



ÛVCE/ÒÁÚØÁPCEY CEÁ
 ÖÖÚCEÛVT ÒPÁÚØÁÖÖWÔCE/ØPÁ
Hawaii Child Nutrition Programs
 Î Î Ê Æ Å Æ Å Æ Å Æ Å
 P {} | | | | | P Q Î Î F Î

For ALL SCHOOLS Applying for FFVP

Fresh Fruit and Vegetable Program (FFVP)
Application for School Year (SY) 20 -20

Served FFVP in Current SY

No FFVP Served in Current SY

School Name:

FFVP Contact Person

Øã•cNæ ^K

Šæ òP æ ^

T Ø

Vã^K

ÖË æ^K

Ú@}^K

9|h

FFVP Mailing Address

5XXfYgg%

Øã!^••ÁÁ

Ôæ K

Ùæ^K

Zã /& ã^K

Months FFVP May Be Served: Mark each month of possible FFVP service

CE *	Ù^] c	U&c	P[ç	Ö^&	Paç
Øà	T æ	Ø;	T æ	R }	R

Please indicate the estimated number of FFVP snacks to be served in each day of the week and the grade level/s to be served if you have this information.

	Estimated No. of FFVP Snacks	Grade Level/s to be Served
MONDAY	!	
TUESDAY	!	
WEDNESDAY	!	
THURSDAY	!	
FRIDAY	!	