

**NEW JERSEY APPLICATION PACKET FOR
THE FRESH FRUIT AND VEGETABLE PROGRAM
2022 – 2023**

Attachment A SCHOOL INFORMATION & DATA

All information requested on this form must be complete and accurate. Applications that are incomplete and/or contain incorrect data will be disqualified. Communicate with your Food Service Director to ensure data is accurate for “Attachment A”.

I. SCHOOL INFORMATION *(Submit separate application for each school)*

NOTE: Please indicate all names used to refer to the school.

e.g. PS #1/Abraham Lincoln

School Building/Site Name:
Street Address:
City, State, Zip Code:
Name of School Food Authority/District (SFA):
County:
Child Nutrition Program Agreement Number:

****The NJ Department of Agriculture will notify the Principal, Food Service Director and the Business Administrator or Administrator Responsible for the Program with the results of the grant award. No other school staff will be notified.***

II. SCHOOL DATA *(MUST BE ACCURATE DATA)*

NOTE: Free & Reduced numbers will be used from your January 2020 School Lunch Reimbursement Voucher.

Grades:
Meals offered <i>(check all that apply)</i> : SBP** NSLP** ASSP**
Type of Kitchen: Prep Satellite Vended
FSMC***: Yes No
CEP School <i>(As of January 2020)</i> ****: Yes No
SBP - School Breakfast Program *FSMC - Food Service Management Company
NSLP - National School Lunch Program **CEP - Community Eligibility Provision
**ASSP - After School Snack Program

The following information will be completed by the state:

Enrollment:
Free #:
Reduced #:

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Attachment B FFVP QUESTIONNAIRE & SIGNATURE of SUPPORT

Include responses to the following questions. **The information provided should be tailored to the specific school applying for the program. Answers should be short and concise. ALL QUESTIONS MUST BE ANSWERED, or APPLICATION WILL BE DISQUALIFIED.**

Note: If selected, you are expected to follow the answers your school lists in the plan below. Deviations from the proposal, once awarded, require pre-approval.

A. Service of Fresh Fruits and Vegetables

1. Where will fresh fruits and vegetables be served?
2. What time during the day do you plan to serve the fruits/vegetables?
3. How and who will deliver or distribute fruits and vegetables?
4. How many days per week do you plan to serve the fruits/vegetables to all students?

B. Utilization of Locally Grown Produce

5. NJDA will be providing **additional funds** to schools that are willing to use locally grown fruits and vegetables in their FFVP program. **Schools must agree to provide Jersey produce as their FFVP snack a minimum of 6 times from September-November AND 6 times from April-June.**

Is your school willing to comply with requirements listed above? YES NO
(Replying "No" to this question will not affect your opportunity to be awarded this grant.)

C. Promotion/Partnerships/Nutrition Education *(FFVP funds cannot be used for nutrition education.)*

6. How will the FFVP be promoted to students and families?
7. Indicate partnerships your school has established or contacted to provide resources to support and implement the FFVP?
8. Who will provide nutrition education to support the FFVP program?

D. CERTIFICATION OF SUPPORT **NOTE: Can Be Electronic Signature**

I have reviewed this application and attest to the information provided. If selected, we agree to implement the program as outlined in the questionnaire and to execute the project in a manner consistent with the policies and procedures established by USDA and New Jersey Department of Agriculture (NJDA). Further, we agree to participate in any federal or state sponsored evaluations and to provide the information requested by specified deadlines. **If chosen as a Fresh Fruit and Vegetable School, we will provide free fresh fruits and vegetables to all students, throughout the school year, frequently enough to use all the designated funds.**

- **School Principal's Name:**

Signature:

Date:

- **Administrator Responsible for the Program** *(e.g.: Business Administrator, Certifier or Alternate Certifier designated in SNEARS; The person listed below should be responsible for signing School Food Authority, SFA, documents.)*

Name:

Signature:

Date: