for the Kirkpatrick Community Center to provide food assistance to school-age children during the months of June and July.

WHEREAS, the Tennessee Department of Human Services is accepting applications for a Summer Food Service Program (CACFP) grant with an award of \$38,629.50 with no cash match required; and,

WHEREAS, the Metropolitan Government is eligible to participate in this grant program; and,

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

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

Section 1. That the application for a Summer Food Service Program (CACFP) grant, with an award of \$38,629.50, a copy of which is attached hereto and incorporated herein, is hereby approved, and the Metro Parks and Recreation Department is authorized to submit said application to the Tennessee Department of Human Services.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS:

Jenneen Reed/mjr  
Jenneen Reed, Director  
Department of Finance

INTRODUCED BY:

\_\_\_\_\_  
\_\_\_\_\_

APPROVED AS TO FORM AND LEGALITY:

Abby Greer  
Assistant Metropolitan Attorney

\_\_\_\_\_  
Member(s) of Council

# Tennessee Summer Food Service Program (Sun Meals and Meals To-Go)

Good nutrition can have immediate and long-term effects on child health and development. During the school year, the National School Lunch program (<https://www.fns.usda.gov/nslp>) provides food to Tennessee children (<https://www.tn.gov/education/districts/health-and-safety/school-nutrition.html>) in need.

When school is out, the Tennessee Department of Human Services (TDHS) collaborates with partners to administer the Summer Food Service Program (SFSP) and ensure Tennessee children have access to the nutrition they need to be well and grow to contribute to our state's future.



# What is the Summer Food Service Program

The Summer Food Service Program (SFSP) is one of several [United State Department of Agriculture \(USDA\) Summer Nutrition initiatives](https://www.fns.usda.gov/summer) (<https://www.fns.usda.gov/summer>) that provide food assistance to school age-children in low-income areas. The SFSP is administered at the state level by agencies like TDHS. These agencies partner with approved community organizations ([sponsors and meal sites](https://www.tn.gov/humanservices/children/dhs-nutrition-programs/learn-about-the-summer-food-service-program/add-your-strength-.html)) (<https://www.tn.gov/humanservices/children/dhs-nutrition-programs/learn-about-the-summer-food-service-program/add-your-strength-.html>) to offer federally funded food assistance during summer months according to federal guidelines.

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## How Does the Summer Food Service Program Work for Tennessee

In Tennessee, TDHS collaborates with sponsors and meal sites to offer **SUN Meals** (<https://www.fns.usda.gov/summer/sunmeals>) (meals and snacks that are available at approved neighborhood locations) and **SUN Meals-to-Go** (<https://www.fns.usda.gov/summer/sunmeals2go>) (meals that can be picked up by families in rural areas). These options vary by location and Tennesseans can learn more about local offerings by visiting the [\(\) Find a Meal Site Page](https://www.tn.gov/humanservices/children/dhs-nutrition-programs/learn-about-the-summer-food-service-program/find-a-summer-food-service-program-site.html). (<https://www.tn.gov/humanservices/children/dhs-nutrition-programs/learn-about-the-summer-food-service-program/find-a-summer-food-service-program-site.html>)

### When Does the Summer Food Service Program Start

The SFSP generally begins offering meals to Tennessee children when school closes in late spring and continues until school opens for the fall term. Special provisions may be made for areas where schools operate on year-round schedules.

### Who is Eligible to Receive Summer Meals in Tennessee

Children who are age 18 and younger may receive free meals and snacks through SFSP. Meals and snacks are also available to persons with disabilities over age 18, who participate in school programs for people who have a mental or physically disability. No application is required to receive meals at most meal sites, however some summer camps may offer SFSP meals on a case-by-case basis to families who share income information.

### Is There a Cost for SFSP Meals

Summer meals are provided at no cost to the children served.

### What is on the Menu

SFSP meals are prepared based on [USDA nutrition standards](https://www.fns.usda.gov/summer/sunmeals/mealpatterns) (<https://www.fns.usda.gov/summer/sunmeals/mealpatterns>) and options vary by location. Contact your SFSP site to learn about specific menu items.

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# What to Do if There is Not a Meal Site in Your Area

If there is not a meal site in your area of Tennessee, other food resources may be available through TDHS and its partners: [The Supplemental Nutrition Assistance Program \(https://www.tn.gov/humanservices/for-families/supplemental-nutrition-assistance-program-snap.html\)](https://www.tn.gov/humanservices/for-families/supplemental-nutrition-assistance-program-snap.html), (SNAP) offers food assistance based on income and other resource guidelines. Details about the SNAP application process can be found on the program's [Applying for Services page \(https://www.tn.gov/humanservices/for-families/supplemental-nutrition-assistance-program-snap/applying-for-services.html\)](https://www.tn.gov/humanservices/for-families/supplemental-nutrition-assistance-program-snap/applying-for-services.html).

Additional supports for Tennesseans facing food insecurity can be found on the TDHS [Nutrition and Programs and SNAP Resources \(https://www.tn.gov/content/tn/humanservices/information-and-resources/tdhs-resource-library/nutrition-programs-and-snap-resources.html#cp2\)](https://www.tn.gov/content/tn/humanservices/information-and-resources/tdhs-resource-library/nutrition-programs-and-snap-resources.html#cp2) page.

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## Join the Fight Against Food Insecurity in Tennessee

Tennesseans who believe their city, county or neighborhood could benefit from having a local summer meal site can mobilize their community or their organization to begin the process of establishing a Summer Food Service Program (SFSP) sponsor or meal site.

**Organizations must complete the SFSP application process by May first to sponsor meals the same year.** Details about the SFSP applications process for sponsors can be found on the [Apply to Serve Summer Meals page \(https://www.tn.gov/humanservices/children/dhs-nutrition-programs/learn-about-the-summer-food-service-program/summer-food-service-program-application.html\)](https://www.tn.gov/humanservices/children/dhs-nutrition-programs/learn-about-the-summer-food-service-program/summer-food-service-program-application.html) and the [Become an SFSP Sponsor, Site or Volunteer page \(https://www.tn.gov/humanservices/children/dhs-nutrition-programs/learn-about-the-summer-food-service-program/add-your-strength-.html\)](https://www.tn.gov/humanservices/children/dhs-nutrition-programs/learn-about-the-summer-food-service-program/add-your-strength-.html) which shares information about other partnership options.

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## Contact Information

**Email:** [TNSFSP.DHS@tn.gov](mailto:TNSFSP.DHS@tn.gov)  
(<mailto:TNSFSP.DHS@tn.gov>) **Phone:** [+1\(615\)313-4749](tel:+1(615)313-4749) (tel:16153134749)

**Address:**

Summer Food Service Program (SFSP)  
TN Department of Human Services  
James K. Polk Building - 15th Floor  
505 Deaderick Street  
Nashville, TN 37243

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# USDA Nondiscrimination Statement

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

*Program information may be made available in languages other than English.*

Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at [+1\(202\) 720-2600](tel:+1(202)720-2600) (<tel:12027202600>) (voice and TTY) or contact USDA through the Federal Relay Service at [+1\(800\) 877-8339](tel:+1(800)877-8339) (<tel:18008778339>).

To file a program discrimination complaint, a Complainant should complete a [U.S. Department of Agriculture USDA Program Discrimination Complaint Form AD-3027](https://www.usda.gov/sites/default/files/documents/ad-3027.pdf) (<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>), from any USDA office, by calling [+1\(866\) 632-9992](tel:+1(866)632-9992) (<tel:18666329992>), or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**1. mail:**

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

**2. fax:**

[+1\(833\) 256-1665](tel:+1(833)256-1665) (<tel:18332561665>) or [+1\(202\) 690-7442](tel:+1(202)690-7442) (<tel:12026907442>); or

**3. email:**

[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov) (<mailto:program.intake@usda.gov>)

***This institution is an equal opportunity provider.***

FREDDIE O'CONNELL, MAYOR



# METROPOLITAN BOARD OF PARKS AND RECREATION

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

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

Monique Horton Odom, Director

April 7, 2026

Mr. Stevon Neloms  
PO Box 196340  
Nashville, TN 37219

Dear Mr. Neloms:

The Metropolitan Board of Parks and Recreation, at its meeting held on Tuesday, April 7, 2026, approved staff's request to apply for, and ultimate acceptance of the Summer Food Service Program (SFSP) grant for Kirkpatrick Community Center. The grant will operate during the months of June and July, with an anticipated total operating budget not to exceed \$75,000. No financial match is required from Metro Parks.

If additional information is needed, or if you have any questions or concerns about the grant process, please contact Mr. Alan Enzo of my staff; he may be reached at 615-862-8400.

