



HISTORIC
FRANKLIN
TENNESSEE

ITEM #19
BOMA
09/11/2012

MEMORANDUM

September 4, 2012

TO: Board of Mayor and Aldermen

FROM: Eric S. Stuckey, City Administrator 

SUBJECT: Resolution 2012-50 - The Dooley Tract Land Acquisition Project

Purpose

The purpose of this memorandum is to provide information to the Board of Mayor and Aldermen (BOMA) regarding Resolution 2012-50, A Resolution Declaring The Intent Of The City Of Franklin To Act As A Governmental Pass-Through Entity For The Dooley Tract Land Acquisition Project As Requested By The Civil War Preservation Trust.

Background

On August 24, 2012 a request was received from the Civil War Trust for the City of Franklin to act as a government pass-through entity for the land acquisition project known as the Dooley Tract. This tract is .45 acres located on Columbia Avenue just south of Battle Avenue.

Resolution 2012-50 proposes the City act as the governmental “pass-through” for funds from the National Park Service that will be deposited with the City, and then forwarded to the Civil War Preservation Trust for its purchase of certain Civil War Battlefield land – the Dooley Tract. The American Battlefield Protection Program grant amount is \$67,740.00.

Once approved, a contract between the City and the National Park Service will be brought before the Board for approval of terms and conditions of receiving the funds, and also the terms and conditions for all subcontractors and sub recipients (i.e. the Civil War Preservation Trust). The role of the City would be the same as in past grants; i.e., the City will be notified in writing by NPS that all grant requirements have been met and that funds would be transferred to the City. The City then would commence transfer of funds to the Trust.

Financial Impact

There is no anticipated financial impact to this agreement. As described in Resolution 2012-50, the City acting as a governmental pass-through for the purchase of this battlefield property is at no cost to the City.

Recommendation

Approval of the proposed Resolution is recommended.

RESOLUTION 2012-50

**A RESOLUTION DECLARING THE INTENT OF THE CITY OF FRANKLIN TO ACT AS A
GOVERNMENTAL PASS-THROUGH ENTITY FOR THE DOOLEY TRACT LAND ACQUISITION
PROJECT AS REQUESTED BY THE CIVIL WAR PRESERVATION TRUST**

WHEREAS, The City of Franklin is home to numerous Civil War battlefields; and

WHEREAS, in particular, the City of Franklin is home to the Dooley Tract, which is located within the core area of the Franklin Battlefield; and

WHEREAS, the City appreciates the necessity of protecting these historic lands; and

WHEREAS, the City has been requested by the Civil War Preservation Trust to act as the governmental pass-through sponsor for the acquisition of property utilizing funds from the National Park Service American Battlefield Protection Program; and

WHEREAS, the Board of Mayor and Aldermen of the City of Franklin believes it is in the best interest of the City of Franklin to fulfill this request; and now therefore:

**BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN OF THE CITY OF FRANKLIN,
TENNESSEE THAT:**

The City of Franklin will serve as the governmental sponsor for the Dooley Tract in the Franklin Battlefield. The City, through its Mayor and City Administrator, will execute an agreement with the Civil War Preservation Trust to provide for the fulfillment by the Civil War Preservation Trust of all requirements of any Grant Agreement with the National Park Service for the acquisition of this property. The City will be notified in writing by the National Park Service that all grant requirements have been met and that funds will be transferred to the City. The City will then commence transfer of funds to the Civil War Preservation Trust. The City will not be providing any funds toward the battlefield acquisition.

Approved this ____ day of _____, 20__.

ATTEST:

CITY OF FRANKLIN, TENNESSEE

BY: _____
ERIC S. STUCKEY
City Recorder/Administrator

BY: _____
DR. KEN MOORE
Mayor

Approved as to form:

Kristen L. Corn, Staff Attorney

CIVIL WAR TRUST

Saving America's Civil War Battlefields

Henry E. Simpson
Chairman

James Lighthizer
President

August 24, 2012

The Honorable Ken Moore
Mayor
City of Franklin
109 3rd Avenue South
Franklin, TN 37064

Dear Dr. Moore,

On behalf of the Civil War Preservation Trust, doing business as the Civil War Trust (the "Trust"), I am writing to formally request that the City of Franklin act as a government pass-through entity for the following land acquisition project utilizing funds from the National Park Service ("NPS") American Battlefield Protection Program. The project is the acquisition of the Dooley Tract, .45 acres located within the core area of the Franklin battlefield, as determined by the Civil War Sites Advisory Commission (the "CWSAC"), with an ABPP grant of \$67,740.

