

Resolution No. RS2020 - 168

A resolution approving an application for a Child and Adult Care Food Program (CACFP) grant from the Tennessee Department of Human Services to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Parks and Recreation Department, to provide nutritious meals and snacks for children attending after school programs in six park locations.

WHEREAS, the Tennessee Department of Human Services is accepting applications for a Child and Adult Care Food Program (CACFP) grant with an award of \$421,800.00 with no cash match required; and,

WHEREAS, The Metropolitan Government of Nashville and Davidson County 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 this 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 Metropolitan Government's application for a Child and Adult Care Food Program (CACFP) grant with an award of \$421,800.00, a copy of which is attached hereto and incorporated herein, is hereby approved, and the Metropolitan 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:



Kevin Crumbo, Director
Department of Finance

INTRODUCED BY:

APPROVED AS TO FORM AND
LEGALITY:



Assistant Metropolitan Attorney

Member(s) of Council

Electronic Signature Page

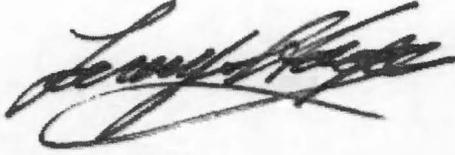
(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

A handwritten signature in black ink that reads "Bob Mendes". The signature is written in a cursive style with a long horizontal stroke at the end.

Bob Mendes
Councilmember At-ALarge

Electronic Signature Page

(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

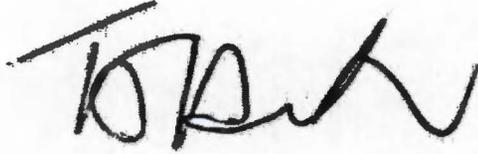
A handwritten signature in black ink, appearing to read "Larry Hagar", written in a cursive style.

Larry Hagar

Councilmember, District 11

Electronic Signature Page

(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

A handwritten signature in black ink, appearing to read 'Tonya Hancock', with a stylized, cursive script.

Tonya Hancock
Council Member, District 9

GRANT APPLICATION SUMMARY SHEET

Grant Name: Child and Adult Care Food Program 19-20
Department: PARKS & RECREATION
Grantor: TN Dept. of Children's Services
Pass-Through Grantor (If applicable):
Total Applied For \$421,800.00
Metro Cash Match: \$0.00
Department Contact: Alan Enzo
862-8400
Status: NEW

Program Description:

The Child & Adult Care Food Program provides reimbursement funding for meals and snacks served to children enrolled in at-risk after-school programs. New funding will provide food programs services at 6 park locations.

Plan for continuation of services upon grant expiration:

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

APPROVED AS TO AVAILABILITY OF FUNDS:

Kemi Crombo / kc 1-2-20
Director of Finance Date

APPROVED AS TO FORM AND LEGALITY:

Mark Ego 1/6/19^{me}
Metropolitan Attorney Date

APPROVED AS TO RISK AND INSURANCE:

BCW 1/3/20
Director of Risk Management Date
Services

METROPOLITAN BOARD OF PARKS AND RECREATION

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



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

Monique N. Odom, Director

October 2, 2019

Mr. Stevon Neloms
Assistant Director of Parks/Community Programs
P.O. Box 196340
Nashville, TN 37219

Dear Stevon:

As you are aware the Metro Parks Board, at its meeting held Tuesday, October 1, 2019, granted approval to your request to adopt the Child and Adult Care Food Program to be offered in six (6) of Metro Parks' after school programs. This program provides consistent nutritious meals and snacks for children attending after school programming that contributes to their wellness, healthy growth and development.

On behalf of the Metro Parks Board, thank you for all you do to bring innovative programming and assistance to the participants in our recreation center programs.

