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Hawaii Child Nutrition Programs
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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

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FFVP Mailing Address

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

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

**Estimated No. of FFVP
Snacks to be Served**

Grade Level(s) to be Served

MONDAY

!

TUESDAY

!

WEDNESDAY

!

THURSDAY

!

FRIDAY

!

FFVP EQUIPMENT NEEDS and CERTIFICATION STATEMENT for _____

School Name

SY 25 – 26 _____

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

Is equipment needed for FFVP? ☐ YES ☐ NO If "Yes," describe below.

Type of Equipment: _____ % of use for FFVP _____ %

Explain why your current equipment is not sufficient for FFVP operations:

CERTIFICATION OF SUPPORT AND AGREEMENT

We agree to implement the program as outlined in the FFVP Handbook and in a manner consistent with the policies and procedures established by USDA, HCNP, and either the SFSB or other SFA, as applicable. Furthermore, we agree to participate in any mandatory FFVP trainings and/or USDA-sponsored evaluations and to provide the information requested by specified deadlines. We understand that any FFVP operation plan for the new school year will need the approval of the SFA and HCNP before it can be implemented. 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/Other Administrator – Title: _____ Date: _____

Signature: _____

Print Name: _____

Email: _____

Phone Number: _____

School Food Service Manager (if applicable)

Signature: _____

Print Name: _____

Email: _____

Date: _____

Phone Number: _____

FFVP Coordinator (if applicable) – Title: _____ Date: _____

Signature: _____

Print Name: _____

Email: _____

Phone Number: _____