

# Georgia School Nutrition Program

## Application to Participate in the United States Department of Agriculture (USDA) Fresh Fruit and Vegetable Program (FFVP) For School Year (SY) 2022-2023

Thank you for your interest in the Fresh Fruit and Vegetable Program for SY 2022-2023. We are looking forward to another successful year and have prepared this packet to assist you in completing the application form.

The application packet contains the following documents. Please be sure to note the deadline and instructions below for completing and submitting your application.

### Packet Contents

- Instructions for Completing Application (pgs. 3 - 4)
- Application Form - Sections A, B, and C (pgs. 5 - 12)

### Requirements

- **SECTION A:** required for all schools
- **SECTION B:** required for all schools that are new to FFVP or did not receive an FFVP grant in SY2021-2022 (Section B is optional for SY2021-2022 recipients)
- **SECTION C:** required for all schools

We encourage schools to refer to the enclosed instructions as a guide when completing the application.

Please note the following:

- New schools and schools that are new to the FFVP must have successfully completed one year of the NSLP (National School Lunch Program) and SBP (School Breakfast Program). They must also have completed one successful Administrative Review (AR) prior to consideration for the FFVP. (Non-Traditional Schools that started the NSLP/SBP prior to SY 2021-2022 must have completed one successful AR).

The Georgia Department of Education may choose not to select a high-needs school if one of the following conditions applies:

- The school fails to meet the deadline for application and submission
- The school does not have the support of its administration
- The State has concerns with the school's administration of another child nutrition program
- The State believes that a school cannot properly operate the FFVP, despite previous support from the State

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**The application form must be received via email no later than 11:59 p.m. ET on Tuesday, March 15, 2022.**

- ✓ Email the completed application form to [FFVPgrant@doe.k12.ga.us](mailto:FFVPgrant@doe.k12.ga.us).
- ✓ We will not be accepting any applications by mail or courier.

All grant recipients will be notified of their award status, following approval from the State Board of Education. We will be providing FFVP training for all recipients and will share additional information separately.

Please contact Mari Toyohara at [mtoyohara@doe.k12.ga.us](mailto:mtoyohara@doe.k12.ga.us) if you have any questions regarding this program or any part of the application.

Thank you again for your interest in the Fresh Fruit and Vegetable Program.

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## Application to Participate in the United States Department of Agriculture (USDA) Fresh Fruit and Vegetable Program (FFVP) For School Year (SY) 2022-2023

### INSTRUCTIONS FOR COMPLETING THE FFVP APPLICATION

#### SECTION A (All schools must complete this section)

We strongly encourage schools to consult with their District School Nutrition Program Director when completing this section. (The numbers below correspond to the questions on the application form.)

1. **Enter the School System ID.** For traditional schools, this will be a 3-digit number. For non-traditional schools, this may be a 3-, 5-, or 7-digit number.
2. **Enter the School System Name.**
3. **Enter the School ID.** This will be a 4-digit number (the first digit may be a zero). Please include all four digits.
4. **Enter the School Name.**
5. **Check all Grade Levels applicable to the school.** If a Grade Level option is not listed on the application, please explain in the field marked "Other." If the school is awarded an FFVP grant, **ALL** elementary grades (K-5) will receive fresh fruits and vegetables under the program. **Pre-K students may participate in the FFVP only if they are physically located in the same building as the applicant elementary school.**
6. **Check all applicable meals that are offered at the school.**
7. **Select the appropriate method of food preparation.**
8. **Select whether or not the school contracts with a food service management company.**
9. **Indicate whether or not the school is operating the Community Eligibility Provision (CEP).** If "no", proceed to question 11.
10. **Enter the CEP Identified Student Percentage (ISP) for the applicant school.** Refer to the district's CEP ISP Determination Worksheet **utilized in SY2019-2020\***.
  - a. At the bottom left corner of the worksheet, there are three tabs:
    - (i) Instructions
    - (ii) Group Sites
    - (iii) Other Programs
  - b. Select the "Other Programs" tab
  - c. Enter the % Free in column D next to the applicant school
  - d. Proceed to question 12.