Sincerely,

Monique Horton Odom, Director  
and Secretary to the Board

c: Mr. Stevon Neloms  
Mr. Alan Enzo  
Ms. Chinita White

*"It is the mission of Metro Parks and Recreation to sustainably and equitably provide everyone in Nashville with an inviting network of parks and greenways that offer health, wellness and quality of life through recreation, conservation and community"*



FOR ADA ACCOMMODATIONS, PLEASE CONTACT 615-862-8400  
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

### SFSP Sponsor Application For School Year: 2025 - 2026

00711 Status: Active

#### NASHVILLE & DAVIDSON COUNTY METRO GOVERNMENT

DBA: Metro Parks and Recreation  
998 Sevier Street  
Nashville, TN 37206-3095

Type of Agency: Government Agency  
Type of SFSP Organization: Unit of Government

Version: Original

#### Sponsor Type

- 1. Type of Agency: Government Agency
- 2. Type of SFSP Organization: Unit of Government

#### Physical Address

- 3. Address Line 1: 998 Sevier Street  
Address Line 2:
- 4. City: Nashville
- 5. State: TN Zip: 37206-3095 [USPS Zip Code Lookup](#)
- 6. County: Davidson County (019)

#### Mailing Address

- 7. Address Line 1: 511 Oman Street  
Address Line 2:
- 8. City: Nashville
- 9. State: TN Zip: 37203-1234 [USPS Zip Code Lookup](#)
- 10. County: Davidson County (019)

#### Summer Food Service Contact

- |   | Salutation   | First Name                      | M.I.                     | Last Name  |
|---|--|---------------------------------|--------------------------|------------|
| 11. Name:                               |  | Tiffanie                        | D                        | Fletcher   |
| 12. Date of Birth:                      |  | [REDACTED] (mm/dd/yyyy)         |                          |            |
| 13. Email Address:                      |  | tiffanie.fletcher@nashville.gov |                          |            |
| 14. Phone:                              |  | [REDACTED]                      | Ext:                     | Fax:       |
| 15. Title:                              |  | Program Administrator           |                          |            |
| 16. <input checked="" type="checkbox"/> | This person attended current program year's TDHS state training. |                                 | Date training completed: | 02/18/2026 |

#### Authorized Representative

- |                              | Salutation   | First Name                      | M.I.                     | Last Name |
|------------------------------|--|---------------------------------|--------------------------|-----------|
| 17. Name:                    |  | Tiffanie                        | D                        | Fletcher  |
| 18. Date of Birth:           |  | [REDACTED] (mm/dd/yyyy)         |                          |           |
| 19. Email Address:           |  | tiffanie.fletcher@nashville.gov |                          |           |
| 20. Phone:                   |  | [REDACTED]                      | Ext:                     | Fax:      |
| 21. Title:                   |  | Program Administrator           |                          |           |
| 22. <input type="checkbox"/> | This person attended current program year's TDHS state training. |                                 | Date Training Completed: |           |

#### Claims Contact

3/25/26, 11:32 AM

Tennessee Department of Human Services | SFSP Sponsor Application For School Year: 2025 - 2026

	Salutation	First Name	M.I.	Last Name
23. Name:		Tiffanie	D	Fletcher
24. Date of Birth:		[REDACTED] (mm/dd/yyyy)		
25. Email Address:		tiffanie.fletcher@nashville.gov		
26. Phone:		[REDACTED]	Ext:	Fax:
27. Title:		Program Administrator		

**Food Service Contact**

	Salutation	First Name	M.I.	Last Name
28. Name:		Tiffanie	D	Fletcher
29. Date of Birth:		[REDACTED] (mm/dd/yyyy)		
30. Email Address:		tiffanie.fletcher@nashville.gov		
31. Phone:		[REDACTED]	Ext:	Fax:
32. Title:		Program Administrator		

**Monitoring Contact**

	Salutation	First Name	M.I.	Last Name
33. Name:		Tiffanie	D	Fletcher
34. Date of Birth:		[REDACTED] (mm/dd/yyyy)		
35. Email Address:		tiffanie.fletcher@nashville.gov		
36. Phone:		[REDACTED]	Ext:	Fax:
37. Title:		Program Administrator		

**Responsible Principal or Individual**

**Required**

	Salutation	First Name	M.I.	Last Name
38. Name:	Ms.	Darlene		Morrow
39. Date of Birth:		[REDACTED] (mm/dd/yyyy)		
40. Email Address:		darlene.morrow@nashville.gov		
41. Phone:		[REDACTED]	Ext:	Fax:
42. Title:		Superintendent		

**Additional**

	Salutation	First Name	M.I.	Last Name
43. Name:				
44. Date of Birth:		(mm/dd/yyyy)		
45. Email Address:				
46. Phone:			Ext:	Fax:
47. Title:				

**Training Attendance**

48. If neither the Summer Food Service Program Contact nor the Authorized Representative attended the current program year's state training, provide the name of the supervisory person who attended the training.

