

**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 14, 2010**, to: Teri Dandeneau, 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 Teri Dandeneau at teri.dandeneau@ct.gov or 860-807-2079.

PURPOSE: The goal of the FFVP is to provide students with as much 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 good nutrition and fresh fruits and vegetables.

I. SCHOOL INFORMATION

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

4. School Grade Levels: _____

II. PROGRAM IMPLEMENTATION PLAN

Develop a program implementation plan on 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 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 Five-A-Day Coordinator for nutrition education materials, etc. (Use another sheet if needed.)

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

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3. 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 | | |

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

III. STAFFING INFORMATION

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

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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 |
| | | |

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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.

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October 2009 free and reduced enrollment percentage for this school: _____ %

March 2010 total school enrollment figures: _____