**Fresh Fruit and Vegetable Program**

**2015-2016 Grant Application**

**INSTRUCTIONS:**

1. Fill out all sections of the Application, accurately and completely
2. Late or incomplete applications will not be accepted.
3. Application must be e-mailed **no later than 5:00 p.m. Friday, May 22, 2015**
4. **E-mail to: brooke.wheeler@dc.gov**

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| **DUNNS NUMBER:** |

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| --- | --- | --- |
| School Food Authority/Site Name | Mailing address | |
| Food Service Director/Equivalent | E-mail address | |
| Program Coordinator/Contact if other than Food Service Director | Title | |
| E-mail address | Telephone number | Fax number |
| Team Nutrition School  Yes  No | Team Nutrition Coordinator | |
| E-mail address | Telephone number | Fax Number |

**Please complete each of the following:**

1. *Proposed location for fresh fruits and vegetables to be served? Indicate all that apply:*

Classrooms (tray/baskets)

Cafeteria (not as part of the breakfast or lunch services)

Hallways (kiosks, carts, stands)

Vending Machines (at no cost to student)

1. *Indicate your plan for fresh fruit and vegetable distribution by selecting from the follow options:*

Service days *(****minimum of 2-3 days per week****)*  Monday  Tuesday  Wednesday  Thursday  Friday

Service time:

Delivered by  Student  Teacher  Parent/Volunteer  Food Service Staff  Other *(Specify below)*

1. **Menu options – Please include with your application a sample menu indicating the fruits and vegetables to be offered throughout the school.**
2. ***List all equipment to be purchased for the Fresh Fruit and Vegetable Program.***

*\*Please note, all large equipment requests require the completion of the Equipment Justification Form to be submitted to* [*brooke.wheeler@dc.gov*](mailto:brooke.wheeler@dc.gov) *for review and approval.*

Equipment Projected Cost

|  |  |
| --- | --- |
| **Example: Salad Bar Cart** | **$895.00** |
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1. *What will the school do to ensure labor costs, which are charged to the FFVP are kept to a minimum:*

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| **Example: Volunteer Server** |
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1. *Describe any partnerships your school has or will have to support the program. Examples include partnerships with Cooperatives Extension, for nutrition education, agreements with local grocers to purchase prepared fruits and vegetables, agreements with local farmers to supply fruits/vegetables or with PTA/PTO to assist with the program, etc.*

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1. *USDA requires participating schools to advertise the program to students, staff, parents and communities. Describe your advertisement plan for the program.*

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1. *Tell us why we should select your school. How will the students in your school benefit from this program?*

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1. *What do you anticipate to be a major barrier in operating the FFVP? How will you overcome the barrier(s)?*

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1. *Describe your plan to include nutrition education in the program. List 3 no-cost nutrition education activities which will integrate the FFVP with other efforts to promote sound health, nutrition, reduce overweight/obesity, or promote physical activity ( i.e.: Farm to school activities, health fairs, School Gardens, Fitness activities, etc.)*

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| Example: Incorporating a school garden that will also be in the curriculum. |
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1. *Describe how your school is currently fostering a healthy school environment. How will there be a continuing emphasis on student health and wellness with the FFVP? How does the FFVP support your school’s wellness policy?*

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| Example: All vending machines will have foods that follow the 2010 Nutrition Guidelines for Americans. |
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FRESH FRUIT AND VEGETABLE PROGRAM

School Profile

**\*\*Please complete all questions below using data current as of March 31, 2015 \*\***

SCHOOL DATA

1. **Grade Levels**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Total School Enrollment:**\_\_\_\_\_\_\_\_\_
3. **Free/reduced priced meal data**:

Percentage of Students Eligible for Free or Reduced Price Meals: \_\_\_\_\_\_\_\_\_%

**OR:**

Community Eligibility Provision (CEP) Percentage (As Applicable) \_\_\_\_\_\_\_\_\_%

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**SCHOOL WELLNESS ENVIRONMENT**

**Team Nutrition School? Yes \_\_\_ No \_\_\_**

# Food Preparation Method

# (self-prep, satellite, vended, other—explain. Include Vendor name, if applicable):

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\* SIGNATURES (All Are Required) \****

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| **Primary Contact:** *This should be the school food service director (school may determine the equivalent position)* | | |
| Name/Title (Print) | E-mail address | Phone number |
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| **\*Signature Date:** | | |
| **Secondary Contact Name/Title (Print)** | E-mail address | Phone number |
|  |  |  |
| **\*Signature Date:** | | |

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| **Project/Site Manager:** *This person will be involved in overseeing the preparation and distribution of the fruits and vegetables on a daily basis. This may be the same person as the Primary or Secondary contact.* | | |
| Name/Title (Print) | E-mail address | Phone number |
|  |  |  |
| **\*Signature Date:** | | |

**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 the United States Department of Agriculture (USDA). Further, we agree to participate in any USDA-sponsored evaluations and to provide the information requested by the specific deadlines.**

**Office of the State Superintendent of Education Use Only:**

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| **Approved  Not Approved  Incomplete  Ineligible** | | |
| Name/Title (Print) | E-mail address: | Phone Number: |
|  |  |  |
| \*Signature Date: | | |