

FFVP Annual Application Submit application to: **Child Nutrition Programs Vermont Agency of Education** 1 National Life Drive, Davis 5 Montpelier, VT 05620

Instructions: Go into VT-CNP : Applications : FFVP Invitations to check the boxes for the schools within your SFA that wish to receive funds and participate in the FFVP for school year 2019-2020. Next, complete an application for each site and e-mail the complete, signed application to: cheryl.rogers@vermont.gov

I. SCHOOL INFO	RMATION:					
1. Supervisory U	Jnion:		2. LEA	Number: _		-
3. School Name:	:					
4. Name of Perso	on to Contact about	This Application:				_
5. Phone:		Ema	il:			
		Projected d participating in the s		of these grad	es:	
7. Does the school	ol use a food service	e management comp	oany?	Yes 🗆	No 🗆	
10. FFVP Coord	inator Name:					
11. The FFVP Co	ordinator will atter	nd required training	at Summer Iı	nstitute in A	ugust.Yes 🗆	No 🗆
12. How much o	f your award did/w	vill you use in 2018-2	2019?			
13. How many ti	mes per week was	the program operate	ed in 2018-201	19?		
Please be as accu	rate as possible for	e scheduled time(s) Administrative Rev te if serving times w	iew purposes	s. Reviewers		
Monday	□ Tuesday	□ Wednesday	🗆 Thu	ursday	🗆 Friday	
Time(s) Served: _						
	· · ·	are required to star	0	0	· ·	
🗆 Februa	ry 🗆 March	□ April □	May	🗆 June		

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II. IMPLEMENTATION PROPOSAL:

1.	FFVP Service: Indicate the location(s) Fresh Fr	uits and Vegetables will be served:
	□ in the classroom	🗆 in the cafeteria
	from carts or stands in hallways	
	□ Other:	

- 2. **FFVP Promotion:** Indicate how the school promotes the Fresh Fruit & Vegetable Program within in the school and to families. (newsletters, posters, daily announcements)
- 3. **Nutrition & Health Education:** Indicate how the school will integrate the Fresh Fruit and Vegetable Program with other health education and nutrition activities in classrooms and through school-wide events.
- 4. **Nutrition Education Activities:** Describe proposed nutrition education activities (one-time event or ongoing activities) that will be used to promote acceptance and the consumption and increase in knowledge of fruits and vegetables. Who will provide the nutrition education and conduct nutrition education activities and/or lessons? Describe how these activities promote sound health and nutrition, reduce overweight and obesity or promote physical activity. How does the school conduct cooking activities with the vegetables? Provide a specific example.
- 5. Local Produce: Does this school purchase and receive locally grown produce for FFVP? Yes D No D If "yes", please indicate fruit & vegetable items and vendors:
- 6. **Daily FFVP Records:** Indicate how this school keeps monthly records of FFVP items served daily, portion sizes and lists any accompaniments, like dip, etc.
- 7. FFVP Benefits: Describe how this program benefits your students and your school environment.



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- 8. Program Barriers: What barriers have you experienced implementing the program this past year?
- 9. **Food Safety:** Describe how you ensure Food Safety Requirements and Standards are followed and met in FFVP service in your school and classrooms.

10. Program Recordkeeping:

a. Who completes the program documentation? ______

b. Where are program records maintained at the school?

c. Who submits the claim for reimbursement each month?

- 11. **FFVP Funds:** Indicate how you will monitor and ensure that all FFVP funds awarded to your school will be expended by the end of the school year.
- 12. **FFVP Documentation:** Attach a copy of your FFVP record (items served and portion sizes) for one month of the current school year.
 - □ Attached

Additional Comments?

III. Proposed Budget

OPERATING COSTS:

Fruits & Vegetables		
Supplies		
Program Labor*		
	Total Operating Costs	\$
Administrative Costs*		
Equipment Purchases		
	Total Administrative Costs	\$
	Total Program Costs	\$

*Foodservice Programs managed by Food Service Management Companies may not claim program labor or administrative labor costs as these costs are already included in the contract. Schools/SFAs may not be double charged for the same activity.

Schools approved to participate in the program will be allocated between \$50 and a maximum of \$75 per enrolled student for the FFVP. Allocations may vary depending on how well the funds were expended in the current/previous school year. Each month a claim will need to be submitted to Child Nutrition Programs by the 15th of the following month to receive reimbursement for the program. Allowable costs that may be claimed include the following:

Operating Costs:

- Fruits & Vegetables: Buying fresh fruits and fresh vegetables.
- Supplies: Buying nonfood items like napkins, paper plates, serving bowls and trays, dips for vegetables, cleaning supplies, and trash bags
- Program Labor: Salaries and fringe benefits for employees who do such tasks as washing and chopping produce, preparing trays, distributing produce to classrooms, setting up kiosks, and cleaning up. Additional labor for FSMC employees is not allowable.

Administrative Costs:

Administrative costs are limited to 10% of the total award amount and may include expenses to plan the program, managing the paperwork, obtaining equipment needed and all other aspects of the program that are not related to the preparation and service of the fruits and vegetables. Schools will not receive more than their approved award amount. Administrative costs also include the FFVP share of:

- Purchasing or leasing equipment such as refrigerators, coolers, portable kiosks, carts, and portable food bars
- Salaries and fringe benefits for employees who compile and maintain claims for reimbursement and other financial reports, plan and write menus, order produce, track inventory, and coordinate nutrition promotion activities
- Additional administrative costs are not allowable for FSMC employees

State Agency Use Only:

F & R Percentage	Enrollment	Award Amount	Award per Student	Entered in CNP Web



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IV. STAFFING INFORMATION:

Primary Contact Person for Preparing Claims. This must be the school food service director.			
Print Name/Title	E-mail Address Phone Number		

Project/Site Manager Contact 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, if so, enter "same" in the Name block below and skip to section V.

Print Name/Title	E-mail Address	Phone Number

V. SIGNATURES (All four are required. If the site manager and the food service director are the same please note that in the space for Site Manager and have the Food Service Manager/Director sign in the Director's spot.)

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 child care institutions.

Project/Site Manager				
Name (Print)	Signature	Date		
School Principal	•			
Name (Print)	Signature	Date		
Food Service Director/Manager				
Name (Print)	Signature	Date		
Superintendent or Business Manager				
Name (Print)	Signature	Date		