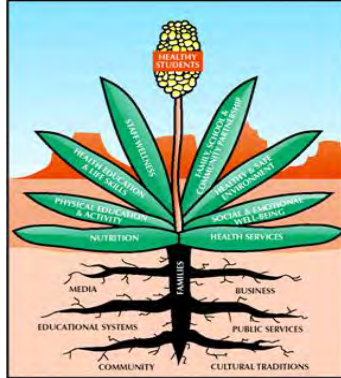




New Mexico Public Education Department

The Fresh Fruit and Vegetable Program (FFVP) SY 2017-2018 Application



Instructions

Hit the tab key in order to go to the next question.

All FFVP SY 2017-2018 applications are due and must be submitted to the Public Education Department, Coordinated School Health and Wellness Bureau **no later than Friday, May 12, 2017**. All applications must be addressed and delivered to:

Marina D. Gomez
Coordinated School Health and Wellness Bureau
120 South Federal Place, Suite 207
Santa Fe, NM 87501
(505) 827 - 3507

A. School Information:

Name of School District/State

Charter School:

Name of School:

Grade Level:

School Address:

(include city, State and zip code):

Phone:

Fax:

B. Contact Information:

FFVP Contact Person: _____
FFVP Project Director: _____
E-mail address: _____
Phone: _____
Fax: _____

C. School Data

Meals Offered (check all that apply):

- SBP
- NSLP
- After School Snack

Would you describe your school location as (check one):

- Urban
- Rural
- Suburban

D. Free and Reduced Price Meal Data

October 2015:

- 1. Number of Free lunches claimed: _____
- 2. Number of Reduced price lunches claimed: _____
- 3. Number of Paid lunch claimed: _____
- 4. Total lunches claimed: _____
- 5. Average Daily Participation (Lunch): _____
- 6. Number of children certified eligible for Free Meals: _____
- 7. Number of children certified eligible for Reduced Meals: _____
- 8. Total Elementary Enrollment: _____

E. Other Information

Team Nutrition School

- Yes
- No

Food Preparation Method

- On-site
- Satellite
- Other-explain: _____

F. Service of Fruits and Vegetables to Students

Grades Participating: _____

Month and day you plan to start the FFVP: Month: _____

Date: _____

Check the days of serving:

Mon Tues Wed Thurs Fri

Method of serving:

Kiosk Classroom Hallway

Free vending machines

During nutrition education activities/lessons

Other (describe): _____

Number of days in session: _____

G. Administrative Costs

Would you like 10% of total funds for Administrative costs? Yes No

H. Program Description-please be concise

1. Describe the intended use of FFVP administrative funds, for example: facilities, labor funds, etc. for the purchase, storage, preparation and distribution of fresh fruit and vegetables other use.

2. Describe the school's program implementation plan that includes efforts to integrate the program with other initiatives to promote health and nutrition, reduce overweight and obesity, or promote physical activity. Note: It is recommended that the plan also include a description of partnership with one or more entities, such as produce, fruit and vegetable industry groups and grocery stores, local colleges and universities or other organizations that will provide non-Federal resources to the school in support of the programs goals.

3. How would the FFVP be incorporated into nutrition education and activities to promote good health?

Assurances

The school food authority will be responsible for the operation of the Program in schools within its jurisdiction. The initials of the signatory on each assurance below indicates acceptance of each provision. The school food authority must ensure the New Mexico Public Education Department (PED) that all of the following are and shall remain true and correct of the selected schools:

1. Make free fresh fruit and vegetables available to all enrolled children attending the participating school. Yes _____ (initials)
2. Offer the Program during the regular school year, excluding holidays and summer break. Yes _____ (initials)

3. Serve fresh fruits and vegetables to students during the school day, at least twice a week, and separately from the National School Lunch Program and School Breakfast program service times.
 Yes _____ (initials)
4. Offer a variety of fresh fruits and vegetables as defined in § 211.2 to children. The types of fruits and vegetables and portion sizes should reflect the ages and preferences of students. Frozen, canned, dried and other types of processed fruits and vegetables are not allowed. Yes _____ (initials)
5. If dip for vegetables is provided, it must be fat-free or low-fat and must be limited to a 2 ounce serving size. Dip for fruit is not allowed. Yes _____ (initials)
6. Limit the service of cooked fresh vegetables to no more than once each week and only when included as part of a nutrition education lesson. Other ingredients in the cooked fresh vegetable dish must be fat-free or low-fat and are not reimbursable. Yes _____ (initials)
7. Publicize the availability of free fresh fruit and vegetables for children widely within the school through use of the public address system, flyers and other usual means of communication and ensure that the only adults allowed to receive FFVP components are teachers who are in the classroom with the students during the FFVP food service. Yes _____ (initials)
8. Integrate Program activities with other school efforts to promote health, nutrition, healthy weight and physical activity. Yes _____ (initials)
9. Participate in Program training offered by the school food authority and/or State agency, as applicable. Yes _____ (initials)
10. Use Program funds primarily for the purchase of fresh fruits and vegetables. Yes _____ (initials)
11. Maintain a financial management system as prescribed by the State agency and obligate funds on a timely manner as instructed in § 211.5. Yes _____ (initials)
12. Limit allowable non-food costs to no more than 15 percent of the schools total grant.
 Yes _____ (initials)
13. Submit *monthly* program expenditure information to the school food authority to enable the school food authority to submit consolidated reimbursement claims for the purchase of fresh fruits and vegetables served to students and allowable non-food expenses only. Yes _____ (initials)
14. Acknowledge that failure to submit accurate expenditure information will result in the disallowance of payments and may result in suspension or termination from the Program. Yes _____ (initials)
15. Acknowledge that if failure to submit accurate expenditure information or claims reflects embezzlement, willful misapplication of funds, theft, or fraudulent activity, the penalties specified in § 210.26 will apply. Yes _____ (initials)
16. Comply with the requirements of the Department's regulations respecting nondiscrimination (7 CFR parts 15, 15a, and 15b). Yes _____ (initials)

17. Comply with the applicable procurement requirements found at § 211.13. Yes _____ (initials)
18. Follow hazard analysis and critical control point (HAACP). Yes _____ (initials)
19. Comply with all Program requirements. Yes _____ (initials)
20. When requested, make all records pertaining to the Program available to the State agency and to FNS for audit and administrative review, at any reasonable time and place. Such records must be retained for a period of three years after the end of the fiscal year to which they pertain, except that, if audit findings have not been resolved, the records must be retained beyond the three-year period as long as required for the resolution of the issues raised by the audit. Yes _____ (initials)
21. The FFVP provides schools the opportunity to purchase exotic fruits or vegetables that are not available locally or that are not domestically grown. When purchasing such items always follow proper procurement procedures and the Buy American provision.

I **certify** that the information supplied on this application is true, complete and correct to the best of my knowledge.

Name of Official submitting application:

Print Name: _____

Title: _____

Signature: _____

Date: _____



Certificate of Support for Participation in the FFVP for SY 2016 2017

Signatures (required in blue ink)

We have reviewed this application and attest to the information provided. If selected, we agree to implement the Fresh Fruit and Vegetable Program in accordance with the plan outlined in the application and to implement the program in a timely manner. Further, we agree to participate in the USDA/Food Nutrition Service sponsored evaluation and to provide the information required by the specified deadlines.

1. School Level

Print name of School Principal: _____
Phone: _____
Fax: _____
E-mail address: _____

Signature of Principal Date

2. School Food Service Level

Print name of Food Service Director/Manager: _____
Phone: _____
Fax: _____
E-mail address: _____

Signature of Food Service Director Date

3. School Food Service Level

Print name of Business Manager: _____
Phone: _____
Fax: _____
E-mail address: _____

Signature of Business Manager Date

4. Superintendent Level

Print name of District Superintendent or
Charter School Administrator:

Phone:

Fax:

E-mail address:

Signature of Superintendent

Date

5. State Agency Level

PED CSHWB Deputy Director:

Phone:

Fax:

E-mail address:

Signature of CSHWB Deputy Director

Date