



STATE OF NEW MEXICO
 PUBLIC EDUCATION DEPARTMENT
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HANNA SKANDERA
 SECRETARY OF EDUCATION

SUSANA MARTINEZ
 Governor

Attachment A



**THE FRESH FRUIT AND VEGETABLE PROGRAM (FFVP) APPLICATION
 SCHOOL YEAR (SY): 2011-2012**

A. SCHOOL INFORMATION:

Name of the School District:	
Name of the School:	
Grade Level:	
School Address:	
Phone:	Fax:

B. CONTACT INFORMATION:

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

FFVP Application must be received to Student Nutrition Bureau on or before [redacted], 2011 to:

Carolann Gutierrez, State Director
Student Nutrition Bureau
120. S. Federal Place, Room 105
Santa Fe, NM 87501

"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, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer

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C. SCHOOL DATA:

Enrollment as of October 2010 :	
Meals Offered (check all that apply):	<input type="checkbox"/> SBP <input type="checkbox"/> NSLP <input type="checkbox"/> After School Snack
Would you describe your school location as (Check One):	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Suburban

D. FREE AND REDUCED PRICE MEAL DATA:

October 2010:	1. Number of Free lunches claimed:	
	2. Number of Reduced price lunches claimed:	
Attach School Edit Check & Consolidation Form)	3. Number of Paid Lunches claimed:	
	4. Total Lunches Claimed:	
	5. Average Daily Participation (Lunch):	
	6. Number of children approved for Free Meals:	
	7. Number of children approved for Reduced Meals:	
	8. Total Elementary Enrollment	

E. OTHER INFORMATION:

Team Nutrition School: (Please check)	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Food Preparation Method:	<input type="checkbox"/> on-site <input type="checkbox"/> satellite <input type="checkbox"/> Other-explain

F. SERVICE OF FRUITS AND VEGETABLES TO STUDENTS:

Grades Participating:	
What month and day do you plan to start the FFVP?	Date _____ Month _____
Check the days of serving:	<input type="checkbox"/> MON <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI
Method of Serving:	<input type="checkbox"/> Kiosk <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Free Vending machines <input type="checkbox"/> During nutrition education activities / lessons <input type="checkbox"/> Other (Describe)

G. ADMINISTRATIVE COSTS:

Would you like 10% of total funds for Administrative costs? <input type="checkbox"/> Yes <input type="checkbox"/> No
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H. PROGRAM DESCRIPTION:

Please be concise. If more room to type is necessary, continue typing and a scroll bar will appear.

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

2. Please detail the responsibilities of each person (school food service, school administration, teachers, volunteers, etc.) who will assist in the implementation of the program, including planning, purchasing, storage distribution and paper work.

3. What do you anticipate to be your major barrier to success and how will you overcome it?

4. How will the students in your school benefit from the FFVP program?

5. How would the Fresh Fruit and Vegetable Program be incorporated into **nutrition education** and activities to promote good health?

7. How will you insure the allocated amount is spent throughout the entire 2011-12 school year? (**Please be specific**)

**THE FRESH FRUIT AND VEGETABLE PROGRAM (FFVP)
APPLICATION / AGREEMENT
SCHOOL YEAR (SY): 2011-2012**

I. SIGNATURES (All are 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 above 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:

Principal Signature:		Date:
(Please Print Name):		
Phone Number:		Fax Number
E-mail Address:		

2. School Food Service Level:

Food Service Directors Signature:		Date:
(Please Print Name):		
Phone Number:		Fax Number:
E-mail Address:		

3. Superintendent Level:

Superintendent Signature:		Date:
(Please Print Name):		
Phone Number:		Fax Number:
E-mail Address:		

4. State Agency Level:

NMPED Student Nutrition Bureau, Director Signature:		Date:
(Please Print Name):	Carolann Gutierrez	
Phone Number:	(505) 827-1821 or 827-1814	Fax Number: (505) 827-1815
E-mail Address:	Carolann.Gutierrez@state.nm.us	

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "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."

File: School application proposal for Fresh Fruit and Vegetable Program SY 2011-2012