

**FFVP EQUIPMENT NEEDS and CERTIFICATION STATEMENT for \_\_\_\_\_**

School Name

**SY** \_\_\_\_\_ - \_\_\_\_\_

Equipment may be purchased for FFVP using the school’s FFVP Administrative allowance. This must be pre-approved by the School Food Authority (SFA).

Is equipment needed for FFVP?  YES  NO If “Yes,” describe below.

Type of Equipment: \_\_\_\_\_ % of use for FFVP \_\_\_\_\_ %

Explain need for equipment and why current equipment is not efficient 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 the SFA. Furthermore, we agree to participate in any mandatory FFVP trainings and/or USDA-sponsored evaluations and to provide the information requested by specified deadlines. The signatures on this page as well as on any other documents submitted by the school for FFVP, certify to the support of administration and school staff and their commitment to having a successful FFVP. A person can sign for multiple roles.

**Principal/Director/Other Administrator – Title:** \_\_\_\_\_

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**School Food Service Manager (if applicable)**

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**FFVP Coordinator (if applicable) – Title:**

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_