Person Who Attended: Tiffanie D Fletcher  
 Title: Program Administrator

Date Training Completed: 02/18/2026

49. Name of person conducting training for administrative personnel: TDHS Nutrition Program

Dates of administrative personnel training: 02/18/26

50. Name of person conducting training for site personnel: Tiffanie D. Fletcher

Dates of site personnel training: April 2026, May 2026

**Ethnicity Data**

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

51. Geographic Area (enter percentages):

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

52. Program Participants (enter number of enrolled participants):

Hispanic or Latino:	3
Non-Hispanic or Latino:	97

**Racial Data**

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

53. Geographic Area (enter percentages):

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

54. Program Participants (enter number of enrolled participants):

American Indian or Alaskan Native:	0
Asian:	4
Black or African American:	57
Native Hawaiian or Pacific Islander:	2
White:	37

55. Describe efforts to assure that minority populations have equal opportunity to participate in the program.

Metro Parks and Recreation will implement structured, documented, and measurable equity strategies aligned with USDA civil rights requirements. Multilingual Communication, targeted community outreach, Digital and grassroots engagements, location equity, non-discrimination procedures, staff training and cultural competency, menu and cultural inclusion, Continuous improvement.

56. Describe efforts to contact minority and grassroots organizations about the opportunity to participate in the program.

Our organization is committed to ensuring that all minority and underserved populations have equal access to participate in the summer food service program. We implement multilingual outreach, equitable site placement, ADA-compliant facilities, annual civil rights training, and ongoing demographic participation analysis to ensure compliance with USDA nondiscrimination regulations and to eliminate barriers to access.

**General Questions**

57. Describe the ongoing year-round service your organization provides the community that would be served by SFSP.

Metro Parks offers free youth services for parents and their children. The services include free afterschool care, free summer camps, free sports activities, and other academic and developmental activities.

- 58. Will the Sponsor be requesting Advance Payments?  Yes  No
- 59. Does this Sponsor wish to receive USDA foods/commodities? (Eligibility is determined by state agency.)  Yes  No
- 60. Does your agency intend to participate in the demonstration project for non-congregate feeding related to excessive heat?  Yes  No
- 61. Does your agency provide year round public services to the community(ies) other than operating in the SFSP?  Yes  No

If **No**, which of the following circumstance applies?

If **Other**, please describe.

- 62. Was your organization or any Individuals ever terminated or determined to have been seriously deficient in its operation of the SFSP or any other Child Nutrition Program?  Yes  No
- 63. Describe the method used to secure corrective action if problems are observed at a site, including plans and timeframes for follow up and an explanation of when a site would be closed.

Immediate response when a problem is observed., complete a site review, provide immediate technical assistance, written corrective action plan, and follow up and monitoring timeframes. Metro Parks would only close if there was an emergency. We are required to operate during the documented hours on the application from June1, 2026 until July 30, 2026.

- 64. List any federal agency providing financial support to your agency or enter "None".

- 65. Are you a church?  Yes  No

**Outreach**

- 66. Will the prototype Public Release provided by TDHS be used?  Yes  No

**Certification**

- 67.  I certify that the information on this application and the attached Site Information Document(s), is true to the best of my knowledge, that reimbursements will be claimed only for meals served to eligible children at approved food service sites, and that these sites have been visited and have the capability and facilities for the meal service planned for the number of children anticipated to be served and that the organization will directly operate the Program in accordance with 7 CFR 225.14(d)(3). I understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The program must be made available to all eligible children regardless of race, color, national origin, sex, age or disability. If government sponsor, I certify that the program is directly operated at all sites.

§225.6(a)(3) Each State agency shall require applicant sponsors submitting Program application site information sheets, Program agreements, or a request for advance payments, and sponsors submitting claims for reimbursement to certify that the information submitted on these forms is true and correct and that the sponsor is aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

§225.6 (i)(4)The criminal penalties and provisions established in section 12(g) of the National School Lunch Act (42 U.S.C.1760(g)) that states substantially: Whoever embezzles, willfully misapplies, steals, or obtains by fraud any funds, assets, or property that are the subject of a grant or other form of assistance under this Act or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.), whether received directly or indirectly from the United States Department of Agriculture, or whoever receives, conceals, or retains such funds, assets, or property to personal use or gain, knowing such funds, assets, or property have been embezzled, willfully misapplied, stolen, or obtained by fraud shall, if such funds, assets, or property are of the value of \$100 or more, be fined not more than \$25,000 or imprisoned not more than five years, or both, or, if such funds, assets, or property are of a value of less than \$100, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both.

