

District Name: \_\_\_\_\_ LEA #: \_\_\_\_\_ County: \_\_\_\_\_  
School Name: \_\_\_\_\_

## Arkansas Fresh Fruit and Vegetable Program Application – SY 2016-2017

*Please print neatly in ink or type.*

Elementary School Name	
Address (of FFVP Contact Person) <i>This is where you will receive grant award announcement letters and all correspondence related to FFVP. Include city and zip code.</i>	
This School's Grade Levels Any changes to grade configuration for SY 2016-2017? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### CERTIFICATION OF APPROVAL (ALL SIGNATURES ARE REQUIRED)

We, the undersigned, have reviewed this application and attest to the information provided.

If \_\_\_\_\_ school is selected, we agree to implement the Arkansas Fresh Fruit and Vegetable Program (FFVP) in a manner consistent with the policies and procedures established by United States Department of Agriculture (USDA) and the Arkansas Department of Education (ADE), Child Nutrition Unit (CNU). We agree to participate in any USDA or ADE, CNU sponsored evaluations and to provide the information requested by the specified deadlines. We understand that FFVP funding is from federal funds thus contingent upon the federal budget process.

REQUIRED signatures and contacts below or equivalent positions as determined by the school.

School FFVP Contact Person (signature): _____ Date: _____ Print name: _____ E-mail Address: _____ Phone Number: (_____) _____ FAX Number: (_____) _____
School Cafeteria Manager (signature): _____ Date: _____ Print name: _____ E-mail Address: _____ Phone Number: (_____) _____ FAX Number: (_____) _____
School Principal (signature): _____ Date: _____ Print name: _____ E-mail Address: _____ Phone Number: (_____) _____ FAX Number: (_____) _____
Child Nutrition Director (signature): _____ Date: _____ Print name: _____ E-mail Address: _____ Phone Number: (_____) _____ FAX Number: (_____) _____
Superintendent (signature): _____ Date: _____ Print name: _____ E-mail Address: _____ Phone Number: (_____) _____ FAX Number: (_____) _____

*ADE, CNU will complete the following using data from October 1, 2015:*

*Official School Enrollment \_\_\_\_\_*

*Percentage of Students Eligible for Free and Reduced Price Meals \_\_\_\_\_*

*If the school previously received a FFVP Grant, there were documented issues that might prevent successful implementation of FFVP in the future*  Yes  No

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 School Name: \_\_\_\_\_

The following criteria are recommendations from USDA and ADE, CNU for successful implementation of FFVP. Please check the box indicating that the criterion has been discussed and that the plan for implementation has been documented at the school level.

CRITERION	
<b>Effective and Efficient Use of Resources</b>	
School has identified project resources (District and FFVP funds) including labor, storage available for fresh fruits and vegetables, etc.	
School has support and commitment of school food service, school administration, and teachers	
School has detailed and communicated the responsibilities of each of the key personnel, including those planning, purchasing, storing, and distributing	
School has identified volunteers to assist with distribution of fruits/vegetables	
<b>Means of Distribution of Fruits and Vegetables to Students</b>	
School has identified creative and clever ideas for the distribution of fruits and vegetables to students	
School has planned to distribute the produce at least two times per week between breakfast and lunch or after lunch (prior to the end of the school day)	
The school has identified how the distribution of the product to the students will be coordinated by a project manager among school food service, administration, and teachers	
School has developed procedures for maintaining food safety from the kitchen to the classroom, including training teachers on proper hand-washing and serving methods	
<b>Partnerships</b>	
School has established partnerships with organizations funded from non-federal funds to provide additional resources to implement the program	
<b>Promotion of Fruits and Vegetables to Students</b>	
School has planned new and effective promotions of fruits and vegetables	
School has planned ways to promote this program with each student's family	
<b>Nutrition Education Activities</b>	
School has planned nutrition activities in the classroom to coordinate with the fruits and vegetables served to students	
School has identified ways to link the classroom, home/family, and cafeteria through the FFVP	

Application not received by 4:30pm on the deadline will be disqualified.

Applications will not be returned. Keep a copy for your files.

FAXED Applications will NOT be accepted.

Mail Applications to Arrive by Receipt Deadline: **March 18, 2016.**

*Obtain a delivery confirmation from your delivery provider if needed.*

Stephanie Alsbrook  
 Attn: Fresh Fruit and Vegetable Program  
 Child Nutrition Unit, Arkansas Department of Education  
 2020 West 3rd Street, Suite 404  
 Little Rock, AR 72205