

**School Profile**  
**Application to Participate in the**  
**USDA Fresh Fruit and Vegetable Program**  
**For SY 2009-2010**

\*Required data

**SCHOOL INFORMATION**

\*School Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*Name of LEA \_\_\_\_\_ LEA/Site Number \_\_\_\_\_

**SCHOOL DATA**

\*Current school enrollment \_\_\_\_\_ for January \_\_\_\_ or February \_\_\_\_

Grade levels \_\_\_\_\_

Meals offered (check all that apply): SBP \_\_\_\_ NSLP \_\_\_\_ After School Snacks \_\_\_\_

\* 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 for January \_\_\_\_ or February \_\_\_\_ :  
Percent of Students who qualify for Free Meals \_\_\_\_\_  
Percent of Students who qualify for Reduced-Price Meals \_\_\_\_\_  
Average Daily Participation (as a percentage) \_\_\_\_\_

Team Nutrition School? Yes \_\_\_ No \_\_\_

HealthierUS Challenge School? Yes \_\_\_ No \_\_\_

An active Student Wellness Advisory Council? Yes \_\_\_ No \_\_\_

Participated in FFVP 2008-09? Yes \_\_\_ No \_\_\_

Farm to School Program? Yes \_\_\_ No \_\_\_

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

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## **\*School Proposal**

Respond, in detail, to each of the following questions. A separate response is required for each question. DO NOT submit a “report” with all of the questions incorporated in it.

1. Please describe how you plan to effectively and efficiently use your existing resources to support the USDA Fresh Fruit and Vegetable Program. Discuss how the school team will function to implement the program in the school. (Maximum of 25 points)
2. Please describe the strategies that will be used to distribute the fresh fruits and vegetables to students. Include any anticipated large equipment expenditures. (Maximum of 25 points)
3. Describe the internal and external partners that will collaborate to make the USDA Fresh Fruit and Vegetable Program successful.  
*Note: A Letter of support is highly recommended from all partners committing to assist the school if selected.*  
(Maximum of 10 points)
4. Describe the plan for marketing the USDA Fresh Fruit and Vegetable Program. Explain how students and family of the students will be notified of the program if school is selected. (Maximum of 10 points)
5. Describe the nutrition education activities that are planned to support the USDA Fresh Fruit and Vegetable Program.  
(Maximum of 15 points)
6. Explain why your school should be chosen. How do you anticipate the students in your school will benefit from this program? What do you anticipate as your major barrier to success and how would you overcome it? (Maximum of 15 points)
7. Bonus points will given for the following:  
  
HealthierUS Challenge Schools, Team Nutrition Schools, schools with Student Wellness Advisory Councils, and Farm to School Program (1 point for each)

Eligible schools previously participating in FFVP (2 points)

## \*SIGNATURES

(All original signatures 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 all of the contacts shown below or equivalent positions as determined by the school. **Also, please indicate which individual will be the primary contact person by placing an "X" in the corresponding box left of each title.**

**\*Child Nutrition Manager** \_\_\_\_\_  
(print name)

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*School Principal** \_\_\_\_\_  
(print name)

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*Food Service Director** \_\_\_\_\_  
(print name)

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*District Superintendent** \_\_\_\_\_  
(print name)

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number \_\_\_\_\_

**If a local Board of Education is required to approve a grant, please include the signature with date of the Board Authority on this page with their contact information.**

\*Board of Education Authority \_\_\_\_\_

\*Signature \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone number \_\_\_\_\_