

**Mississippi Department of Education
Office of Child Nutrition
Fresh Fruit and Vegetable Program Application
School Year 2021-2022**

Did the applying school participate in the Fresh Fruit and Vegetable Program during School Year 2020-2021?
YES ___ NO ___

For questions regarding this application, contact: [Tina Thomas](mailto:Tina.Thomas@doe.ms.gov) at 601-576-5000 or consult the FFVP handbook at <https://fns-prod.azureedge.net/sites/default/files/handbook.pdf>

BASIC INFORMATION

School District	School Name (<i>as shown in MARS</i>)	
School Physical Address	City	State and Zip Code

STAFFING INFORMATION

Name of FFVP Program Coordinator	Position of Coordinator	
Mailing Address of Coordinator <input type="checkbox"/> This is the district address	City	State and Zip Code
E-Mail Address	Phone Number	FAX Number

**DATA for SCHOOL ABOVE
(based on October 2019 MARS data):**

Total Enrollment from October 2019	Grade levels (<i>e.g. K-6</i>)
If the Grade Level <u>exceeds Grade 8</u>, indicate the total number of students in <u>Grades K-8 only</u>	

Number of Free Students Enrolled from October 2019 Claim (Note if CEP or Provision 2 site)	Number of Reduced Students Enrolled from October 2019 Claim
---	---

Meals Offered *Check all that Apply*

NSLP SBP Afterschool Snacks

What time range is the cafeteria open for breakfast?	What time range is the cafeteria open for lunch?	Are you part of the State <u>Produce</u> Purchasing Plan?
--	--	---

PROGRAM IMPLEMENTATION PLAN

What time(s) of the day will you serve FFVP products? (*e.g. 10-11 a.m.*)

How many times per week will you serve FFVP products? (<i>e.g. 3 times</i>)	Which days of the week will you serve FFVP products?
How will students receive their FFVP products (how transported)?	Where will students receive their FFVP products?
Who will purchase your FFVP products?	Where will FFVP products be stored?
Who will prepare the FFVP products?	How will the FFVP products be packaged?

What duties will the FFVP coordinator have to oversee the FFVP?

How will food service personnel be involved in the FFVP?

Do you plan to claim operational labor for your food service personnel?

Do you plan to claim administrative labor for your food service personnel?

Please list any equipment you will need to purchase as administrative expenses for the FFVP. *(eligible examples are listed in the FFVP handbook)*

Please list any other plans you have to implement the FFVP in your school.

PARTNERSHIP ACTIVITIES

Please describe how you will integrate the Fresh Fruit and Vegetable Program with other efforts to promote sound health and nutrition, reduce overweight and obesity, or promote physical activity. Please be specific about how you will provide nutrition education to complement serving fresh fruits and vegetables in your school. Describe partnership activities undertaken or planned that will enhance the quality of the Fresh Fruit and Vegetable Program.

SIGNATURES

Certification of Support for Participation: 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 project in a manner consistent with the policies and procedures established by USDA. Further, we agree to participate in any USDA-sponsored evaluations and to provide the information requested by the specified deadlines. By signing below, we pledge our support to assist in the efforts of this program and to encourage student participation.

Printed Name of FFVP Coordinator (if not listed below)	FFVP Coordinator Signature (if not listed below)	Date
Printed Name of School Principal	School Principal Signature	Date
Printed Name of Food Service Administrator/Manager	Food Service Administrator/Manager Signature	Date
Printed Name of District Superintendent	District Superintendent Signature	Date

Applications must be received by the Mississippi Department of Education, Office of Child Nutrition by 3:30 p.m. May 21, 2021.

This institution is an equal opportunity provider.

Special Instructions for Completing the Fresh Fruit and Vegetable (FFVP) Application

1. Complete a separate application for each eligible elementary school.
 - Ensure that the question in the box on the right hand side of the first page of the application is answered.
2. Type or clearly print all information except where signatures are needed. All applications must include original signatures.
3. Complete all sections of the form. Included below are notes to clarify specific sections.
 - **School Name:** include the name of the eligible elementary school, as it is listed in MARS.
 - **FFVP Program Coordinator:** the person the Mississippi Department of Education, Office of Child Nutrition will contact for training, questions and communication regarding the FFVP.
 - **Grade Level:** an elementary school is defined as 8th grade and below.
 - **Number of Free/Reduced Students Enrolled from October 2019 Claim:** Record the number of applications that were approved, not how many of those students participated. **If school is CEP or Provision 2 for lunch, denote “CEP” or “Provision 2” in the Number of Free Students Enrolled box. Leave Reduced Students Enrolled box blank.** State Agency will calculate F/R rate based on identified student percentage in MSIS as of April 1, 2021 and utilizing the 1.6 multiplier.
 - **Time of Day to Serve FFVP Products:** must not be during the breakfast or lunch service period, or outside of the regular school day.
 - **Times per Week will Serve FFVP Products:** must serve at least twice per week. Consider how many times per week you can serve fresh fruits and vegetables during the year with a grant of \$50 per student.
 - **Program Implementation Plan and/or Partnership Activities:** include enough details to describe how this program will be offered in your school. If more space is needed to describe, please attach extra pages as necessary. Limit additional pages to 1 page per section.
 - **Signatures:** print or type the name of the person in each position and then obtain each original signature. If your school organization chart does not include these exact job titles, indicate equivalent positions. Please have School Food Service Administrator sign; or if there is no Administrator, please have School Lunch Manager sign.
4. Return pages 10 and 11 only.

Incomplete applications will not be evaluated and will not be returned for revisions. No late, faxed or emailed copies will be accepted. All applications must be received by the Mississippi Department of Education, Office of Child Nutrition by Friday, May 21, 2021 at 3:30 p.m.

This institution is an equal opportunity provider.