

District Name: _____ LEA #: _____ County: _____
School Name: _____

Arkansas Fresh Fruit and Vegetable Program Application – SY 2008-09

School Profile

Please print neatly in ink or type.

1. **Elementary School Name:** _____
2. **School Physical Address:** _____
3. **School Mailing Address (if different from above):** _____
4. **School District:** _____
5. **How many schools in the district?** _____
6. **District / School Web Address:** _____
7. **How many serving sites (school cafeterias) in the district?** _____
8. **Official School Enrollment **October 2007**:** _____
9. **This School's Grade Levels:** _____
10. **Does this elementary school have pre-K students enrolled (reported on the October 2007 Pre-K Enrollment)?** Yes No # Enrolled _____
11. **Phone Number:** (_____) _____
12. **FAX Number:** (_____) _____
13. **Meals Offered at this School (check all that apply):** School Breakfast Program National School Lunch Program Afterschool Snack
14. **Describe the School Location (check one):** Suburban (outlying area around city) Urban (city) Rural (agricultural area or country)
15. **Is before school care available?** Yes No
16. **Is after school care available?** Yes No
17. **Is the school a Team Nutrition School?** Yes No Don't Know
18. **Does the school participate in a summer feeding program?** Yes No If yes, is program sponsored by ADE DHS, or Don't Know?
19. **Food Preparation Method (check all that apply):** On-site Satellite Other: (explain): _____

20. **School Lunch Meal data for **October 2007**:**
Number of FREE lunches claimed: _____ Number of children approved for free meals: _____
Number of REDUCED lunches claimed: _____ Number of children approved for reduced meals: _____
Number of PAID lunches claimed: _____ Number of serving days for the month October 2007: _____
TOTAL lunches claimed: _____
Average Daily Participation (lunch): _____

Please respond to the questions on the following pages. The answers will be used to score the application. The materials should be well presented, well organized, complete, clear and concise. Please limit responses to the space provided. If responses are typed, font size should be no smaller than 12 point Times New Roman. If hand written, responses must be legible and written in blue or black ink only. Incomplete applications will not be considered. Applications will not be returned. Please keep a copy in the school's records.

Mail applications to:

**Sheila Brown, MSE, RD, LD
Assistant Director, Healthy Schools
Child Nutrition Unit
Arkansas Department of Education
2020 West 3rd Street, Suite 404
Little Rock, AR 72205**

Receipt Deadline: September 18, 2008

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- 1. Effective and Efficient Use of Resources** – Please describe the intended use of project resources (district and FFVP funds), for example: facilities, labor, funds, etc. for the purchase, storage, preparation and distribution of fresh fruits and vegetables, nutrition education materials, or other use. Please detail the responsibilities of each person (school food service, school administration, teachers, volunteers, etc.) who will assist in the implementation of the program, including planning, purchasing, storage and distribution. What is anticipated to be the major barrier to success, and how will it be overcome? Limit responses to the space provided.

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2. **Means of Delivery and/or Service of Fruits and Vegetables to Students** – Please provide details of how fresh fruits and vegetables will be provided to students. Where and at what times of day would the fruits and vegetables be made available? Limit responses to the space provided.

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3. **Partnerships** – Please discuss any non-federal partnerships (civic organizations, service organizations, small businesses, major corporations, non-profit organizations, Parent/Teacher Organizations, etc.) and any other assistance the school will have to support the acquisition, handling, promotion or distribution of produce made available by this program. Non-federal resources include community organizations and entities representing the fruit and vegetable industry. Attach letters of support from any organization listed that confirms extent of collaboration. Limit responses to the space provided.

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4. **Promotion of Fruits and Vegetables to Students** – How does the school plan to promote and market the program? Please include a description of the means that will be used to notify students and parents about the program. Limit responses to the space provided.

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5. **Nutrition Education Activities** – How would the Fresh Fruit and Vegetable Program be incorporated into nutrition education and activities to promote good health? Describe any anticipated collaboration among teachers, parents, food service personnel, wellness committee and Arkansas Consolidated School Improvement Plan (ACSIP) personnel assigned to the Wellness Priority. Limit responses to the space provided.

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STAFFING INFORMATION and REQUIRED SIGNATURES FORM:

Name and Position of Contact Person/FFVP Grant Coordinator: _____

Address for Contact Person: _____

E-mail Address for Contact Person: _____

Phone Number for Contact Person: (_____) _____

FAX Number for Contact Person: (_____) _____

Contact Person Signature: _____ Date: _____

CERTIFICATION OF APPROVAL (ALL SIGNATURES ARE REQUIRED)

We, the undersigned, have reviewed this application and attest to the information provided.

If _____ school is selected, we agree to implement the Arkansas Fresh Fruit and Vegetable Program (FFVP) in a manner consistent with the policies and procedures established by United States Department of Agriculture (USDA) and the Arkansas Department of Education (ADE), Child Nutrition Unit (CNU). We agree to participate in any USDA or ADE, CNU sponsored evaluations and to provide the information requested by the specified deadlines.

Please provide the signatures and contacts below or equivalent positions as determined by the school.

School Cafeteria Manager (signature): _____ Date: _____

Print name: _____ E-mail Address: _____

Phone Number: (_____) _____ FAX Number: (_____) _____

School Principal (signature): _____ Date: _____

Print name: _____ E-mail Address: _____

Phone Number: (_____) _____ FAX Number: (_____) _____

Child Nutrition Director (signature): _____ Date: _____

Print name: _____ E-mail Address: _____

Phone Number: (_____) _____ FAX Number: (_____) _____

Superintendent (signature): _____ Date: _____

Print name: _____ E-mail Address: _____

Phone Number: (_____) _____ FAX Number: (_____) _____

Thank you for applying for the Arkansas Fresh Fruit and Vegetable Program SY 2008-09!



CNU, ADE Use Only

Sheila Brown, MSE, RD, LD
Assistant Director, Healthy Schools, CNU, ADE

Date

Application Complete: Yes No

If no, what is missing? _____ Date incomplete application letter sent: _____ Attach copy and initial when sent: _____

If yes, Average Score from Reviewers: _____ Approved for funding: Yes No

Date letter sent for approval / denial (circle one) of funding: _____ Attach copy and initial when sent: _____