Sincerely,


Monique N. Odom, Director
and Secretary to the Board

:jf

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



FOR ADA ACCOMMODATIONS, PLEASE CONTACT 615-862-8400

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**Child & Adult Care Food Program
Sponsor Application for 2019 - 2020**

00711 Status: Active
NASHVILLE & DAVIDSON COUNTY METRO GOVERNMENT
 DBA: Metro Parks and Recreation
 511 Oman Street
 Nashville, TN 37203-1234
 Type of Agency: Government Agency
 Agreement Type: Sponsor of Affiliated Sites

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

Version: Original

Sponsor Type

- Does your organization operate the CACFP in any other state(s)? Yes No
 Name(s) of State(s):
- Projected Program Start Date: 10/01/2019 Projected Program End Date: 05/31/2020

Addresses

Physical Address

- Address Line 1: 511 Oman Street
Address Line 2:
- City: Nashville
- State: TN Zip: 37203-1234 USPS Zip Code Lookup
- County: Davidson County (019)

Mailing Address

- Address Line 1: P.O. Box 196340
Address Line 2:
- City: Nashville
- State: TN Zip: 37219-6340 USPS Zip Code Lookup

Contacts

Program Contact

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

- | | Salutation | First Name | Last Name |
|---------------------|---------------------|---------------------------------|-----------|
| 10. Name: | | Tiffanie D | Fletcher |
| 11. Date of Birth: | | 02/28/1970 (mm/dd/yyyy) | |
| 12. Email Address: | | tiffanie.fletcher@nashville.gov | |
| 13. Facility Phone: | (615) 862-8453 | Ext: | Fax: |
| 14. Cell/Alt Phone: | (615) 638-0244 | | |
| 15. Title: | Program Coordinator | | |

Executive Director/Owner

- | | Salutation | First Name | Last Name |
|---------------------|----------------|-----------------------------|-----------|
| 16. Name: | | Stevon | Neloms |
| 17. Date of Birth: | | 01/26/1979 (mm/dd/yyyy) | |
| 18. Email Address: | | stevon.neloms@nashville.gov | |
| 19. Facility Phone: | (615) 862-8400 | Ext: | Fax: |
| 20. Cell/Alt Phone: | (615) 305-0815 | | |

21. Title: Assistant Director of Parks and Recreation

Claim Preparer

	Salutation	First Name	Last Name
22. Name:		Tiffanie D	Fletcher
23. Date of Birth:		02/28/1970 (mm/dd/yyyy)	
24. Email Address:		tiffanie.fletcher@nashville.gov	
25. Facility Phone:	(615) 862-8453	Ext:	Fax:
26. Cell/Alt Phone:	(615) 638-0244		
27. Title:	Program Coordinator		

Authorized Individual

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

	Salutation	First Name	Last Name
28. Name:		Darlene	Morrow
29. Date of Birth:		08/22/1974 (mm/dd/yyyy)	
30. Email Address:		darlene.morrow@nashville.gov	
31. Facility Phone:	(615) 862-8400	Ext:	Fax:
32. Cell/Alt Phone:	(615) 430-4633		
33. Title:	Superintendent of Community Centers		

Ethnicity Data

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

34. Geographic Area (enter percentages)

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

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

35. Program Participants (enter number of enrolled participants)

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

Racial Data

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

36. Geographic Area (enter percentages)

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

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

37. Program Participants (enter number of enrolled participants)

American Indian or Alaskan Native:	0	0.00 %
Asian:	4	4.00 %
Black or African American:	57	56.10 %
Native Hawaiian or Pacific Islander:	2	2.00 %
White:	37	37.00 %

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

Metro Nashville Schools Data

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

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

General Questions

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

Certification

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

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

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

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

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

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

If yes, answer question #3.

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

If yes, submit documentation of reinstatement, including proof of payment of debts owed, if applicable.
If no, submit a detailed explanation.

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

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

If yes, submit a detailed explanation.

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

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

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

Created By: Tiffanie.Fletcher@nashville.gov on: 7/23/2019 5:20:20 PM Modified By: Tiffanie.Fletcher@nashville.gov on: 9/30/2019 2:04:27 PM



Tennessee Department of Human Services

Child and Adult Care Food Program Viability, Capability and Accountability (VCA) Checklist for New and Renewing Sponsors

Instructions:

Read the following document carefully. Answer all questions completely. Add additional pages, as needed. Submit all supporting documentation that is specified in this document. Submit legible copies of supporting documentation, not originals. If you already have an agreement number from TDHS, please put that number on every page of supporting documentation you submit.

It may be helpful to reference the *USDA Administrative Guidance for Sponsors* and FNS Instruction 796-2, Rev. 4, *Financial Management-Child and Adult Care Food Program*.

This checklist is a component of the CACFP application. Submission of this checklist and the required supporting documentation does not guarantee approval.

Section I: Sponsoring Agency Information

1. Legal Name of Organization:	Metro Parks and Recreation
2. Sponsor ID Number-5 digits (if known):	Click here to enter text.
3. Owner (for-profits):	Click here to enter text.
4. Executive Director:	Stevon Neloms, Assistant Director
5. Board Chairperson (non-profits):	Michelle Steele
6. Additional Responsible Individual(s):	Tiffanie D. Fletcher, Program Administrator

Section II: Organization Background Eligibility

7. Select which describes the organization and attach the required documentation as stated below:

Government Organization

8. Non-profit organizations must attach copies of the following documentation:

An exemption determination letter from the U.S. Internal Revenue Service indicating that the organization is exempt pursuant to §501(c)(3) of the United States Tax Code. (Churches do not need to submit this letter.)

Check all that applies:

- Copy of Articles of Incorporation
- Certificate of Formation
- Assumed Name Certificate

9. Does the organization receive \$750,000 or more in Federal award money including CACFP and SFSP funds? No

Section III: Performance Standard 1: Financial Viability and Financial Management

10. Select one of the following and submit the required documentation:

Note: TDHS may request additional documentation, as needed, to determine financial viability.

- Audited financial statements performed by a Certified Public Accountant (CPA) in an independent audit conducted within the last two fiscal years; **or**
- Twelve (12) months of comprehensive financial statements, to include the following:
 - Balance sheet
 - Income statement (Profit & Loss)
 - Statement of owner's equity
 - Statement of cash flows
 - Twelve (12) months of complete bank statements for all accounts in the name of the organization
 - Documentation of all funding sources; **or**
- For organizations less than 12 months old:
 - Current balance sheet
 - Current income statement (Profit & Loss)
 - Documentation of all funding sources
 - Comprehensive financial statements and documentation (e.g., bank statements, cash flow statements, tax returns) for the amount of time you have a financial history.

11. Complete the organization's written procedures for the following:

How will you ensure Program funds are used for allowable costs and that expenses are supported by source documents (e.g., receipts, invoices)? List the steps:

X

When will the procedure be carried out?	Monthly
What position is responsible for performing tasks in the procedure(s)?	Administrator
When will staff be trained on the procedures?	Upon Hire and
Annually	
What position is responsible for ensuring compliance of the procedure(s)?	Administrator
When will monitoring or review of the procedure take place?	Monthly

12. What procedure(s) are in place to ensure all funds or donations received to operate the CACFP are documented and credited to the non-profit food service account? List the steps:

Click here to enter text.

When will the procedure be carried out?	Weekly
What position is responsible for performing tasks in the procedure(s)?	Administrator
When will staff be trained on the procedures?	Upon Hire and
Monthly	
What position is responsible for ensuring compliance of the procedure(s)?	Administrator
When will monitoring or review of the procedure take place?	Monthly

13. Select the current accounting method: **Accrual Basis**

14. How will the selected accounting method clearly present information for...
...When a CACFP Program cost is incurred (i.e., the date)?

22. Enter the legal name, date of birth, title, board member status and site location of all those included on the institution's organizational chart. The organizational chart must include an adequate number of personnel to conduct proposed operations. Include additional information on an attachment, if needed.

