



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

Office for P-20 Education Policy  
Child Nutrition Program Administration  
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# Fresh Fruit and Vegetable Program Application SY 2024-2025

Due: May 10, 2024

Submit by email to:

[FFVP@nysed.gov](mailto:FFVP@nysed.gov)

# Fresh Fruit and Vegetable Application

SY 2024-2025

## 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 received by **May 10, 2024** and sent to: [FFVP@nysed.gov](mailto:FFVP@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: _____ <b>We can only award PK-6 grade students in the RA you are applying for. Please list the January 2024 enrollment which should match the January 2024 submitted claim(s).</b>
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 vended meal service for the FFVP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the name of the vendor: _____		
<b>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.</b>		

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**PLAN FOR IMPLEMENTATION**

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 NARRATIVE**

Describe briefly how the school plans to implement the program.

- 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? Include efforts to integrate the FFVP with promoting sound health and nutrition, reducing obesity and promoting physical activity.

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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 (produce supplier) <input type="checkbox"/> fruits and vegetables will be prepared by staff or volunteers <input type="checkbox"/> other method (please describe)_____
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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 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?

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

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## 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?

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## 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:	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.

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## 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 2024-2025 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 FFVP 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?

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## **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.

<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

**PLEASE SEND COMPLETED APPLICATIONS TO:**

[FFVP@nysed.gov](mailto:FFVP@nysed.gov)



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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: \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.