

**FRESH FRUIT & VEGETABLE PROGRAM**

**CERTIFICATION OF SUPPORT / RESPONSIBILITY CHART**

**DIRECTIONS:** Read the tasks below and check off who will be responsible for completing the task. Sign the form below to certify that all parties have agreed to their roles to assure FFVP success.

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| --- | --- | --- | --- | --- |
| **TASKS** | **Admin** | **Coordinator** | **SFSManager** |  |
| **Oversee FFV Program** |  |  |  |  |
| **Create FFVP serving schedule** |  |  |  |  |
| **Inform & train teachers/staff** |  |  |  |  |
| **Collect nutrition educ. resources** |  |  |  |  |
| **Integrate FFVP in curriculum** |  |  |  |  |
| **Create FFVP menu** |  |  |  |  |
| **Assess and Accommodate Special Dietary needs** |  |  |  |  |
| **Monitor FFVP expenses** |  |  |  |  |
| **Hire FFVP staff if needed** |  |  |  |  |
| **Order FFVP** |  |  |  |  |
| **Order supplies as needed** |  |  |  |  |
| **Receive/store FFV** |  |  |  |  |
| **Clean/wash/cut/ separate FFV if needed** |  |  |  |  |
| **Distribute FFV** |  |  |  |  |
| **Send FFV invoices and Time/Effort sheets to SFSB** |  |  |  |  |
| **Evaluate FFVP** |  |  |  |  |

We agree to implement the program as outlined above and will work together to implement the project in a manner consistent with the policies and procedures established by USDA, HCNP and SFSB. A task could be assigned to one or more person(s). Please print your name and sign next to your name.

School Admin/Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SFSManager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FFVP Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_