Compensation Policies

23. Organizations must have policies regarding labor costs that, "...include all forms of compensation earned and all forms of payment, cash and noncash, for personal services for Program administrative and operating labor. Subsections 23 (a)-(d) establish the general requirements for labor costs. Subsections 23 (e)-(l) provide guidance on specific elements of labor costs." (Food & Nutrition Service Instruction 796-2, Rev. 4, VIII I 23, p. 41) Select all that apply from the list. Include additional labor costs not included on a separate attachment labeled as such.

Board of Directors-An independent governing board of directors is required and is defined as, "...in the case of a nonprofit organization, or in 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." (7 CFR 226)

24. Complete the chart if your organization is required to have a board of directors.

25. Describe the board's plan to have adequate oversight of the CACFP.

26. Describe the bylaws language that includes adequate oversight of the CACFP.

Section VI Certification

- An original signature of an authorized representative is required. Digital signatures cannot be accepted.
- Type the name of the authorized representative in the space provided.
- Select today's date.
- Type the title of the named authorized representative in the space provided.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Section III: Performance Standard 1: Financial Viability and Financial Management

7 CFR § 226.6(b)(1)(xviii) requires that, "a new institution must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis, has adequate sources of funds to continue to pay employees and suppliers during periods of temporary interruptions in Program payments and/or to pay debts when fiscal claims have been assessed against the institution, and can document financial viability (for example, through audits, financial statements, etc.)." Similarly, 7 CFR § 226.6(b)(2)(vii) requires that, "a renewing institution must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis, has adequate sources of funds to continue to pay employees and suppliers during periods of temporary interruptions in Program payments and/or to pay debts when fiscal claims have been assessed against the institution, and can document financial viability (for example, through audits, financial statements, etc.)."

Refer to the USDA FNS Instruction 796-2, Rev. 4, *Financial Management-Child and Adult Care Food Program*, which includes definitions and explanations of allowable operating costs, allowable administrative costs and unallowable costs.

10. Select one of three options and submit the documentation listed. All pages of bank statements must be submitted. Accounts must be listed in the same name as the organization applying for participation. Organizations in operation less than 12 months must comply with the third option.

New institutions must have procedures that demonstrate adequate management of financial operations to ensure fiscal integrity and accountability for all Program funds.

11. Complete each part of the question by entering text and choosing items that best describe your procedure(s).

12. Complete each part of the question by entering text and choosing items that best describe your procedure(s).

13. Select your current accounting method from the drop down menu.

14. Answer each part of the question by entering text in each part of the question.

15. Answer the question by entering text in the space provided.

16. Answer the question by entering text in the space provided.

17. Answer the question by entering text in the space provided.

18. Select an answer from the drop down menu.

Section IV-Performance Standard 2: Administrative Capability

The institution must be administratively capable. Appropriate and effective management practices must be in place to ensure the Program operates in accordance with this part. To demonstrate administrative capability, the new institution must document that it meets the following criteria:

19. The organization has an adequate number and type of qualified staff to ensure the operation of the Program;

20. The State Agency requires child care center sponsors to employ at least one (1) full time monitor for 25-150 center sites; family day care home sponsors must employ at least one (1) full time monitor for 50-150 day care homes;

21. And the organization has Program policies and procedures in writing that assign Program responsibilities and duties, and ensure compliance with civil rights requirements.

Section V- Performance Standard 3: Program Accountability Questions 22-26

Each new and renewing institution must have internal controls and other management systems in effect to ensure fiscal accountability and to ensure that the Program operates in accordance with requirements. To demonstrate Program accountability, the new or renewing institution must document that it meets the following criteria:

Organizational Chart

The Tennessee Department of Human Services (TDHS) requires all organizations applying to be sponsors or institutions in the Child and Adult Care Food Program (CACFP) with TDHS to complete the CACFP Viability, Capability and Accountability (VCA) checklist.

VCA is a requirement per the CAFCP regulations found in Title 7 Code of Federal Regulations (CFR) Part 226. The term "Program" as used in this document refers to the CACFP.

