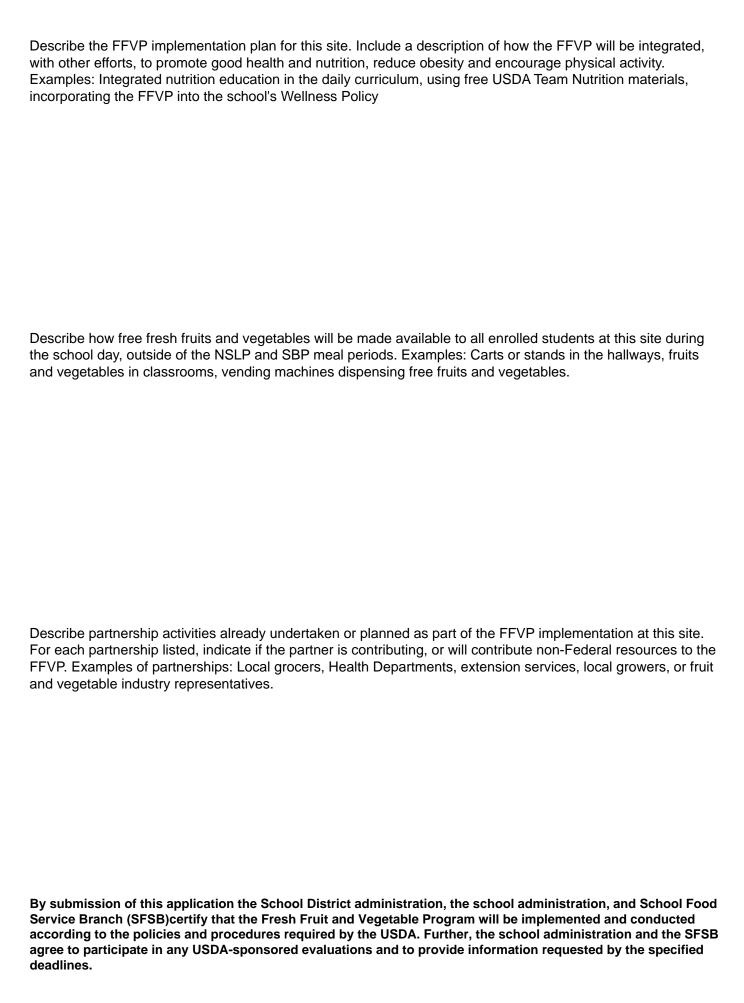


STATE OF HAWAII DEPARTMENT OF EDUCATION **Hawaii Child Nutrition Programs** 650 Iwilei Road, Suite 270 Honolulu, HI 96817

## Fresh Fruit and Vegetable Program

			<b></b>				
SY 2018-2019 Application			New (Task Chart required)				Theck Instruction sheet ask Chart is required)
School/ Site Name:							
FFVP Contact	Person						
First name:	Last			ame			MI:
Title:							
Phone:			Ext:	Fax	<b>x</b> :		Ext:
FFVP Mailing	Address						
Address 1:							
Address 2:							
City:			State:		Zip cod	e:	
Months FFVP	to be Serve	ed:					
Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Feb	Mar	Apr	May	Jun			
Please indicate t served.	the estimate	d number of F	FVP snacks serv	ed in each d	ay of the week	OR serving cy	cle and the grade levels
•	Estimated of FFVP ser		Grade Levels Served				
DAY #1 or Mon		-					
DAY #2 or Tues		-					
DAY #3 or Wed		-					
DAY #4 or Thurs		-					
DAY #5 or Fri		-					
DAY #6 of cycle (opt	.)	-					
DAY #7 of cycle (opt	.)	_					



## **EQUIPMENT PURCHASE NEEDS**

, ,	Branch. If equipment is needed for FFVP, describe below:
Type of Equipment:	
% of use for FFVP:	%
Explain need for equipment and why curre	ent equipment is not sufficient for FFVP operations:
CERTIFICATION OF SUPPORT AND AG	REEMENT
outlined above and to implement the proje USDA, HCNP and SFSB. Furthermore, we sponsored evaluations and to provide the	est to the information provided. We agree to implement the program as ect in a manner consistent with the policies and procedures established by a agree to participate in any SFSB mandatory trainings and/or USDA-information requested by specified deadlines. The signatures on this equired) certify the support of the administration and school staff and their . A single person can have multiple roles.
Principal/Administrator	
Signature	Date:
Print Name:	Phone:
Email:	Fax:
School Food Service Manager (if applicab	<u>le)</u>
Signature:	Date:
Print Name:	Phone:
Email:	Fax:
FFVP Coordinator (if applicable)	
Signature:	Date:
Print Name:	Phone:
Email:	Fax: