



SY 2025 FFVP Application Worksheet

Worksheet is not official application. Worksheet intended for use by school principals, nurses, educators, dietitians, or FFVP coordinators to assist with the 2024-25 FFVP application.

Fill out and return to your Food Service Director, or the person responsible for completing the FFVP Application in SNEARS for the coming 2024-25 school year.

Site Information and School Data

School Building/Site Name

Grades

Meals Offered

____ School Breakfast Program (SBP) ____ National School Lunch Program (NSLP)

____ After School Snack Program (ASSP)

Type of Kitchen

____ Self-Prep ____ Satellite ____ Vended ____ Central ____ Not Applicable

Food Service Management Company

____ Yes ____ No

Community Eligibility Program (CEP)

____ Yes ____ No

Enrollment

Free/Reduced %

<i>State will fill this section.</i>	<i>State will fill this section.</i>
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Is your school anticipating an enrollment increase of 50 students or more for school year 2024-2025?

____ Yes ____ No

Is this school anticipating any changes in grade levels such as redistricting?

____ Yes ____ No

FFVP Site Contact Details:

*FFVP Coordinator: **Cannot be from Food Service Department. Coordinator must be from the applying school.**

*FFVP Food Service Point of Contact: **Assigned to work closely with FFVP Coordinator in planning and implementation of program.**

FFVP Coordinator First Name:

FFVP Coordinator Last Name:

FFVP Coordinator Email:

School Principal First Name:

School Principal Last Name:

School Principal Email:

Food Service Point of Contact First Name:

Food Service Point of Contact Last Name:

Food Service Point of Contact Email:

A. Service of Fresh Fruits and Vegetables

1. Where will fresh fruits and vegetables be served?

____ Classroom (Served by teachers.) ____ Cafeteria (Note: FFVP may not be served during meal periods.)

☐ Hallways (tables, carts, stands, kiosks, etc.) ☐ No charge vending machines
☐ Other

2. How will fresh fruits and vegetables be obtained/prepared?

☐ Pre-packaged, individual portions ☐ Bulk, prepared by staff or volunteers
☐ Bulk Pre-cut, distributed by staff or volunteers ☐ Other (describe)

3. What time during the day do you plan to serve the fruits/vegetables?

☐ Early morning ☐ Late morning ☐ After lunch
☐ Late afternoon (before school ends, students cannot take produce home with them)
☐ Other (describe)

4. How will you deliver or distribute fruits/vegetables? (Check all that apply.)

☐ Basket/container/bag ☐ Salad Bar/Kiosk/Produce Cart ☐ Carts
☐ No Cost Vending Machine ☐ Other (describe)

5. Who will deliver or distribute fruits and vegetables? (Check all that apply.)

☐ Students ☐ Food Service Staff ☐ Teachers/Teachers' Aides
☐ Volunteers/Parents ☐ Other (describe)

**6. How many days per week do you plan to serve the fruits/vegetables to all students?
(Program must be offered a minimum of 2 times/week to all students.)**

☐ 2 Days ☐ 3 Days ☐ 4-5 Days ☐ Other (describe)

7. How will the leftover fruits/vegetables be handled? (Check all that apply.)(Orders should be planned to minimize leftovers.)

☐ Seconds will be offered to students ☐ Will send to soup kitchen or community food bank.
☐ Will send to nurse's office ☐ Will use in school meal programs
☐ Other (describe)

B. Utilization of Locally Grown Produce

8. NJDA will be providing additional funds to schools that are willing to use locally grown fruits and vegetables in their FFVP program.

Schools MUST provide the following:

- Jersey Fresh Produce to students a minimum of 12 days per year.
- Verification of location of locally grown produce being purchased. (e.g. Farm locations printed on invoice; Summary of farm locations by vendor.)
- Documentation of purchases to state upon request.
- Staff to work with Farm to School State or Network representative.

Note: FFVP Coordinator will visit these sites during the school year. (If school is noncompliant during review process, the additional funding will be withdrawn.)

Is your school willing to comply with requirements listed above?

(Replying "No" to this question will not affect your opportunity to be awarded this grant.)

☐ Yes ☐ No

C. Communication & Promotion of Fruits and Vegetables

9. How will the FFVP be promoted to students? (Check all that apply.)

☐ Teachers' Classroom Lessons ☐ Morning Announcements

☐ Incorporation into Existing Curriculum ☐ Other (describe)

10. How will the FFVP be promoted to families? (Check all that apply.)

☐ School Newsletter ☐ School Website ☐ School Local TV

☐ Parent Teacher Conferences ☐ PTA / PTO Meetings

☐ Social media (Facebook, Twitter, Instagram, etc.) ☐ Other (describe)

D. Partnerships and Nutrition Education Activities

NOTE: FFVP funds cannot be used for nutrition education

11. Select the partnership your school has established or contacted to provide resources to support and implement the FFVP. (Check all that apply.)

☐ None ☐ PTA/PTO ☐ Health Department or Agency

☐ Rutgers Cooperative Extension: SNAP-ED ☐ Other (describe)

12. Who will provide nutrition education to support the FFVP program? (Check all that apply.)

____ Teachers ____ Food Service Director or Dietician ____ Volunteers
____ School Nurse/Health Teachers ____ Rutgers/SNAP-ED ____ Other (describe)

E. Labor

13. If labor will be necessary to implement the FFVP, who will be used to staff these hours? (Check all that apply.)

____ No labor amount will be claimed in reimbursements ____ Food Service Staff
____ School Nurse ____ Teachers/Teachers' Aides ____ Volunteers/Parents
____ Other (describe)

*****The following section is for REFERENCE ONLY. It is to be completed on SNEARS by designated school certifier.***

____ We, the School Principal, Food Service Director, and Administrator responsible for the program (The "Administrator Responsible for the Program" should be responsible for signing School Food Authority, SFA, documents. Examples of this person are the Business Administrator/Manager, Superintendent, Certifier or Alternate Certifier in SNEARS.) certify that we have reviewed this application and attest to the information provided. If selected, we agree to implement the program as outlined in the questionnaire and to execute the project in a manner consistent with the policies and procedures established by USDA and New Jersey Department of Agriculture (NJDA). Further, we agree to participate in any federal or state sponsored evaluations and to provide the information requested by specified deadlines. If chosen as a Fresh Fruit and Vegetable School, we will provide free fresh fruits and vegetables to all students, throughout the school year, frequently enough to use all of the designated funds.

Authorized Person Responsible

Date of Agreement

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administers the program or USDA's TARGET Center at [202-720-2600](tel:202-720-2600) (voice and TTY) or contact USDA through the Federal Relay Service at [800-877-8339](tel:800-877-8339).

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling [866-632-9992](tel:866-632-9992), or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1)mail:

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

2) fax:[833-256-1665](tel:833-256-1665) or [202-690-7442](tel:202-690-7442); or

3) email:program.intake@usda.gov.

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