Organizations applying to be CACFP institutions or sponsors **must** submit all supporting documents required within this checklist. TDHS will review the information submitted in this checklist and all supporting documentation to assess whether an organization's financial and administrative capability and viability is sufficient to participate in the CACFP as a sponsor.

Instructions:

Read the following carefully. Answer all questions completely. Add additional pages, as needed. Submit all supporting documentation that is specified in this document. Submit legible copies of supporting documentation, not originals. Please, put your agreement number (if assigned) on each page of additional supporting documentation.

It may be helpful to reference the *USDA Administrative Guidance for Sponsors* and FNS Instruction 796-2, Rev. 4, *Financial Management—Child and Adult Care Food Program*.

This checklist is a component of the CACFP application. Submission of this checklist and the required supporting documentation does not guarantee approval.

Section I: Sponsoring Agency Information

1. Enter the name of your organization.
2. Enter the Sponsor ID Number (five digits).
3. Enter the name of the owner, if applicable.
4. Enter the name of the executive director, if applicable.
5. Enter the name of the chairperson of the governing board of directors, if applicable.
6. Enter the names of any additional responsible individuals.

Section II: Organization Background Eligibility

7 CFR § 226.2 defines an institution as, "a sponsoring organization, child care center, at-risk afterschool care center, outside-school-hours care center, emergency shelter or adult day care center which enters into an agreement with the State agency to assume final administrative and financial responsibility for Program operations."

7 CFR § 226.2 defines a sponsor as, "a public or nonprofit private organization that is entirely responsible for the administration of the food program in one or more day care homes; a child care center, emergency shelter, at-risk afterschool care center, outside-school-hours care center, or adult day care center which is a legally distinct entity from the sponsoring organization; two or more child care centers, emergency shelters, at-risk afterschool care centers, outside-school-hours care center, or adult day care centers; or any combination of child care centers, emergency shelters, at-risk afterschool care centers, outside-school-hours care centers, adult day care centers, and day care homes. The term 'sponsoring organization' also includes an organization that is entirely responsible for administration of the Program in any combination of two or more child care centers, at-risk afterschool care centers, adult day care centers or outside-school-hours care centers, which meet the definition of for-profit center in this section and are part of the same legal entity as the sponsoring organization."

7. Select the type of organization from the drop down box.
8. Non-profit organizations must select all that apply and submit supporting documentation.
9. Select yes or no from the drop down menu. An independent audit conducted by a Certified Public Accountant is required for any institution that receives \$750,000.00 or more in Federal funds (including CACFP and Summer Food Service Programs) annually.

Tari Hughes	Board Member	none	none
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Select this box if additional governing board members are on a separate attachment.

25. Describe how the independent governing board and/or organization's officers will have adequate oversight of the Program.
 Stevon Neloms will report all findings and information pertaining to CACFP to the Director and Board of Parks and Recreation. Giving a full detail report of monthly reports of spendures and the stability of the CACFP.

26. Do the by-laws, or a similar document, grant program oversight responsibility to the governing board/officers?
 No

Section V-Performance Standard 3: Program Accountability

27. Describe the record retention plan that details how Program records are secured and stored to be available for an unannounced review.

A hard copy of Monthly reports will be stored in a lock office ready for review at Kirkpatrick Community Center. Site Supervisors will have a copy in CACFP folder for audit review.

28. Where will original records be stored? Computer Data Base and hard copies will be stored at Kirkpatrick Community Center

29. How are original records secured? Scan and hard copies filed

30. List the position(s) that have authorized access to original records. All Administration

31. Describe in detail a plan to repay any debt owed to TDHS to include...

- A. Step by step plan to repay the debt owed to TDHS.
 Click here to enter text.
- B. Position(s) responsible for repaying the debt owed to TDHS.
 Click here to enter text.
- C. Funds to be used to repay the debt owed to TDHS. *Note: Funds from other USDA Child Nutrition Programs cannot be used for repayment of debt or unallowable costs.*
 Click here to enter text.

Section VI - Certification

I certify, under penalty of perjury, that the information submitted on this form and all information submitted on supporting documentation are true and correct. I further attest that I will promptly report to the Tennessee Department of Human Services any substantive changes that occur to the information submitted. I understand that this information is being given in connection with receipt of Federal funds. I understand that the Tennessee Department of Human Services may verify information submitted here and may ask for additional information. **I understand that the deliberate misrepresentation of information will subject me to prosecution under applicable Federal and State criminal statutes.**

7/26/2019

 *Signature of Authorized Representative
 Digital Signatures are not accepted.

Tiffanie D. Fletcher

 Printed Name of Authorized Representative

 Date

Program Administrator

 Title

USDA is an equal opportunity provider, employer, and lender.

Antwan Duncan	11/26/1996	Cook	No	McFerrin
Tia Mason	5/9/1994	Cook	No	East
Shay Jordan	2/18/1994	Cook	No	Napier
Larry Shelton	3/23/1990	Cook	No	Napier

Select this box if additional employees are on a separate attachment.

23. Select all that apply to your organization's compensation policy:

- Salaries and wages: a policy is in a place that identifies rates of pay, hours of work (including breaks and meal periods), a policy and payment schedule for regular compensation
- Taxes; Federal, State and local employment tax and Social Security
- Fringe benefits
- Overtime pay
- Holiday pay
- Sick leave/vacation leave
- Incentive payments
- Severance pay
- Deferred compensation

24. Complete the chart if your organization is a non-profit or a for-profit organization with a board of directors.

Legal Name of Board Member/Officer	Title	CACFP Duties	Relationship to Other Members or Staff of the Organization
Michelle Stelle	Chairperson	none	none
Susannah Scott Barnes	Chairperson	none	none
George Anderson	Board Member	none	none
Stan Fossick	Board Member	none	none
Sharon Gentry	Board Member	none	none
Jeff Haynes	Board Member	none	none

Administrator will secure copies of invoices, receipts and input information or data by scan and manually into our data base folder specifically for CACFP, with company information, Date, and menu or information to reflect or justify the reason of purchase.

...Where a CACFP Program cost is incurred (i.e., the name of business where purchase was made)?

The company and address of Retail

...What the CACFP Program cost is for?

Document if it was a Food purchases, equipment, Printing materials, training ect.

...The amount of the CACFP Program cost:

Document the \$ amount and provide itemized receipt

15. List any accounting software used:

Pro-care management

16. List position(s) responsible for developing and/or amending the budget:

Program Administrator and Superintendent

17. List position(s) responsible for reviewing and comparing actual expenses against budgeted amount:

Program Administrator and Assistant

18. When will reviews of actual expenses against budgeted amounts take place? Monthly

Section IV-Performance Standard 2: Administrative Capability

To demonstrate administrative capability, the institution must document that it meets the following criteria:

19. List the number of qualified staff to ensure adequate operation of the Program.

10

20. If a sponsoring organization, what is the ratio of staff monitors to facilities?

2 Staff monitors to each Site

21. If a sponsoring organization, do you have policies and procedures in writing that assign Program duties and ensure compliance with civil rights requirements?

Yes

22. Enter your organizational chart including all legal names, positions, titles and board members (if applicable) and the corresponding site(s), if applicable.

Note: Your organizational chart must include an adequate number of personnel to conduct proposed operations.

