

**SY 2019-2020 Fresh Fruit and Vegetable Program
Application Amendment**
Food and Nutrition Division



District/School Information

District Name:

School Name:

School Address:

Staffing Information

Grant Writer Contact Information. This person is responsible for submitting the grant.		
Name/Title	Email Address	Telephone Number
Site Manager Contact Information. This person is involved in overseeing the preparation and distribution of the fruits and vegetables on a daily basis.		
Name/Title	Email Address	Telephone Number
Claim Contact Information. This person is responsible for submitting claims.		
Name/Title	Email Address	Telephone Number

School Enrollment Data

Enrollment as of March 31, 2019:

18/19 Free and Reduced Lunch percentage as listed on the [Free and Reduced Lunch Report](#):

Amendment

I hereby certify that the above information is correct. By signing below, I wish to rollover the Fresh Fruit and Vegetable Program application from the 2018-2019 school year for the above-mentioned site. (Must be signed in [blue](#))

Principal Signature: _____ Date: _____

Food Service Director Signature: _____ Date: _____