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

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[http://www.cn.nysed.gov](http://www.cn.nysed.gov/)



# Fresh Fruit and Vegetable Program

**Application**

*SY 2021-2022*

Due: May 17, 2021

## Submit by email to:

## Laura.Speranzi@nysed.gov

[WWW.CN.NYSED.GOV](http://WWW.CN.NYSED.GOV/)

### INSTRUCTIONS

Complete this application for each school (recipient agency) participating in the Fresh Fruit and Vegetable Program (FFVP). Please respond carefully and answer **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 May 17, 2021 and sent to:** [**Laura.Speranzi@nysed.gov**](mailto:Laura.Speranzi@nysed.gov)

### 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 October 2019 enrollment which should match the October 2019 submitted claim(s).** |
| Check meals offered: | * School Breakfast Program  National School Lunch Program * Afterschool Snack Program  Extended Day Snack Program * Breakfast After the Bell  Child and Adult Care Food Program (CACFP)   + CACFP At Risk Supper | |
| Current food preparation  method: | * onsite/self-prep  satellite-prep * satellite  vended | |
| Does the school use a food service management company?  Yes  No | | |
| Will the school be using a vended meal service for the FFVP?  Yes  No  If yes, specify the name of the vendor:  **If you are going to be using a vended meal service 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.** | | |

**PLAN FOR IMPLENTATION**

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 |  |

**PROPOSAL NARATIVE**

Describe briefly how the school plans to implement the program.

1. Describe why the school is interested in the FFVP and how students will benefit from the program.
2. 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.
3. How will the fresh fruits and vegetables be obtained/prepared for the school?

|  |  |
| --- | --- |
| Check all that apply: | * prepared trays (through a grocery store or supplier) * prepackaged, prepared individually portioned packages (produce supplier) * fruits and vegetables will be prepared by staff or volunteers * other method (please   describe) |

1. Where will fresh fruits and vegetables be served:

|  |  |
| --- | --- |
| Check all  that apply: | * classrooms (trays and baskets)  hallways (kiosks, carts, stands) * cafeteria outside of meal hours |

1. 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 |  |

1. What plans/arrangements have been made by the principal/teachers to accommodate the FFVP during the school day?
2. Describe how the availability of fresh fruits and vegetables will be widely publicized to parents and students in the school.

### OVERCOMING CHALLENGES

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

|  |  |
| --- | --- |
| **Barrier(s)** | **Solution(s)** |
|  |  |

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

### PROJECTED COSTS

1. Describe how labor costs will be managed by describing in detail the efforts that will be made to keep these costs to a minimum.
2. 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.).
3. Itemize the anticipated labor costs on the following chart

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

### PARTNERSHIPS

a. Discuss partnership activities undertaken or planned 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.

### 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 2021-2022 school year:

What date will you begin the FFVP? You **MUST** begin serving the FFVP by the

|  |
| --- |
| second full week that school is in session. |
| * Yes  No Will the school serve FFV during the school day and outside of meal service |
| times? |
| * 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? |

**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 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 |

**PLEASE SEND COMPLETED APPLICATIONS TO:**

Laura.Speranzi @nysed.gov

SED USE ONLY: Date Received: / / \_

Previously awarded FFVP Grant: YES NO If yes, have any findings been made against the administration of the FFVP: YES NO List

Findings: If yes, % of FFVP funds used:

CEP Percentage: \_ F/R Percentage: Total Award:

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(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.](mailto:program.intake@usda.gov)

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