

Georgia School Nutrition Program

Application to Participate in the USDA Fresh Fruit and Vegetable Program For School Year 2013 - 2014

Please do not rearrange the formatting on this page.

Section A: SCHOOL INFORMATION

School Name _____

School System Name _____

SCHOOL DATA

School Enrollment (October 31, 2012) _____

Grade Levels Pre-K Kindergarten 1st 2nd 3rd 4th 5th Other
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Meals offered (check all that apply): SBP ☐ NSLP ☐ ASCP ☐

Percent (approximately) of student enrollment who are:

_____ % White
_____ % African American
_____ % Hispanic
_____ % American Indian or Alaskan Native
_____ % Other Race/Ethnic Group

Free/reduced price meal data as of October 31, 2012:

_____ % of students qualify for Free Meals
_____ % of students qualify for Reduced-Price Meals

Food preparation method (on-site, satellite, vended, or if other, explain)

Does the school contract with a food service management company? Yes ☐ No ☐

Please check the appropriate circle below:

- ☐ This school did not have the FFVP in SY 2012-2013 – continue with Sections B and C
- ☐ This school had the FFVP in SY 2012-2013 – skip to Section C

Section B: FFVP APPLICATION

1) School Needs and Benefits for USDA FFVP

- a) Identify 2-3 reasons why your school should be chosen to participate in the USDA FFVP. What community/school/student needs are present?
- b) Describe how students in your school will benefit from this program.

2) Effective and Efficient Use of Existing Personnel and School Cafeteria Resources to Support the USDA FFVP

- a) Identify your school's use of existing School Nutrition resources such as labor, experience, storage, equipment, and others to effectively participate in the FFVP.
- b) Describe the support and commitment of each of the following relative to the FFVP:
 - School Nutrition Staff:
 - School Administration:
 - Faculty/Teachers:

3) Partnerships (Internal and External)*

- a) Briefly describe any past community partnerships also in place for SY 2013-2014 that will support or enhance this program if your school is selected to participate.

*Schools should establish partnerships with organizations funded from non-federal resources to provide additional resources to implement the program. However, partnerships with agencies such as the local health department, Cooperative Extension, etc. are also encouraged for contributing to the educational aspect.

4) Promotion/Marketing of Fresh Fruits and Vegetables to Students and Informing Parents and the Community of the Program

- a) Describe your plan for creative, new, and effective marketing/promoting of the USDA FFVP and of fresh fruits and vegetables within the school (with students, teachers, administration, etc.).
- b) Detail how families of the students and the community will be notified of the program initially and how the program and fresh fruits and vegetables will be promoted/ marketed on an on-going basis.

5) Nutrition Education Activities

a) Describe the nutrition education activities that are planned in the classroom to coordinate with fresh fruits and vegetables served to students participating in the USDA FFVP. Emphasis on more locally-grown or sourced fresh fruits and vegetables is encouraged.

b) Identify any past Nutrition Education successes that will support or enhance the implementation of the FFVP if selected to participate in the program.

This is the completion of the five (5) questions to be answered for the School Application. The five (5) questions must be completed to meet the requirements for a FFVP.

To complete the School Application, remember to complete the Signature Page which follows this instruction. **All four (4) signatures with dates are required to complete the School Application.** An incomplete Signature Page will result in disqualifying the applying school's FFVP School Application. Also, the signature/date of each individual confirms that he/she read, understood, and approved the entire School Application. If there are any questions or concerns regarding this instruction, please contact Ms. Danna Ogletree at (404) 971-0408. The application packet must be received by email or postmarked no later than midnight **March 8, 2013.**

Note: A state can choose not to select a high-needs school if the:

- School fails to meet the deadline for application completion and/or submission;
- School does not have the support of its administration;
- State has concerns with the school's administration of another child nutrition program; or
- State believes that a school cannot properly operate the FFVP despite previous support from the State.

Section C: SIGNATURES (All four are required.)

We have reviewed the SY 2013-2014 application (or the SY 2012-2013 application, if applicable) and attest to the information provided. If selected, we agree to implement the program as outlined above and 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. Please provide the contacts shown below or equivalent positions as determined by the school.

School Nutrition Manager		
Name(Print)	Signature	Date
School Principal		
Name(Print)	Signature	Date
School Nutrition Director		
Name(Print)	Signature	Date
District Superintendent		
Name(Print)	Signature	Date

For State Use Only

Reviewed By: _____
Date: _____