



THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK/ ALBANY, NY 12234

Office for P-20 Education Policy  
Child Nutrition Program Administration  
89 Washington Avenue, Room 375 EBA, Albany, New York 12234-0055  
Tel. (518) 473-8781  
Fax (518) 473-0018  
<http://www.cn.nysed.gov>

---

# **Fresh Fruit and Vegetable Program Application *SY 2025-2026***

Due: May 16, 2025

**Submit by email to:**

**[FFVP@nysed.gov](mailto:FFVP@nysed.gov)**

## SY 2025-2026

Complete this application for each school (recipient agency) participating in the Fresh Fruit and Vegetable Program (FFVP). Please respond carefully and answer **all** questions. The answers will be used by SED to evaluate the application. The material should be organized, well-presented, complete, clear and concise. Carefully read the Guidance Manual before beginning the application process.

## GENERAL INFORMATION

School Food Authority (SFA) Name	
LEA Code	
Recipient Agency (RA)/Site Name	
RA Code	
RA Street Address	
City, State, Zip	

Grade levels in the RA: _____	School Building (RA) Enrollment: _____	PK-6 Enrollment: _____ <b>We can only award PK-6 grade students in the RA you are applying for. Please list the January 2025 enrollment which should match the January 2025 submitted claim(s).</b>
Check meals offered:	<input type="checkbox"/> School Breakfast Program <input type="checkbox"/> National School Lunch Program <input type="checkbox"/> Afterschool Snack Program <input type="checkbox"/> Extended Day Snack Program <input type="checkbox"/> Breakfast After the Bell <input type="checkbox"/> Child and Adult Care Food Program (CACFP) <input type="checkbox"/> CACFP At Risk Supper	
Current food preparation method:	<input type="checkbox"/> onsite/self-prep <input type="checkbox"/> satellite-prep <input type="checkbox"/> satellite <input type="checkbox"/> vended	
Does the school use a food service management company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the school be using a vended meal service for the FFVP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, specify the name of the vendor: _____		
<b>If you are going to be using a vended meal service provider for any part of the Fresh Fruit and Vegetable program, you must submit a copy of the signed vendor contract between the SFA and the vendor.</b>		

## Fresh Fruit and Vegetable Application

SY 2025-2026

---

### PLAN FOR IMPLEMENTATION

Describe the responsibilities of each person that will be involved in the FFVP. Please list who will be responsible for the following:

	Name and Title
Prepare the monthly menu	
Submit the monthly claim	
Complete the annual evaluation	
Purchase FFV	
Prepare the FFV	
Distribute the FFV	

### PROPOSAL NARRATIVE

Describe briefly how the school plans to implement the program.

- a. Describe why the school is interested in the FFVP and how students will benefit from the program.

---

---

---

---

- b. How will the success of the FFVP be measured? Include efforts to integrate the FFVP with promoting sound health and nutrition, reducing obesity and promoting physical activity.

---

---

---

---

---

---

---

---

---

---

---

---

## Fresh Fruit and Vegetable Application

SY 2025-2026

---

c. How will the fresh fruits and vegetables be obtained/prepared for the school?

Check all that apply:	<input type="checkbox"/> prepared trays (through a grocery store or supplier) <input type="checkbox"/> prepackaged, prepared individually portioned packages (produce supplier) <input type="checkbox"/> fruits and vegetables will be prepared by staff or volunteers <input type="checkbox"/> other method (please describe)_____
-----------------------	--

d. Where will fresh fruits and vegetables be served:

Check all that apply:	<input type="checkbox"/> classrooms (trays and baskets) <input type="checkbox"/> hallways (kiosks, carts, stands) <input type="checkbox"/> cafeteria outside of meal hours
-----------------------	---

e. Indicate on the following chart how frequently the fresh fruit and vegetables will be offered and when the program will be available to students (it is mandatory to serve the FFV a minimum of twice per week):

Day	Time(s) of the Program
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

f. What plans/arrangements have been made by the principal/teachers to accommodate the FFVP during the school day?

---

---

---

---

---

---

---

## Fresh Fruit and Vegetable Application

SY 2025-2026

---

- g. Describe how the availability of fresh fruits and vegetables will be widely publicized to parents and students in the school.

---

---

---

---

---

---

---

---

---

### OVERCOMING CHALLENGES

- a. What major barrier(s) to success are anticipated? How will major barrier(s) be addressed?

Barrier(s)	Solution(s)

- b. How do you plan to effectively manage the per student allocation of \$60 per student?

---

---

---

---

---

### PROJECTED COSTS

- a. Describe how labor costs will be managed by describing in detail the efforts that will be made to keep these costs to a minimum.

---

---

---

---

## SY 2025-2026

- 
- 
- 
- 
- 
- 

- |                                  |                                  |
|----------------------------------|----------------------------------|
| Projected labor hours per month: | Projected labor costs per month: |
|                                  | Show breakdown:                  |

## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## Fresh Fruit and Vegetable Application

SY 2025-2026

---

### STAFFING INFORMATION

<b>Primary Contact Information.</b> This should be the school food service director.		
Name/Title	E-mail Address	Phone Number

<b>Project/Site Manager Information.</b> This is the person that will be involved in overseeing the preparation and distribution of the fruits and vegetables on a daily basis. This may be the same person as the Primary Contact.		
Name/Title	E-mail Address	Phone Number

### Mandatory Requirements

If the school is selected to participate in the FFVP for the 2025-2026 school year:

\_\_\_\_\_ What date will you begin the FFVP? You **MUST** begin serving the FFVP by the second full week that school is in session.

☐Yes ☐No Will the school serve FFV during the school day and outside of meal service times?

☐Yes ☐No Will the FFVP be served at a minimum of two days a week?

☐Yes ☐No FFVPs will be observed and regularly evaluated by NYSED, USDA, and others to determine the effectiveness of the program. Does the School Food Authority (SFA) agree to this requirement?

## Fresh Fruit and Vegetable Application

SY 2025-2026

---

### **ASSURANCES (All four signatures are required)**

The staff shown below (or equivalent positions for private schools or residential child care institutions) **MUST** sign the following assurances. **Please print legibly and provide all four signatures (preferably in blue ink).**

I have reviewed this application and attest to the information provided. I have read and understand the guidelines of the program, and, if selected, agree to implement the program as outlined above and to implement the project in a manner consistent with the policies and procedures established by the United States Department of Agriculture (USDA). I agree to participate in any USDA-sponsored evaluations and to provide the information requested by the specified deadlines.

<b>Project/Site Manager</b>		
Name (Print)	Signature	Date
<b>School Principal</b>		
Name (Print)	Signature	Date
<b>Food Service Director</b>		
Name (Print)	Signature	Date
<b>School District Superintendent or Executive Director</b>		
Name (Print)	Signature	Date

**PLEASE SEND COMPLETED APPLICATIONS TO:**

[FFVP@nysed.gov](mailto:FFVP@nysed.gov)

## Fresh Fruit and Vegetable Application

SY 2025-2026

---

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.