

Fresh Fruit and Vegetable Program (FFVP) Application Signature Page

Attestation

We have reviewed this application and attest to the information provided. If selected, we agree to implement the program as outlined above and to implement the project in a manner consistent with the policies and procedures established by USDA, expending the FFVP funds to their fullest, allowable extent. Further, we agree to participate in required FFVP training as well as any USDA-sponsored evaluations and to provide the information requested by the specified deadlines. Please provide the contacts shown below, or equivalent positions for private schools or residential childcare institutions.

Signatures

All four are required. If the Site Manager and the Food Service Director/Manager are the same person, please note that in the space for Site Manager and have the Food Service Director/Manager sign in the Director/Manager spot.

Site Manager		
Name (Print)	Signature	Date
School Principal		
Name (Print)	Signature	Date
Food Service Director/Manager		
Name (Print)	Signature	Date
Superintendent or Head of School		
Name (Print)	Signature	Date

This institution is an equal opportunity provider.

