

**New Mexico Public Education Department
Student Nutrition Bureau**



**Fresh Fruit and Vegetable Program
Fund Transfer Request**

Date:

Name of School District:

Address:

Phone:

Contact Name:

Schools participating in FFVP:

- 1.
- 2.
- 3.
- 4.
- 5.

Up to 10% of administrative costs can be transferred to operating costs for your schools total FFVP grant.

1. Total amount of Allocation

\$

2. Total allocation of operating cost

\$

3. Total amount of administrative monies to be transferred

Briefly describe the reason for the transfer request:

District Signature: _____ Date: _____
(Superintendent or Grant Designee)

Student Nutrition Bureau Approval

Director Signature: _____ Date: _____

Please note: Changes to administrative costs will not be made until signed copy is sent and approved by the Student Nutrition Bureau. Confirmation of transfer will be sent to District Designee.