



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

Fresh Fruit and Vegetable Program

SY 2018-2019 Application

New (Task Chart required)

Renewal (Check Instruction sheet
to see if Task Chart is required)

**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 to be Served:

Jul

Aug

Sep

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

Jun

Please indicate the estimated number of FFVP snacks served in each day of the week OR serving cycle and the grade levels served.

**Estimated No.
of FFVP servings**

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.)

-

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 Branch (SFSB) 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 SFSB agree to participate in any USDA-sponsored evaluations and to provide information requested by the specified deadlines.

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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 equipment is needed for FFVP, describe below:

Type of Equipment:

% of use for FFVP: _____ %

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

CERTIFICATION OF SUPPORT 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. Furthermore, we agree to participate in any SFSB mandatory trainings and/or USDA-sponsored evaluations and to provide the information requested by specified deadlines. The signatures on this application and the FFVP Task Chart (if required) certify the support of the administration and school staff and their commitment to having a successful FFVP. A single person can have multiple roles.

Principal/Administrator

Signature

Date:

Print Name:

Phone:

Email:

Fax:

School Food Service Manager (if applicable)

Signature:

Date:

Print Name:

Phone:

Email:

Fax:

FFVP Coordinator (if applicable)

Signature:

Date:

Print Name:

Phone:

Email:

Fax: