



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

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

First Name:

Last Name

MI:

Title:

E-mail:

Phone:

Ext:

FFVP Mailing Address

Address 1:

Address 2:

City:

State:

Zip code:

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

Aug

Sept

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

Jun

Jul

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

-