I certify that this institution will have internal controls and other management systems in effect to ensure fiscal accountability and to ensure that the Program will operate in accordance with the requirements of this part. To demonstrate Program accountability, this institution will document that it will have adequate oversight of the program by an independent governing board of directors meaning, in the case of a nonprofit organization, or in

3/25/26, 11:32 AM

Tennessee Department of Human Services | SFSP Sponsor Application For School Year: 2025 - 2026

the case of a for-profit institution required to have a board of directors, a governing board which meets regularly and has the authority to hire and fire the institution's executive director.

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**2025 - 2026 SFSP Budget Detail**

00711 Status: Active  
**NASHVILLE & DAVIDSON COUNTY METRO GOVERNMENT**  
 DBA: Metro Parks and Recreation  
 998 Sevier Street  
 Nashville, TN 37206-3095

Type of Agency: Government Agency  
 Type of SFSP Organization: Unit of Government

**Budget Version:** Original

**Operating Reimbursement**

Meal	Sites	Total Meals	Total
Breakfast	1	4,200	\$12,222.00
Lunch	1	4,500	\$22,815.00
Snack	0	0	\$0.00
Supper	0	0	\$0.00
<b>Sub Total</b>			<b>\$35,037.00</b>

**Administrative Reimbursement**

Meal	Sites	Total Meals	Total
Breakfast	1	4,200	\$1,207.50
Lunch	1	4,500	\$2,385.00
Snack	0	0	\$0.00
Supper	0	0	\$0.00
<b>Sub Total</b>			<b>\$3,592.50</b>

**Projected Operating Costs: Labor**

<u>Executive Staff</u>	\$0.00
<u>Management Staff</u>	\$5000.00
<u>Staff</u>	\$5000.00
<b>Total Projected Operating Costs: Labor</b>	<b>\$10,000.00</b>

**Projected Administrative Costs: Labor**

<u>Executive Staff</u>	\$0.00
<u>Management Staff</u>	\$0.00
<u>Staff</u>	\$0.00
<b>Total Projected Administrative Costs: Labor</b>	<b>\$0.00</b>

**Projected Operating Costs**

Brief Description	Projected Cost
Total Food Expenses Food for the program	\$ 26,000.00
Facilities and Space	\$ 0.00

3/25/26, 11:02 AM

Tennessee Department of Human Services | 2025 - 2026 SFSP Budget Detail

Supplies and Equipment	Small Kitchen Supplies	\$	1,000.00
Purchased Services		\$	0.00
Financial Costs		\$	0.00
Media Costs		\$	0.00
Contracting Organization Cost		\$	0.00
Unaffiliated Facility Cost		\$	0.00
<b>Total Operating Costs</b>			<b>\$37,000.00</b>

**Projected Administrative Costs**

Brief Description	Projected Cost	
Facilities and Space	\$ 0.00	
Supplies and Equipment	\$ 0.00	
Purchased Services Educational Services and Teaching Kitchens	\$ 1,629.50	
Financial Costs	\$ 0.00	
Media Costs	\$ 0.00	
Contracting Organization Cost	\$ 0.00	
Professional Memberships/Training/Conferences	\$ 0.00	
Indirect Cost	\$ 0.00	
<b>Total Administrative Costs</b>		<b>\$1,629.50</b>

**Cost Reimbursement Summary**

Total SFSP Costs	\$38,629.50	
Total SFSP Reimbursement	\$38,629.50	
Excess SFSP revenue amount from the prior program year or previous participation in SFSP	\$ 0.00	
Amount from other funding resources (e.g. grant, donations)	\$ 0.00	
Identify other funding resources		
<b>Balance</b>		<b>\$0.00</b>

**Misc.**

Identify how excess funds will be used:

- Used to Improve the meal service or other aspects of the SFSP
- Kept for next year's SFSP operations
- Pay for allowable costs of the other child nutrition programs

Is there a rental agreement, lease, or contract associated for any of the non-food costs listed above? Yes  No

**Certification**

3/25/26, 11:02 AM

Tennessee Department of Human Services | 2025 - 2026 SFSP Budget Detail

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

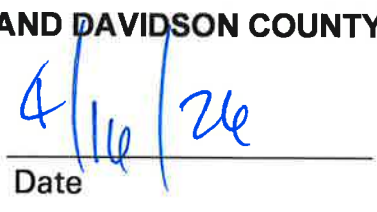
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**APPLICATION FOR**

**(Write name of grant here) VCA CACFP SFSP 2026**

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

  
Department

  
Date