Legal Name	Date of Birth	Title	Board Member	Site
Tiffanie D. Fletcher	2/28/1970	Administrator	No	Kirkpatrick Community Center
Lauren Branham	4/16/1986	Administrator	No	South Inglewood
Amanda Browder	7/30/1981	Cook	No	Kirkpatrick/Shelby

**Child & Adult Care Food Program
Sponsor Budget for 2019 - 2020**

00711 Status: Active
NASHVILLE & DAVIDSON COUNTY METRO GOVERNMENT
 DBA: Metro Parks and Recreation
 511 Oman Street
 Nashville, TN 37203-1234
 Type of Agency: Government Agency
 Agreement Type: Sponsor of Affiliated Sites

Budget Version: Original

	Sponsor Complete This Column	FOR STATE USE ONLY Approved
A. Anticipated Annual CACFP Revenue		
1. Number of sites anticipated for sponsorship	6	
2. Total Annual CACFP Revenue from prior 12 months	\$1.00	\$0.00

B. Projected Operating Costs: Labor		
Executive Staff	\$0.00	\$0.00
Management Staff	\$0.00	\$0.00
Staff	\$0.00	\$0.00

C. Projected Administrative Costs: Labor		
Executive Staff	\$0.00	\$0.00
Management Staff	\$0.00	\$0.00
Staff	\$0.00	\$0.00

D. Projected Operating Costs		Projected Cost	Approved Cost
	Brief Description		
1. Food Purchases	Food Purchases for Meal Prep	\$374,400.00	\$0.00
2. Meal Contracts (meal cost)		\$0.00	\$0.00
3. Mileage (meal transporting cost)	Gas for delivery Van	\$5,200.00	\$0.00
4. Non-Food Supplies	Paper Products	\$18,000.00	\$0.00
5. Printing/Postage/Communications	Printing of Menus	\$200.00	\$0.00
6. Purchased Services	Milk delivery fee	\$500.00	\$0.00
7. Food Service Space		\$0.00	\$0.00
8. Reimbursement to Unaffiliated Centers		\$0.00	\$0.00
Total Operating Costs		\$398,300.00	\$0.00

E. Net Operating Amount			
1. Difference (A-D)		\$-398,299.00	\$0.00

F. Projected Administrative CACFP Expenditures

	Brief Description	Projected Cost	Approved Cost
1.	Durable Supplies under \$5,000	\$0.00	\$0.00
2.	Office Materials (Expendable) Supplies Paper and Toner	\$200.00	\$0.00
3.	Equipment Purchases over \$5,000 Refrigerator, warmer	\$4,000.00	\$0.00
4.	Equipment Rental/Lease	\$0.00	\$0.00
5.	Printing/Postage/Communications	\$0.00	\$0.00
6.	Office Space/Rental/Lease/Depreciation Allowance	\$0.00	\$0.00
7.	Utilities/Facility Maintenance/Janitorial Services	\$0.00	\$0.00
8.	Travel for Program Operations	\$0.00	\$0.00
9.	Center Workshops/Participant Training Staff Training	\$200.00	\$0.00
10.	Nutrition Education Materials Educational Programs	\$500.00	\$0.00
11.	Meetings, Conferences, and Staff Training	\$0.00	\$0.00
12.	Contracted/Professional Services	\$0.00	\$0.00
13.	Insurance Premiums	\$0.00	\$0.00
14.	Bonds	\$0.00	\$0.00
15.	Memberships/Subscriptions/Professional Activities NRPA Conference	\$600.00	\$0.00
16.	Other Administrative Expenditures/Advertising	\$0.00	\$0.00
	Total Administrative Costs	\$5,500.00	\$0.00

G. Summary

1.	Total Expenditures (Operating and Administrative)	\$403,800.00	\$0.00
2.	Total Anticipated Annual CACFP Reimbursement	\$403,800.00	\$0.00
3.	Prior Year Carryover Non Profit Food Program Revenue	\$0.00	\$0.00
4.	Total Other Revenue	\$18,000.00	\$0.00
	Explanation of Source of Other Revenue		
	Labor Cost		
5.	Total Revenue (G2 + G3 + G4)	\$421,800.00	\$0.00
6.	Net Balance (G5 Total Revenue – G1 Total Expenditures)	\$18,000.00	\$0.00
7.	✓ There are expenditures that require prior approval or specific written prior approval (SPWA).		

Certification

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

Document Attachments

Actions	Notes	Version	Uploaded By
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