



STATE OF HAWAII
DEPARTMENT OF EDUCATION
Hawaii Child Nutrition Programs
650 Iwilei Road, Suite 270
Honolulu, HI 96817

Fresh Fruit and Vegetable Program

SY 2016-2017 Application

New

Renewal

**School/
Site Name:**

FFVP Contact Person

First name:

Last Name

MI:

Title:

E-mail:

Phone:

Ext:

Fax:

Ext:

FFVP Mailing Address

Address 1:

Address 2:

City:

State:

Zip code:

Months FFVP served:

All	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Feb	Mar	Apr	May	Jun			

Please indicate the number of FFVP snacks served in each day of the week or serving cycle and the grade level/s served.

	No. of FFVP servings	Grade level/s served
Day #1 or Mon	-	
Day #2 or Tues	-	
Day #3 or Wed	-	
Day #4 or Thurs	-	
Day #5 or Fri	-	
Day #6 or Mon	-	
Day #7 or Tues	-	

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

Describe the FFVP implementation plan for this site. Include a description of how the FFVP will be integrated, with other efforts, to promote good health and nutrition, reduce obesity and encourage physical activity. Examples: Integrated nutrition education in the daily curriculum, using free USDA Team Nutrition materials, incorporating the FFVP into the school's Wellness Policy

Describe how free fresh fruits and vegetables will be made available to all enrolled students at this site during the school day, outside of the NSLP and SBP meal periods. Examples: Carts or stands in the hallways, fruits and vegetables in classrooms, vending machines dispensing free fruits and vegetables.

Describe partnership activities already undertaken or planned as part of the FFVP implementation at this site. For each partnership listed, indicate if the partner is contributing, or will contribute non-Federal resources to the FFVP. Examples of partnerships: Local grocers, Health Departments, extension services, local growers, or fruit and vegetable industry representatives.

By submission of this application the School District administration, the school administration, and School Food Service certify that the Fresh Fruit and Vegetable Program will be implemented and conducted according to the policies and procedures required by the USDA. Further, the school administration and the School Food Service agree to participate in any USDA-sponsored evaluations and to provide information requested by the specified deadlines.

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

EQUIPMENT PURCHASE NEEDS

Equipment may be purchased for FFVP using the school's FFVP Administrative allowance. This must be pre-approved by SFSB -School Food Service Branch. If you plan on purchasing equipment, describe the following:

Type of Equipment:

% of use for FFVP: _____ %

Explain need for equipment and why current equipment is not sufficient for FFVP operations:

CERTIFICATION AND AGREEMENT

We have reviewed this "proposal" and attest to the information provided. 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, HCNP and SFSB. Further, we agree to participate in any SFSB mandatory trainings and/or USDA-sponsored evaluations and to provide the information requested by specified deadlines. Signatures are required for all positions with an asterisk (*) per FFVP Handbook, Page 6.

* School Administrator/Principal

Signature

Date:

Print Name:

Phone:

Email:

Fax:

* School Food Service Manager

Signature:

Date:

Print Name:

Phone:

Email:

Fax:

*FFVP Coordinator

Signature:

Date:

Print Name:

Phone:

Email:

Fax: