

### USDA Fresh Fruit and Vegetable Program Application

SY 2018-2019

Due: June 29<sup>th</sup>, 2018 by 5:00pm

Submit to: Bobbie Davidson, Program Officer, NDA

bdavidson@agri.nv.gov 405 South 21st Street Sparks, NV, 89431

Does your District use a food service management company? Yes

NDA
Nevada Department
of Agriculture

No

SY 2018-2019

### **INSTRUCTIONS**

School District:

**DISTRICT INFORMATION** 

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 June 29, 2018. Paper or electronic (via email) submissions will be accepted. Any late submissions or improperly filled out applications will be denied.

| 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  | Title Email Address |                  |  |  |  |
|   |                     |                  |  |  |  |
| 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 |  |  |  |
| 1   | 1                   |                  |  |  |  |

• 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

This institution is an equal opportunity provider.

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Elko, NV 89801

### Addendum to State Agency - School Food Authority Agreement

### Fresh Fruit and Vegetable Program CFDA #10.582

| This agreement is between the   | Nevada Department of A   | Agriculture and   |                                  |
|---|--|---|----------------------------------|
|   | •  | (School Food Authority)   |                                  |
| During the period of  | to   |   |                                  |
| Program (Program) as authori<br>Energy Act of 2008.   | zed by Section 4304 of   | ment to participate in the Fresh Fruit and Vege<br>Public Law 110-234, the Food, Conservation   |                                  |
| A. It is mutually agreed between  | en the State Agency and  | d School Food Authority that:   |                                  |
|   | • •  | nds will only be used for the purposes authorized, Conservation, and Energy Act of 2008, (P   | -                                |
| 2. The School Food Auth   | 04 of Public Law 110-23  | all of the requirements for administering the Pro<br>34, the Food, Conservation, and Energy Act of  | -                                |
| fruits and vegetables in 4. The School Food Auti implement the program the Fresh Fruit and Ve B. General Conditions 1. This Agreement is no | unde naccordance with local, hority agrees that the scheme in accordance with the getable Program. | er its jurisdiction for the service of approved State, and Federal regulations and requirement chools identified in section 3 of this paragraphe plan outlines in the signed School Application.  Food Authority has an obligation to renew | fresh<br>ts.<br>n will<br>on for |
| State Agency  |  | School Food Authority   |                                  |
| Title   |  | Title   |                                  |
| This  | institution is an equa   | al opportunity provider.  |                                  |
| 405 South 21st St.  | 2300 East St. Lo   | ouis Ave. 4780 East Idah  | o St.                            |

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Las Vegas, NV 89104

Sparks, NV 89431

# NDA Nevada Department of Agriculture

## **USDA Fresh Fruit and Vegetable Application** SY 2018-2019

| Date                  |                             |                      | Date                     |                            |
|-----------------------|-----------------------------|----------------------|--------------------------|----------------------------|
| matter there SCHOOL I | of.<br>I <b>NFORMATION:</b> |                      | eement between the parti | es with respect to subject |
| School Add            | dress:                      |                      |                          |                            |
| FFVP Cont             | tact:                       |                      | Telephone:               |                            |
| Email:                |                             |                      |                          |                            |
|                       | ENROLLMENT D                | ATA<br>2018:         |                          |                            |
|                       | •                           |                      | <br>meals:               |                            |
|                       |                             | <b>C</b>             | e meals:                 |                            |
| Percentage            | of students quali           | =                    | ed meals as of October   | 31, 2017 as listed on the  |
| Is the school         | ol a year-round sc          | hool? Yes            | No                       |                            |
| • If Y                | ES, what month              | will the FFVP beg    | in?                      |                            |
| Grade level           | l range at school:          |                      |                          |                            |
| Is there mo           | re than one school          | ol housed at this bu | ilding address: Yes      | No                         |
| • If Y                | ES, what are the            | grade levels of the  | e other school(s)?       |                            |
| Team Nutri            | ition School? Ye            | es No                |                          |                            |
| Indicate Fo           | od Preparation M            | lethod for this sch  | ool:                     |                            |
| Onsite                | Satellite                   | Vended               | Other                    |                            |

# NDA Nevada Department of Agriculture

Elko, NV 89801

### **USDA Fresh Fruit and Vegetable Application** SY 2018-2019

# **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:

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Las Vegas, NV 89104

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| f. | Plans to integrate FFVP into classrooms, home/family, and the cafeteria:  |
|----|---|
|    |   |
|    |   |
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|    |   |
| g. | How will school staff (administration, teachers, custodial, food service) support the implementation of the FFVP? |
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|    |   |
|    |   |
|    |   |
| h. | Plans to promote the FFVP?  |
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|    |   |
| i. | Do you plan to incorporate locally grown fruits and vegetables? If so, how?                                       |
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| 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?  |
|    | Tion will the staticis be addressed.   |
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| itional Space fo ferencing): | r Proposal Nai | rrative (plea | se include th | e letter of the | e question ir | ı which th |
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#### **BUDGET NARRATIVE**

FFVP grant awards range from \$50-75 per student using the enrollment as of March 31, 2018. 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, 2018 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 <a href="www.agri.nv.gov">www.agri.nv.gov</a>. To ensure proper spending of award amount, answer the following questions assuming a \$50 per student award was allotted.

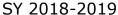
| a. | Total budget (\$50 x # of students):  |
|----|---|
| b. | Startup Costs (i.e. serving supplies, training hours etc.):   |
|    |   |
|    |   |
| c. | Monthly Labor Costs- after subtracting any startup costs, what is your monthly budget for FFVP? Please show the total budget for the month and 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?  |
|    |   |
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|    |   |

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| 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 Average   | ed Score: |  |  |  |