

**Connecticut State Department of Education  
 School Selection Application  
 for Participation in the U. S. Department of Agriculture  
 Fresh Fruit and Vegetable Program**

***INSTRUCTIONS:** Complete one copy of this form for **each** school applying to participate in the Fresh Fruit and Vegetable Program (FFVP). Return the original, signed application by close of business on May 27, 2015 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 phone 860-807-2048 or via email [andrew.paul@ct.gov](mailto:andrew.paul@ct.gov).*

***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, 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 (from March 2015 National School Lunch Program Claim): \_\_\_\_\_
6. Percentage of enrolled students eligible for free/reduced price meals (**use data from attached Area Eligibility Lists**): \_\_\_\_\_
7. Planned number of serving days per week (minimum of 2 days per week): \_\_\_\_\_  
 Awards will be prorated based on the number of planned serving days.

***II. STAFFING INFORMATION***

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

<b>Secondary Contact Information.</b> 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's/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: \_\_\_\_\_
  
2. Who will complete your monthly claim and expenditure reports?  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**III. PROGRAM IMPLEMENTATION PLAN**

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

1. Identify all of the days and times, during the school day, that fruits and vegetables will 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 <sup>st</sup> and 2 <sup>nd</sup> grade, etc.)
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		



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6. 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.

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7. 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.

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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 program in a manner consistent with the policies and procedures established by the USDA and outlined in the USDA *Fresh Fruit and Vegetable Program Handbook*. Furthermore, 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.

<b>Project/Site Manager</b>		
Name (Print)	Signature	Date
<b>School Principal</b>		
Name (Print)	Signature	Date
<b>Food Service Director</b>		
Name (Print)	Signature	Date
<b>District Superintendent</b>		
Name (Print)	Signature	Date

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*If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.*

*The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability (including, but not limited to, intellectual disability, past or present history of mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Department of Education does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction. Inquiries regarding the Department of Education's nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Act Coordinator, State of Connecticut Department of Education, 25 Industrial Park Road, Middletown, CT 06457, 860-807-2101, [Levy.Gillespie@ct.gov](mailto:Levy.Gillespie@ct.gov).*

**For State Use Only**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_