The State of Tennessee Historical Commission will be holding the conservation easement on this Tract. According to Eric Jacobsen, on the back portion of the Dooley Tract (its western side) stretched the right flank of Col. Joseph Conrad's Brigade and the left of Col. John Lane's Brigade, both of which was part of Gen. George Wagner's Division. Conrad's men were posted east of Columbia Pike with the exception of the 15th Missouri Infantry, which formed on the immediate west side of the pike. When Lane's Brigade arrived it was posted west of the road and the left flank regiment, the 40th Indiana Infantry, formed up on the 15th Missouri's right flank.

One of the men likely struck down on the Dooley Tract was Capt. William Hark, 15th Missouri, who was mortally wounded and left behind. Another officer recalled Hark yelling out encouragement to the men as the regiment pulled back and saying if they held firm "our country is saved." Preservation of the Dooley Tract represents a truly unique opportunity – not only to save more of the battlefield, but also to interpret what happened along Wagner's advanced line on some of the very ground on which it occurred.

The role of the City would be the same as in past grants; i.e., the City will be notified in writing by NPS that all grant requirements have been met and that funds would be transferred to the City via the SMARTLINK system. The City then would commence transfer of funds to the Trust. Please contact me at 202-367-1861, X7236 if you have any questions or concerns. Thank you.

Very truly yours,



Kathleen M. Robertson

WASHINGTON OFFICE

1156 15 Street NW • Suite 900 • Washington, DC 20005
Phone: (202) 367-1861 or (800) 298-7878 • Fax: (202) 367-1865

HAGERSTOWN OFFICE

1140 Professional Court • Hagerstown, MD 21740
Phone: (301) 665-1400 or (888) 606-1400 • Fax: (301) 665-1416



HISTORIC
FRANKLIN
TENNESSEE

August 27, 2012

Mr. Paul Hawke, Chief
American Battlefield Protection Program
1201 Eye Street, NW (2255)
Washington, DC 20005

Dear Mr. Hawke:

The City of Franklin has been requested by the Civil War Preservation Trust, doing business as the Civil War Trust (the "Trust") to act as the governmental sponsor for acquisition of property that may be partnered by the American Battlefield Protection Program. We have agreed that the City will serve as the governmental sponsor on the Dooley tract, ±.45 acres, at the Franklin Battlefield.

The role of this agency would be the same as with past grant requests. That is, all required acquisition and financial documentation would be provided by the Trust to the National Park Service ("NPS") for review and approval. The Trust will be notified in writing by the NPS that all grant requirements have been met and that funds would be transferred to the City. This agency would then transfer the funds to the City in accordance with the SMARTLINK system.

I hope this letter will help to serve and expand the vital protection of this historic land. We commend the American Battlefield Protection Program for your valued work in this regard.

Sincerely,

Dr. Ken Moore
Mayor of Franklin

cc: Tom Gilmore, Civil War Trust

Dooley Tract

The opportunity to own this tract of land is a step toward reclaiming a very important, and often unheralded, part of the Franklin battlefield. On the back portion of this property (its western side) stretched the right flank of Col. Joseph Conrad's Brigade and the left of Col. John Lane's Brigade, both of which was part of Gen. George Wagner's Division. Conrad's men were posted east of Columbia Pike with the exception of the 15th Missouri Infantry, which formed on the immediate west side of the pike. When Lane's Brigade arrived it was posted west of the road and the left flank regiment, the 40th Indiana Infantry, formed up on the 15th Missouri's right flank.

When the Confederate assault began at 4 p.m. on November 30, 1864, the two brigades of Wagner's Division were ordered to hold their ground. Wagner did finally issue an order to withdraw, but Lane later reported that by the time he got the order it made no sense to pull back since the enemy was forming into line of battle directly in his front. Over the course of the next 5-10 minutes both brigades were completely crushed. The Confederates of Gen. John Brown's Division overwhelmed the Federal troops posted west of Columbia Pike and some of the first casualties of the battle were inflicted on the Dooley Tract. There is no doubt that those of the 15th Missouri and 40th Indiana who were not shot down or captured fled for their very lives over this terrain with the Rebels not far behind.

One of the men likely struck down on the Dooley Tract was Capt. William Hark, 15th Missouri, who was mortally wounded and left behind. Another officer recalled Hark yelling out encouragement to the men as the regiment pulled back and saying if they held firm "our country is saved."

This property allows us a truly unique opportunity – not only to save more of the battlefield, but also to interpret what happened along Wagner's advanced line on some of the very ground on which it occurred.

