



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office for PreKindergarten through Grade 12 Education
 School Operations and Management
 Child Nutrition Program Administration
 89 Washington Avenue, Room 375 EBA, Albany, New York 12234-0055
 Tel. (518) 473-8781
 Fax (518) 473-0018
<http://www.cn.nysed.gov>

Funding Request:

_____ x \$60 = \$ _____
 January 2018 PK-6 Enrollment Total Award

Data from the submitted January 2018 National School Lunch Program claim for reimbursement should be used to obtain the building's enrollment number

New York State Education Department

2018-2019 Fresh Fruit and Vegetable Program Application

Complete this application for **each school (recipient agency)** participating in the Fresh Fruit and Vegetable Program (FFVP). Please respond carefully to all questions. The answers will be used by SED to evaluate the application. The material should be organized, well-presented, complete, clear and concise. Carefully read the Guidance Manual before beginning the application process.

The application must be postmarked by **April 30, 2018** and sent to:

Fresh Fruit and Vegetable Program
 New York State Education Department
 Child Nutrition Program Administration
 89 Washington Avenue, Room 375 EBA
 Albany, NY 12234

1. General Information

School Food Authority (SFA) Name	
LEA Code	
Recipient Agency (RA)/Site Name	
RA Code	
RA Street Address	
City, State, Zip	

School Data

Grade levels in the RA: _____	School Building (RA) Enrollment: _____	PK-6 Enrollment: _____ We can only award PK-6 grade students in the RA you are applying for. Please list the January 2018 enrollment which should match the January 2018 submitted claim(s).
Check meals offered:	<input type="checkbox"/> School Breakfast Program <input type="checkbox"/> Afterschool Snack Program <input type="checkbox"/> Breakfast After the Bell	<input type="checkbox"/> National School Lunch Program <input type="checkbox"/> Extended Day Snack Program <input type="checkbox"/> Child and Adult Care Food Program (CACFP) <input type="checkbox"/> CACFP At Risk Supper
Current food preparation method:	<input type="checkbox"/> onsite/self-prep <input type="checkbox"/> satellite	<input type="checkbox"/> satellite-prep <input type="checkbox"/> vended
Does the school use a food service management company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the school be using a vendor for the FFVP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, specify the name of the vendor: _____		
If you are going to be using a vendor for any part of the Fresh Fruit and Vegetable program, you must submit a copy of the signed vendor contract between the SFA and the vendor.		

2. Plan for Implementation

- a. Describe the responsibilities of each person that will be involved in the FFVP.
Please list who will be responsible for the following:

	Name and Title
Prepare the monthly menu	
Submit the monthly claim	
Complete the annual evaluation	
Purchase FFV	
Prepare the FFV	
Distribute the FFV	

3. Proposal Narrative

- a. Describe why the school is interested in the FFVP and how students will benefit from the program.

- b. How will the success of the FFVP be measured? Include efforts to integrate the FFVP with promoting sound health and nutrition, reducing obesity and promoting physical activity.

c. How will the fresh fruits and vegetables be obtained/prepared for the school?

Check all that apply:	<input type="checkbox"/> prepared trays (through a grocery store or supplier)
	<input type="checkbox"/> prepackaged, prepared individually portioned packages (Department of Defense, produce supplier)
	<input type="checkbox"/> fruits and vegetables will be prepared by staff or volunteers
	<input type="checkbox"/> other method (please describe)_____

d. Where will fresh fruits and vegetables be served:

Check all that apply:	<input type="checkbox"/> classrooms (trays and baskets)	<input type="checkbox"/> hallways (kiosks, carts, stands)
	<input type="checkbox"/> cafeteria outside of meal hours	

e. Indicate on the following chart how frequently the fresh fruit and vegetables will be offered and when the program will be available to students (it is mandatory to serve the FFV a minimum of twice per week):

Day	Time(s) of the Program
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

f. What plans/arrangements have been made by the principal/teachers to accommodate the FFVP during the school day?

g. Describe how the availability of fresh fruits and vegetables will be widely publicized to parents and students in the school.

4. Overcoming Challenges

- a. What major barrier(s) to success are anticipated? How will major barrier(s) be addressed?

Barrier(s)	Solution(s)

- b. How do you plan to effectively manage the per student allocation of \$60 per student?

5. Projected Costs

- a. Describe how labor costs will be managed by describing in detail the efforts that will be made to keep these costs to a minimum.

- b. Describe how existing resources (building space and storage) will be used to implement the program. List any anticipated equipment purchases needed to operate the FFVP (carts, kiosks, tables, etc.)

- c. Itemize the anticipated labor costs on the following chart.

Projected labor hours per month:	Projected labor costs per month:
	Show breakdown:

6. Partnerships

- a. Discuss partnership activities undertaken or planned that that will assist your school in implementing the FFVP. Include organizations that will assist your school with fruit and vegetable acquisition, handling, promotion, distribution, nutrition education, and/or other activities that contribute to the goals of the FFVP.

7. Staffing Information

Primary Contact Information. This should be the school food service director.		
Name/Title	E-mail Address	Phone Number

Project/Site Manager Information. This is the person that will be involved in overseeing the preparation and distribution of the fruits and vegetables on a daily basis. This may be the same person as the Primary Contact.		
Name/Title	E-mail Address	Phone Number

Mandatory Requirements

If the school is selected to participate in the FFVP for the 2018-2019 school year:

_____ What date will you begin the FFVP?

☐ Yes ☐ No Will the school serve FFV during the school day and outside of meal service times beginning the second week that school is in session?

☐ Yes ☐ No Will the FFV be served at a minimum of two days a week?

☐ Yes ☐ No FFVPs will be observed and regularly evaluated by NYSED, USDA, and others to determine the effectiveness of the program. Does the School Food Authority (SFA) agree to this requirement?

☐ Yes ☐ No If you are a nonpublic school and choose to participate in the FFVP you must be willing to undergo an agency wide audit. Any recipient that expends \$750,000 or more in Federal funds must conduct a Single Audit in accordance with A-133. The additional audit requirement may require you to reconsider your interest in applying for or accepting these funds. Do you agree to this audit?

8. Assurances (All four signatures are required)

The staff shown below (or equivalent positions for private schools or residential child care institutions) **MUST** sign the following assurances. **Please print legibly and provide all four original signatures (preferably in blue ink).**

I have reviewed this application and attest to the information provided. I have read and understand the guidelines of the program, and, if selected, agree to implement the program as outlined above and to implement the project in a manner consistent with the policies and procedures established by the United States Department of Agriculture (USDA). I agree to participate in any USDA-sponsored evaluations and to provide the information requested by the specified deadlines.

Project/Site Manager		
Name (Print)	Signature	Date
School Principal		
Name (Print)	Signature	Date
Food Service Director		
Name (Print)	Signature	Date
School District Superintendent or Executive Director		
Name (Print)	Signature	Date

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, disability, age, 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 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 complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.