



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.nysed.gov/cn/cnms.htm>

**Grant Request:**

\_\_\_\_\_ x \$60 = \$ \_\_\_\_\_  
January 2014 K-6 Enrollment      Total Award

Data from the January 2014 National School Lunch Program claim for reimbursement should be used to obtain the building's enrollment number and free and reduced price student meal eligibility percentages.



**New York State Education Department**

**2014-2015 Fresh Fruit and Vegetable Program Application**

Complete this application for **each school** 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. Incomplete applications will not be considered. Please limit responses to the space provided.

The application must be postmarked by **May 19, 2014** and sent to:

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

**1. General Information**

School Address

Local Education Agency (LEA) Name	
LEA Code	
Recipient Agency (RA) Code	
RA/Site Name	
School Address Street or P.O. Box	
City, State, Zip	

School Data

Grade Levels:	School Building Enrollment:	K-6 Enrollment:	Food Preparation Method <input type="checkbox"/> on-site <input type="checkbox"/> satellite <input type="checkbox"/> vended
Check Meals Offered:	___School Breakfast Program ___National School Lunch Program ___After School Snacks		
Does the school use a food service management company? Yes <input type="checkbox"/> No			
Does the school use a vendor? Yes <input type="checkbox"/> No			
If yes, specify name of company:			

**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	
Decide what FFV will be served	
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.

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b. How will the success of the FFVP be measured?

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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
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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
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- e. Indicate on the following chart when will the program be available to students and how frequently will the fresh fruit and vegetables be offered?

<b>Day</b>	<b>Time(s) of the Program</b>	<b>Students Who Will Have Access (e.g. all students, grades 1 and 2 in the am, grades 3-5 in the pm)</b>	<b>Location(s) of the Program (e.g. first floor, etc.) Classrooms-gr. 1-2 Cafeteria-gr. 3-6</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

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

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- g. List several fresh fruits and vegetables you plan to introduce to students. Do not include items that must be cooked.

<b>Vegetables:</b>	<b>Fruits:</b>

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

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#### 4. Overcoming Challenges

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

<b>Barrier(s)</b>	<b>Solution(s)</b>

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

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**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.

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- 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.)

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

Projected labor hours per month: Show breakdown:	Projected labor costs per month: Show breakdown:
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**6. Staffing Information**

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

<b>Project/Site Manager Information.</b> 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 2014-2015 school year:

- Will the Primary Contact and the Project/Site Manager attend the mandatory FFVP Orientation in June?  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  Na
- 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 \$500,000 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 grant funds. Do you agree to this audit?  Yes  No

What date will you begin the FFVP? \_\_\_\_\_

**7. 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.

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

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Individuals who are deaf, hard of hearing or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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