USDA Fresh Fruit and Vegetable Program Application
SY 2019-2020

Due: May 20th, 2019 by 5:00pm

Submit to: Jillian Smith, Program Officer, NDA
jsmith@agri.nv.gov
405 South 21st Street
Sparks, NV, 89431
INSTRUCTIONS
Pages 2 and 3 of the application are to be filled out with district information. A copy of pages 4-10 must be filled out for each school site participating in the FFVP. Applications can be mailed or emailed to the point of contact listed on the application cover. All applications must be submitted by 5:00pm on May 20th, 2019. Paper or electronic (via email) submissions will be accepted. Any late submissions or improperly filled out applications will be denied.

DISTRICT INFORMATION
School District: ________________________________________________________________
Does your District use a food service management company? Yes  No
  • If YES, include a letter of support from the food service management company indicating a willingness to help promote and/or participate in this FFVP and detailing the role the management company will play in the operation of FFVP.

STAFFING INFORMATION

| Grant Writer Contact Information. This person is responsible for submitting the grant. |
|---------------------------------|-----------------|-----------------|
| Name/Title                      | Email Address   | Telephone Number |
|                                 |                 |                 |

| Project/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 |
|                                 |                 |                 |
Addendum to State Agency – School Food Authority Agreement

Fresh Fruit and Vegetable Program
CFDA #10.582

This agreement is between the Nevada Department of Agriculture and __________________________
(School Food Authority)

During the period of ____October 1, 2019_____ to ______September 30, 2020_____.
The undersigned has the authority to enter this Agreement to participate in the Fresh Fruit and Vegetable
Program (Program) as authorized by Section 4304 of Public Law 110-234, the Food, Conservation, and

A. It is mutually agreed between the State Agency and School Food Authority that:
   1. The School Food Authority agrees that the funds will only be used for the purposes authorized by
      Section 4304 of Public Law 110-234, the Food, Conservation, and Energy Act of 2008, (Public
      Law 110 234).
   2. The School Food Authority agrees to abide by all of the requirements for administering the Program
      as stated in Section 4304 of Public Law 110-234, the Food, Conservation, and Energy Act of 2008
      (Public Law 110-234).
   3. The School Food Authority agrees to provide funds to the approved school(s), namely
      ______________________________ under its jurisdiction for the service of approved fresh
      fruits and vegetables in accordance with local, State, and Federal regulations and requirements.
   4. The School Food Authority agrees that the schools identified in section 3 of this paragraph will
      implement the program in accordance with the plan outlines in the signed School Application for
      the Fresh Fruit and Vegetable Program.

B. General Conditions
   1. This Agreement is non-transferable.
   2. Neither the State Agency nor the School Food Authority has an obligation to renew this
      agreement.

Signatures

____________________________________  ______________________________________
State Agency                                          School Food Authority

____________________________________  ______________________________________
Title                                                                                   Title

____________________________________  ______________________________________
Date                                                                                     Date

405 South 21st St.                                                                 2300 East St. Louis Ave.
Sparks, NV 89431                                                                 Las Vegas, NV 89104
agri.nv.gov                                                                                   4780 East Idaho St.
                                                                                       Elko, NV 89801
This arrangement does not constitute the entire agreement between the parties with respect to subject matter thereof.

SCHOOL INFORMATION:
School Name: __________________________________________________________

School Address: _______________________________________________________________________

FFVP Contact: __________________________ Telephone: __________________________

Email: ______________________________________________________________________________

SCHOOL ENROLLMENT DATA
Enrollment as of March 31, 2019: __________
Number of children approved/eligible for free meals: __________
Number of children approved for reduced price meals: __________
Percentage of students qualified for free/reduced meals on the Nevada Department of Agriculture’s 2018-2019 Free and Reduced Lunch Report __________

Is the school a year-round school?  Yes  No
  • If YES, what month will the FFVP begin? __________

Grade level range at school: __________________

Has the school previously participated in the FFVP?  Yes  No

Is there more than one school housed at this building address: Yes  No
  • If YES, what are the grade levels of the other school(s)? __________

Team Nutrition School?  Yes  No

Indicate Food Preparation Method for this school:
Onsite  Satellite  Vended  Other __________

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APPLICATION
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PROPOSAL NARRATIVE
Describe briefly how the school plans to implement the program including:

a. How fruits and vegetables will be served? (Carts, stands in hallways, classrooms, school office, etc.):

b. Who will prepare fruits and vegetables? (Central kitchen, school site kitchen, vendor, pre-packaged):

c. Proposed time(s) and days. **Fresh fruits and vegetables must be served to all students at least twice a week:**

d. Partnerships the school has or will have to support the program (Examples are: partnerships with University of Nevada Cooperative Extension, agreements with local farmers to supply fruits and vegetables or local grocers to purchase/prepare fruits and vegetables, parent volunteers, etc.):

e. Plans to provide FFVP nutrition education with other nutrition and health education activities through classroom and school-wide events:
f. Plans to integrate FFVP into classrooms, home/family, and the cafeteria:


g. How will school staff (administration, teachers, custodial, food service) support the implementation of the FFVP?


h. Plans to promote the FFVP?


i. Do you plan to incorporate locally grown fruits and vegetables? If so, how?
j. Explain briefly:
   • Why the school should be chosen and how will students benefit from this program?
   • What are the anticipated barriers and success for implementing the FFVP?
   • How will the barriers be addressed?
Additional Space for Proposal Narrative (please include the letter of the question in which the text is referencing):
BUDGET NARRATIVE

FFVP grant awards range from $50-75 per student using the enrollment as of March 31, 2017. The United States Department of Agriculture dictates that grant awards must be in this range. For example, if a school had a total student enrollment of 100 on March 31, 2017 the grant award amount would be between $5,000 and $7,500. The amount awarded per student will be the same for all schools receiving a grant award. The awarded amount must be budgeted to serve all students at least twice a week for the entire school year. Additional funding will not be awarded to cover costs exceeding your initial award amount. For more guidance on appropriate budget expenditures, refer to the FFVP manual posted on the website www.agri.nv.gov. To ensure proper spending of award amount, answer the following questions assuming a $50 per student award was allotted.

a. Total budget ($50 x # of students): _________________

b. Startup Costs (i.e. serving supplies, training hours etc.):


c. Monthly Labor Costs- after subtracting any startup costs, what is your monthly budget for FFVP? Please show the total budget for the month and a breakdown of how much of the monthly budget will be allocated for produce, labor and supplies.


d. How will you account for short months (i.e. during winter and spring break)? How will the funds for that short month be redistributed?
e. What measures will you take to ensure the budget is being followed and to ensure that students will get to benefit from this program all school year?
SIGNATURES (All are required).

Please note that all dates and signatures must be in blue ink.

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 evaluation and to provide the information requested by the specified deadlines.

District Superintendent_______________________________________________ Date _______

District Nutrition Director____________________________________________   Date _______

School Principal ___________________________________________________   Date _______

School Kitchen Manager _____________________________________________ Date _______

NDA USE ONLY:

Date Received: ___/___/_______

Application filled out correctly: ____ YES ____ NO

Previously awarded FFVP Grant: ____YES ____ NO
If yes, have any findings been made against the administration of the FFVP: ____ YES ____ NO
List findings:__________________________________________________________

If yes, % of FFVP funds used: __________

App Score:                                   ______          ______          ______
Initials of Scorer:                        ______          ______          ______

Final Averaged Score: __________