

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION - Child Nutrition Services PO BOX 47200 \cdot OLYMPIA WA 98504-7200 360-725-6200 \cdot TTY 360-664-3631

Fresh Fruit & Vegetable Program SITE APPLICATION

LO	CAL EDUCATION AGENCY (LEA):	SCHOOL NAME:
FR	EE & REDUCED-PRICE PERCENTAGE (OCTOBER BUILD	ING DATA REPORT):
FRE	SH FRUIT & VEGETABLE (FFVP) PROGRAM IMPLEME	NTATION
This	section must be completed. Provide enough inform	ation to clearly explain your responses.
1.	Provide the dates of first and last days of school. If	not known, use the most likely dates.
2.	Schools should begin the FFVP on or as close to the will be offered to students.	first day of school as possible. Provide the first day the program
3.	Schools should end the FFVP on or as close to the lawill be offered to students.	ast day of school as possible. Provide the last day the program
4.	The school must offer the FFVP at least two days peoffered to all students.	er week. Indicate the days of the week the program will be
5.	Provide the time(s) the FFVP will be offered. If offer	ring more than once per day, specify the time for each.
6.	If there are days the FFVP will not be offered, expla release days.	in why. For example, the program will not be offered on early
7.	Describe how the fruits/vegetables will be delivered than one way, describe them all.	d from the kitchen to the students. Be specific. If there is more
8.		ing cooked produce, nutrition education is required when ducation activities the school plans to incorporate with the

 Describe how the school will promote the FFVP to students, parents, staff, and to the community. School webs reader boards, bulletin boards with nutrition education, newsletters to parents, and local media involvement a popular ways schools promote the FFVP. 				
often provide the nutriti extension co-op office, o	outside of the school have been son education programming; some or a local grocer. Each school muswill work with and how the partne	e examples would be commur t have at least one non-federa	nity health agencies, an	
	ovided by the LEA. Briefly describ obtain the signature of each staff			
By signing this form, the indiv FFVP at this school according	viduals listed below indicate thei to the FFVP rules.	r support of this application a	and will implement the	
Superintendent	E-mail Address	Signature	Date	
Principal	E-mail Address	Signature	Date	
Kitchen Manager	E-mail Address	Signature	Date	