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*Other (Specify) _____
--	---	---------------------------

3. Date Received:	4. Applicant Identifier:
-------------------	--------------------------

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
--------------------------------	--------------------------------

State Use Only:

6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

8. APPLICANT INFORMATION:

*a. Legal Name: City of Franklin

*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>62-6000290</u>	*c. Organizational DUNS: <u>081460768</u>
---	--

d. Address:

*Street 1: City Hall
Street 2: 109 Third Avenue South
*City: Franklin
County: Williamson
*State: TN
Province: _____
*Country: USA
*Zip / Postal Code: 37064

e. Organizational Unit:

Department Name: <u>Office of the Mayor</u>	Division Name: <u>Administration</u>
--	---

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *First Name: Eric
Middle Name: S.
*Last Name: Stuckey
Suffix: _____

Title: City Recorder/Administrator

Organizational Affiliation:

*Telephone Number: 615-550-6605 Fax Number: 615-790-0469

*Email: eric.stuckey@franklintn.gov

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of the Interior - National Park Service - American Battlefield Protection Program

11. Catalog of Federal Domestic Assistance Number:

15-928 _____

CFDA Title:

Civil War Battlefield Land Acquisition _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Williamson County, Tennessee

***15. Descriptive Title of Applicant's Project:**

LWCF Battlefield Preservation Grant - .45 acre Dooley Tract Franklin Battlefield

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 7th	*b. Program/Project: 7th	
17. Proposed Project:		
*a. Start Date: 08.01.12	*b. End Date: 07.31.13	
18. Estimated Funding (\$):		
*a. Federal	\$67,740.00	
*b. Applicant	\$67,740.00	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$135,480.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: <u>Dr.</u>	*First Name: <u>Ken</u>	
Middle Name: _____		
*Last Name: <u>Moore</u>		
Suffix: _____		
*Title: Mayor		
*Telephone Number: _____	Fax Number: _____	
* Email: _____		
*Signature of Authorized Representative: _____		*Date Signed: _____

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

n/a

INSTRUCTIONS FOR THE SF-424

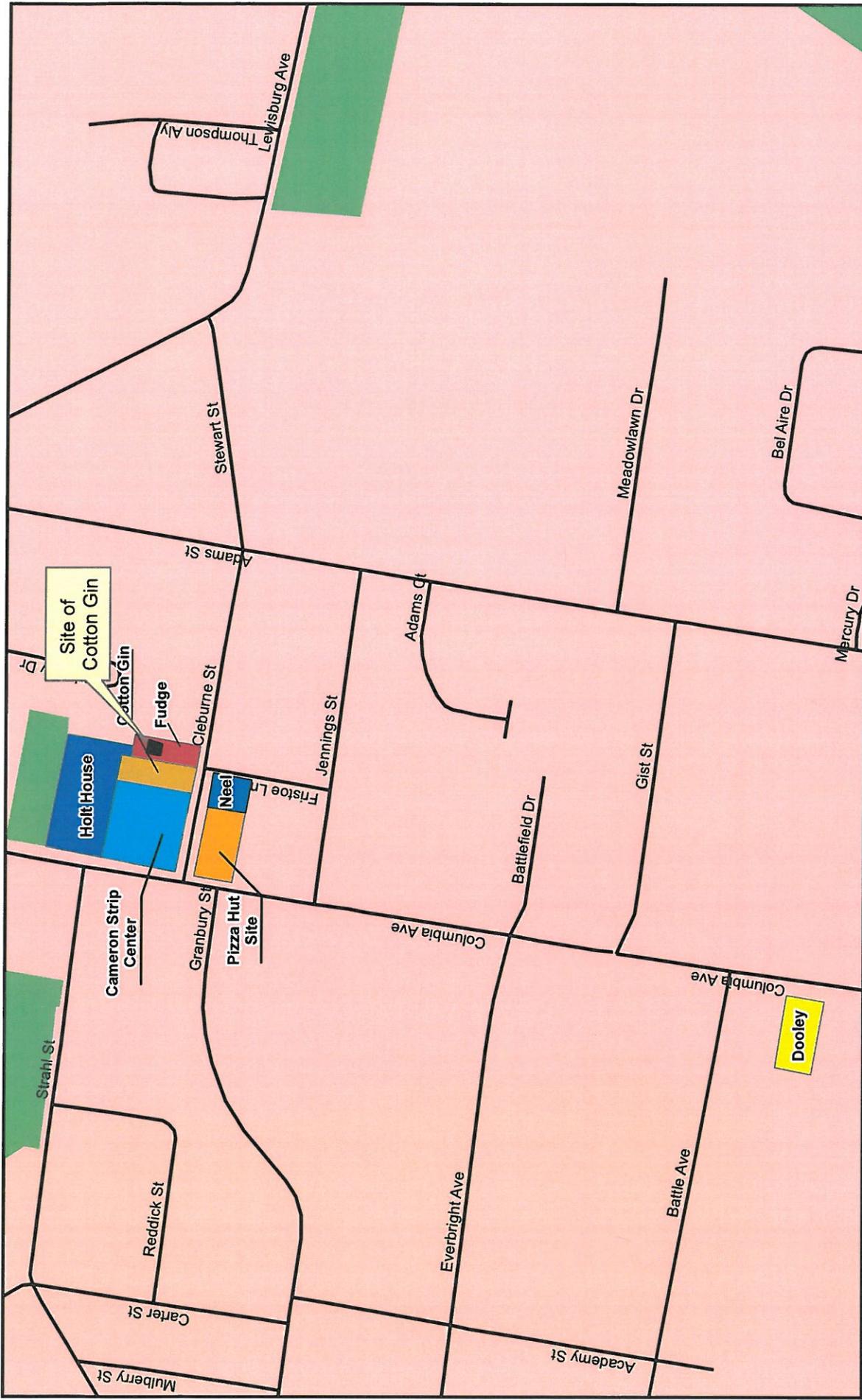
Public reporting burden for this collection of information is estimated to average 80 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.		
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions:		
	a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
	b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
	d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the
	e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the		

