**FRESH FRUIT & VEGETABLE PROGRAM APPLICATION – TASK CHART**

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

One person could have multiple roles and several persons could share the same task(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **TASKS** | **1.Admin.** | **2.Food Service Manager or \_\_\_\_\_\_\_\_\_\_\_** | **3.FFVP Coordinator** | **4. Staff title** **\_\_\_\_\_\_\_\_\_\_** |
| **A** | **Oversee FFV Program** |  |  |  |  |
| **B** | **Create FFVP serving schedule** |  |  |  |  |
| **C** | **Inform & train teachers/staff**  |  |  |  |  |
| **D** | **Collect nutrition educ. resources**  |  |  |  |  |
| **E** | **Integrate FFVP in curriculum** |  |  |  |  |
| **F** | **Create FFVP menu** |  |  |  |  |
| **G** | **Assess and Accommodate Special Dietary needs** |  |  |  |  |
| **H** | **Monitor FFVP expenses** |  |  |  |  |
| **I** | **Hire FFVP staff if needed** |  |  |  |  |
| **J** | **Order FFV from vendors** |  |  |  |  |
| **K** | **Order supplies as needed** |  |  |  |  |
| **L** | **Receive/store FFV\*** |  |  |  |  |
| **M** | **Prep: Separate/Clean/Wash/Cut/ FFV if needed\*** |  |  |  |  |
| **N** | **Distribute FFV\*** |  |  |  |  |
| **O** | **Submit FFVP Monthly Claims to HCNP** |  |  |  |  |
| **P** | **Evaluate FFVP** |  |  |  |  |

Please print your name then sign and date. A person could have multiple roles.

**1.aAdmin. Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_**:**

 ***Print name*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Sign\_\_\_\_\_\_***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­Date\_\_\_\_\_\_

**2. Food Service Manager (if applies); or Other Title**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

 ***Print name\_\_\_\_***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_***Sign***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_

**3. FFVP Coordinator:** ***Print name***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\_\_\_\_\_\_\_Sign*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_

**4. Other Staff:** ***Print name****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Sign****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_*Date\_\_\_\_\_

\*Person(s) responsible for any of tasks **L, M,** & **N** must at least have a Safe Food Handing certificate and follow the school’s HACCP plan in regard to FFVP.