

NEVADA DEPARTMENT OF EDUCATION



SY 2011-2012 USDA FRESH FRUIT AND VEGETABLE PROGRAM (FFVP) APPLICATION

Instructions: Complete one copy of this form for each school that will apply to participate in the Fresh Fruit and Vegetable Program.

Return the application(s) by 5:00 p.m., May 6, 2011 to:
Vicki Graves, Program Officer
Office of Child Nutrition and School Health
Nevada Department of Education
700 E. Fifth Street, Suite 109
Carson City, NV 89701

SCHOOL INFORMATION

School District: _____ Agreement Number: _____

School Name: _____

School Address: _____

FFVP Contact: _____ Telephone: _____

Email: _____

SCHOOL DATA

Enrollment data:

Enrollment as of March 2011: _____

Number of children approved/eligible for free meals: _____

Number of children approved for reduced price meals: _____

Percentage of students qualified for free/reduced meals as of October 31, 2010: _____

Grade Levels: _____

Meals offered (check all that apply): SBP ____ NSLP ____ After school snacks ____

Describe the school location (check one) Urban ____ Rural ____ Suburban ____

Has the school previously participated in the Fresh Fruit and Vegetable Program? Yes ____ No ____

Is there more than one school housed at this building address? Yes ____ No ____

If yes, what are the grade levels of the other school _____?

Team Nutrition School: Yes ____ No ____

Indicate Food Preparation Method for this school:

Onsite _____ Satellite _____ Vended _____ Other _____ (explain)

Does your school use a food service management company? Yes ____ No ____ If yes, **include a letter of support** from the food service management company indicating a willingness to help promote and/or participate in this FFVP and detailing the role the management company will play in the operation of the FFVP.

Proposal Narrative

Describe briefly how the school plans to implement the program including:

- a. how fruits and vegetables will be served (carts, stands in hallways, classrooms, free vending machines);

- b. who will prepare fruits and vegetables (central kitchen, school site kitchen, vendor, pre-packaged)

- c. proposed time(s) of day and day(s) of week that fruits and vegetables will be served;

- d. partnerships the school has or will have to support the program (Examples are: partnerships with University of Nevada Cooperative Extension, agreements with local farmers to supply fruits and vegetables or local grocers to purchase prepare fruits and vegetables);

- e. plans to provide nutrition education with other nutrition and health education activities through classroom and school-wide events;

f. plans to link FFVP between classroom, home/family, and the cafeteria;

g. plans to promote the Fresh Fruit and Vegetable Program;

h. how will school staff (administration, teachers, custodial, food service) support the implementation of the FFVP?

Explain briefly:

Why the school should be chosen and how will students benefit from this program?

What are the anticipated barriers and success for implementing the FFVP?

How will the barriers be addressed?

STAFFING INFORMATION

Grant Writer Contact Information. This person is responsible for submitting the grant.		
Name/Title	Email Address	Telephone Number
Project/Site Manager Contact Information. This person is involved in overseeing the preparation and distribution of the fruits and vegetables on a daily basis.		
Name/Title	Email Address	Telephone Number
Claim Contact Information. This person is responsible for submitting claims.		
Name/Title	Email Address	Telephone Number

Volunteers

Describe how volunteers assist with the Fresh Fruit and Vegetable Program.

SIGNATURES (All are required.)

We have reviewed this application and attest to the information provided. If selected we agree to implement the program as outlined above and to implement the project in a manner consistent with the policies and procedures established by USDA. Further, we agree to participate in any USDA-sponsored evaluation and to provide the information requested by the specified deadlines.

District Superintendent _____ Date _____

Food Service/Nutrition Director _____ Date _____

School Principal _____ Date _____

School Nutrition Program Manager _____ Date _____

**Addendum to State Agency – School Food Authority Agreement
Fresh Fruit and Vegetable Program**

This agreement is between the Nevada Department of Education and _____
(School Food Authority) and covers the period from _____ to _____.

The undersigned has the authority to enter this Agreement to participate in the Fresh Fruit and Vegetable Program (Program) as authorized by Section 4304 of Public Law 110-234, the Food, Conservation, and Energy Act of 2008.

A. It is mutually agreed between the State Agency and School Food Authority that:

1. The School Food Authority agrees that the funds will only be used for the purposes authorized by Section 4304 of the Food, Conservation, and Energy Act of 2008, (Public Law 110-234).
2. The School Food Authority agrees to abide by all of the requirements for administering the Program as stated in Section 4304 of the Food, Conservation, and Energy Act of 2008 (Public Law 110-234).
3. The School Food Authority agrees to provide funds to the approved school(s), namely _____ under its jurisdiction for the service of approved fresh fruits and vegetables in accordance with local, State, and Federal regulations and requirements.
4. The School Food Authority agrees that the schools identified in section 3 of this paragraph will implement the program in accordance with the plan outlined in the signed School Application for the Fresh Fruit and Vegetable Program.

B. General Conditions

1. This Agreement is non-transferable.
2. Neither the State Agency nor the School Food Authority has an obligation to renew this agreement.

Signatures

State Agency

School Food Authority

Title

Title

Date

Date

THIS ARRANGEMENT does not constitute the entire agreement between the parties with respect to subject matter thereof.