2015-2016 SCHOOL APPLICATION

FOR THE USDA FRESH FRUIT AND VEGETABLE PROGRAM (FFVP)

*Prepare a separate form for each school applying to participate.*

SCHOOL INFORMATION

School Name and SNPU Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Division and Division Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this school or the division participated in the FFVP in 2014-2015? □ YES □ NO

SCHOOL DATA

Review Report SNP023 *SNP Monthly Eligibility Report* for October 2014 for this school in the SNPWeb software. (The report should confirm the SNP membership, free eligibility, reduced eligibility and total free/reduced price eligibility percentage for the school for October 2014 as detailed in Attachment A to this memo. If it does not, report any discrepancies in the comment section following the next question.)

# Are there any planned changes to this school’s demographics, such as, grade levels, attendance zones, or other restructuring that would significantly alter the enrollment or free and reduced eligibility percentages for the 2015-2016 school year? □ YES □ NO

# If yes, please explain and include data, if available:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FFVP STAFFING INFORMATION

Name and Position of FFVP Contact Person, if other than the SNP Director/Supervisor

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E-Mail Address for Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number for Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURES (All are required)

We, the undersigned, have reviewed this application and attest to the information. If this school is selected to participate in the USDA Fresh Fruit and Vegetable Program, we agree to implement the program as required by regulations and policies established by USDA and the Virginia Department of Education.

School Nutrition Director (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

School Principal (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

School Nutrition Manager (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Division Superintendent (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**Currently Participating FFVP Schools/Divisions: STOP HERE.**

**No further information is required for the 2015-2016 FFVP Application**

Schools not currently participating in the FFVP must complete the remainder of the application

FFVP Implementation Plan

Describe briefly how the school intends to implement the program in 2015-2016. Details must include: frequency of FFVP distribution, method of distribution, time of day of distribution, the types of fresh fruits and vegetables that will be offered, preparation methods, staffing that will be used for the FFVP and how the FFVP will be incorporated into the school curriculum, including the method for providing required nutrition education. Be specific. This plan will be used to measure program compliance. Daily FFVP distribution is preferred; FFVP is required to be distributed a minimum of three times per week to all students.

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**FFVP Partnership Plan**

Discuss and provide details regarding partnerships the school will establish to implement and support the program, including nutrition education. Include specific agencies that have made a commitment to partner with the school in implementing the FFVP.

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**FFVP Proposed Budget**

Provide a budget estimate for how the awarded FFVP funds will be used to implement the program. Funding allocations will be approximately $60-$65 per student enrolled based on the October 2014 SNP enrollment reported. Estimate the frequency of FFVP snack distribution and the per snack costs (including food, supplies and labor) to determine the annual operational and administrative expenses.

|  |  |
| --- | --- |
| **Operational Expenses** | **Annual Amount (2015-2016)** |
| Fresh Fruits and Vegetables |  |
| Supplies |  |
| Labor to Prepare and Serve FFVP |  |
| **Administrative Expenses (limited to 10% of total funding)** | **Annual Amount (2015-2016)** |
| Equipment |  |
| Administrative Labor |  |
| **Total** |  |

Describe any equipment that will be purchased to implement the FFVP.

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**FFVP Impact**

Describe briefly why this school should be chosen to participate in the FFVP. How will the students in the school benefit? What is anticipated to be the major barrier to the program’s success and how will the FFVP team overcome this barrier?

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