

**Connecticut State Department of Education
School Selection Application
For Participation in the U. S. Department of Agriculture (USDA)
Fresh Fruit and Vegetable Program (FFVP)**

INSTRUCTIONS: Complete one copy of this form for *each* school applying to participate in the Fresh Fruit and Vegetable Program. Return the original, signed application no later than May 13, 2011 to Andy Paul, Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457. Questions may be directed to Andy Paul via email andrew.paul@ct.gov or via phone 860-807-2048.

PURPOSE: The goal of the FFVP is to provide students with an opportunity to consume a *variety* of free fresh fruits and vegetables during the school day. This also includes the opportunity to have students learn about fresh fruits and vegetables and good nutrition.

I. SCHOOL INFORMATION

1. School District: _____ Sponsor Agreement Number: _____
2. School Name: _____
3. School Address: _____

4. School Grade Levels: _____
5. Total number of enrolled students: _____
6. Percentage of enrolled students eligible for free/reduced price meals: _____

II. PROGRAM IMPLEMENTATION PLAN

Develop a program implementation plan which outlines how this school will integrate the FFVP with other efforts to promote sound health and nutrition, reduce overweight and obesity and/or promote physical activity. Items to include in the plan (but are not limited to) are outlined below.

1. Briefly explain how you will purchase and support locally grown produce.

2. How will fruits and vegetables be prepared?

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3. How will fruits and vegetables be served? (Examples: carts, kiosks, classrooms, etc.)

4. How often and when during the school day will the FFVP be available to the students? List all that apply.

| Day | Time(s) | Which students will have access to the FFVP during this day/time? (i.e., all students, 1 st and 2 nd grade, etc.) |
|------------------------------------|---------|---|
| <input type="checkbox"/> Monday | | |
| <input type="checkbox"/> Tuesday | | |
| <input type="checkbox"/> Wednesday | | |
| <input type="checkbox"/> Thursday | | |
| <input type="checkbox"/> Friday | | |

5. Briefly discuss any partnerships your school has or will have to support the program. Examples include: A) partnerships with cooperative extension services; B) agreements with local grocers to purchase fresh fruits and vegetables; C) agreements with local farmers to supply fruits and vegetables; D) working with the PTA/PTO to assist in implementing the program; and E) working with the Fruits and Veggies Matter Coordinator for nutrition education materials, etc. (Use another sheet if needed.)

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6. What nutrition education activities (one-time event or ongoing activities) will be used to promote acceptance, consumption and increased knowledge of fresh fruits and vegetables? Include who will provide the nutrition education and any anticipated costs. (Use another sheet if needed.)

7. How will your district promote the FFVP?

III. STAFFING INFORMATION

| Primary Contact Information. This should be the school food service director. | | |
|--|----------------|--------------|
| Name and Title | E-mail Address | Phone Number |
| | | |

| Secondary Contact Information. All other staff to be added to information distribution list | | |
|--|----------------|--------------|
| Name and Title | E-mail Address | Phone Number |
| | | |
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1. Who is the district/institution's contact person, authorized by the Connecticut State Department of Education (CSDE), to access and draw down funds monthly within the CSDE Grant Management System?

Name: _____ Email: _____ Phone: _____

IV. SIGNATURES (All four are required.)

We have reviewed this application and attest to the information provided. If selected, 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 and outlined in the USDA *Fresh Fruit and Vegetable Program Handbook*. Further, we agree to participate in any USDA sponsored evaluations and to provide the information requested by the specified deadlines. Please provide the contacts shown below or equivalent positions.

| Project/Site Manager | | |
|-------------------------|-----------|------|
| Name (Print) | Signature | Date |
| | | |
| School Principal | | |
| Name (Print) | Signature | Date |
| | | |
| Food Service Director | | |
| Name (Print) | Signature | Date |
| | | |
| District Superintendent | | |
| Name (Print) | Signature | Date |
| | | |

The State of Connecticut Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons and does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, national origin, sex, disability, genetics, age, religion or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. Inquiries regarding the Department of Education's nondiscrimination policies should be directed to the Equal Employment Opportunity Director, Levy Gillespie, State of Connecticut Department of Education, 25 Industrial Park Road, Middletown, Connecticut, 06457 (860)807-2071.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

For State Use Only

Reviewed by: _____
 Date: _____