Instructions: Complete one copy of this form for each school that will apply to participate in the USDA Fresh Fruit and Vegetable Program. Return the application(s) and the accompanying budget page(s) no later than Friday, May 23, 2014.

Mail to:
Sally Teixeira
Office For Nutrition, Health, and Safety Programs
Massachusetts Department of Elementary and Secondary Education
75 Pleasant Street
Malden, MA 02148-4906

I. SCHOOL INFORMATION
1. School District: ______________________________ Agreement Number: ___________
2. School Name: ____________________________________________________________
3. School Address: __________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

II. SCHOOL DATA
1. Total enrollment data:
   Enrollment as of March 2014: ___________
   Number of children approved/eligible for free meals: ___________
   Number of children approved/eligible for reduced price meals: ___________
2. Grade Levels: ______________________
3. Meals offered (Check all that apply.): SBP ☐ NSLP ☐ After School Snack ☐
4. Describe the school location (Check one.): ☐ Urban ☐ Rural ☐ Suburban
5. Free/reduced price meal data:
   Claim Month
   Number of free lunches claimed
   Number of reduced-price lunches claimed
   Number of paid lunches claimed
   Total lunches claimed
   Average Daily Participation (lunches)

Attach last completed claim.
Massachusetts Department of Elementary and Secondary Education
School Selection Application 2014-2015
U. S. Department of Agriculture (USDA) Fresh Fruit and Vegetable Program

Name of Program: USDA Fresh Fruit and Vegetable Program (FFVP)

6. Indicate food preparation method (onsite, satellite, vended, other - explain):

____________________________________________________________________________________

____________________________________________________________________________________

7. Does the school use a food service management company? Yes □ No □

8. Is before school care available? Yes □ No □

9. Is after school care available? Yes □ No □

III. PROPOSAL NARRATIVE

10. Describe briefly how the school plans to implement the program.
   a. How do you plan to serve the fruits and vegetables? (Please specify carts or stands in hallways, fruits and vegetables in classrooms, free vending machines).

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

b. Do you anticipate purchasing any major equipment to operate the program? (Please specify type of equipment and projected cost).

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

c. What times of day and days of the week do you plan to make fruits and vegetables available to all students?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

d. What are your planned start and end dates for operating the FFVP? (Programs must start at the beginning of the school year. Only districts able to do so will be considered).

START DATE: ________________________  END DATE: ________________________

Revised April, 2014
Name of Program: USDA Fresh Fruit and Vegetable Program (FFVP)

e. What partnerships does the school have or will have to support the program? (Examples are: partnerships with UMass Extension programs, other state or local initiative to promote nutrition and health education and outcomes, agreements with local farmers to supply fruits and vegetables or local grocers to purchase prepared fruits and vegetables.)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

f. What plans do you have to integrate the program with other nutrition and health education activities through classroom and school-wide events?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

11. Explain briefly 1) Why your school should be chosen (how the students in the school will benefit from this program) and 2) What you anticipate being the major barrier to success and how you will overcome it.

________________________________________________________________________________________
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IV. STAFFING INFORMATION

Project/Site Manager Contact Information. This person that will be involved in overseeing the preparation and distribution of the fruits and vegetables on a daily basis.

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<tr>
<th>Name/Title</th>
<th>Email Address</th>
<th>Phone Number</th>
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**Administrative Staff for FFVP** (List all personnel who will be involved in administering and managing FFVP on the chart below. Complete the chart as specified, recording the duties of the personnel listed in **Specific Duties** directly related to the FFVP.

<table>
<thead>
<tr>
<th>Title of Position</th>
<th># of Personnel in this Position</th>
<th>Hourly Rate/Stipend</th>
<th>Specific Administrative Duties</th>
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**Operational Staff for FFVP** (List all personnel who will be directly involved in operating the FFVP on the chart below. Complete the chart as specified, recording the duties of the personnel listed in **Specific Duties** directly related to the FFVP.

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<tr>
<th>Title of Position</th>
<th># of Personnel in this Position</th>
<th>Rates</th>
<th>Specific Operational Duties</th>
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V. **SIGNATURES** (All are required.)

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 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 Program Manager** ____________________________ Date __________
- **School Principal** ____________________________ Date __________
- **School District Nutrition Director** ____________________________ Date __________
- **District Superintendent** ____________________________ Date __________

(For the above positions, the school may determine equivalent positions.)

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**For State Use Only**

(Kathleen C. Millett, Administrator) (Date)

Revised April, 2014