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>		<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>																								
		20.	<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p>																								
			<p>If yes, include an explanation on the continuation sheet.</p>																								
0.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="203 441 860 999"> <tr> <td data-bbox="203 441 527 472">A. State Government</td> <td data-bbox="544 441 860 472">M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td data-bbox="203 472 527 504">B. County Government</td> <td data-bbox="544 472 860 504">N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td data-bbox="203 504 527 535">C. City or Township Government</td> <td data-bbox="544 504 860 535">O. Private Institution of Higher Education</td> </tr> <tr> <td data-bbox="203 535 527 567">D. Special District Government</td> <td data-bbox="544 535 860 567">P. Individual</td> </tr> <tr> <td data-bbox="203 567 527 598">E. Regional Organization</td> <td data-bbox="544 567 860 598">Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td data-bbox="203 598 527 630">F. U.S. Territory or Possession</td> <td data-bbox="544 598 860 630">R. Small Business</td> </tr> <tr> <td data-bbox="203 630 527 661">G. Independent School District</td> <td data-bbox="544 630 860 661">S. Hispanic-serving Institution</td> </tr> <tr> <td data-bbox="203 661 527 693">H. Public/State Controlled Institution of Higher Education</td> <td data-bbox="544 661 860 693">T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td data-bbox="203 693 527 724">I. Indian/Native American Tribal Government (Federally Recognized)</td> <td data-bbox="544 693 860 724">U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td data-bbox="203 724 527 756">J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td data-bbox="544 724 860 756">V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td data-bbox="203 756 527 787">K. Indian/Native American Tribally Designated Organization</td> <td data-bbox="544 756 860 787">W. Non-domestic (non-US) Entity</td> </tr> <tr> <td data-bbox="203 787 527 819">L. Public/Indian Housing Authority</td> <td data-bbox="544 787 860 819">X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	C. City or Township Government	O. Private Institution of Higher Education	D. Special District Government	P. Individual	E. Regional Organization	Q. For-Profit Organization (Other than Small Business)	F. U.S. Territory or Possession	R. Small Business	G. Independent School District	S. Hispanic-serving Institution	H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity	L. Public/Indian Housing Authority	X. Other (specify)	21.	<p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)																										
B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)																										
C. City or Township Government	O. Private Institution of Higher Education																										
D. Special District Government	P. Individual																										
E. Regional Organization	Q. For-Profit Organization (Other than Small Business)																										
F. U.S. Territory or Possession	R. Small Business																										
G. Independent School District	S. Hispanic-serving Institution																										
H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)																										
I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)																										
J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions																										
K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity																										
L. Public/Indian Housing Authority	X. Other (specify)																										



Prepared for the Civil War Trust

- Neel Tract (0.21 acres)
- Cameron Strip Center Tract (1 acre)
- Dooley Tract
- Cotton Gin (Preserved)
- Fudge (Preserved)
- Holt House (Preserved)
- Pizza Hut Site (Preserved)
- Other Preserved Land
- Battlefield Core Area

Dooley Tract at Franklin Battlefield (Williamson County, TN)

Created on 8/22/12 by JM