\*With districts not being required to collect free and reduced applications in SY 2021-2022, the USDA has approved the use of the CEP data from SY20 for application purposes.

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### INSTRUCTIONS FOR COMPLETING THE FFVP APPLICATION

#### SECTION A (continued)

11. **Enter the percentage of students that qualified for free and reduced-price meals in SY2019-2020 (FRL2020). Only for non-CEP schools.**
  - In the School Nutrition Online application (SNO): Home > School Nutrition/Free and Reduced Lunch > click the district's System ID > FRL001 Eligibility Report > click the "FRL by School – 3 years Data" tab
  - Locate the school (either by its 4-digit School ID or by School Name) and record the "% FRL" number in the **FRL2020** column. (With districts not being required to collect FRL applications for SY2021-2022, the USDA has approved the use of SY20's FRL data for application purposes)
12. **Enter the total number of enrolled students reported on the FRL report from SY2021-2022 (FRL2022).** In the School Nutrition Online application (SNO): Home > School Nutrition/Free and Reduced Lunch > click the district's System ID > FRL001 Eligibility Report > click the "FRL by School – 3 years Data" tab
  - Locate the school (either by its 4-digit School ID or by School Name) and record the "**Enrollment**" number in the **FRL2022** column.
13. **Indicate whether or not the school received an FFVP grant in SY2021-2022.** If "no," complete **both SECTION B and SECTION C**. If "yes," complete **SECTION C** (SECTION B is optional).

#### SECTION B

Explain how the school needs and how the grant will benefit the school. Describe the existing school nutrition resources that will be utilized if awarded, the support to operate the program, and the community partnerships available. Also describe how the program will be promoted, as well as plans for incorporating nutrition education into the program. **All five questions must be answered by the school.**

**Section B is mandatory for schools that are new to the FFVP or for schools that did not receive an FFVP grant in SY 2021-2022.** (Schools that received an FFVP grant in SY 2021-2022 may update their Section B responses if they wish; however, this is optional.)

#### SECTION C (All schools must complete this section)

Signatures are required from the following individuals (or their equivalents): School Nutrition Manager, School Principal, District School Nutrition Director, and District Superintendent.

**This concludes the instructions for completing the FFVP application. Please proceed with the application form on pages 5-12.**

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## Application to Participate in the United States Department of Agriculture (USDA) Fresh Fruit and Vegetable Program (FFVP) For School Year (SY) 2022-2023

### SECTION A

SCHOOL INFORMATION	
1. SCHOOL SYSTEM ID	
2. SCHOOL SYSTEM NAME	
3. SCHOOL ID	
4. SCHOOL NAME	
SCHOOL DATA	
5. GRADE LEVELS (check all that apply)	<input type="checkbox"/> Pre-K <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> K <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 2 <sup>nd</sup>
	<input type="checkbox"/> Other (please explain):
6. MEALS OFFERED (check all that apply)	<input type="checkbox"/> School Breakfast Program (SBP) <input type="checkbox"/> National School Lunch Program (NSLP) <input type="checkbox"/> Afterschool Snack Program (ASP)
7. FOOD PREPARATION METHOD	<input type="checkbox"/> On-Site <input type="checkbox"/> Other (please explain): <input type="checkbox"/> Satellite <input type="checkbox"/> Vended
8. Does the school contract with a food service management company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is this school a Community Eligibility Provision School (CEP?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please refer to instructions for Section A, questions 10, 11, and 12, before completing these questions.</b>	
10. If answered "Yes" to Question 9:	<input style="width: 50px;" type="text"/> % of CEP Identified Student Percentage (ISP) for SY20
11. If answered "No" to Question 9:	<input style="width: 50px;" type="text"/> % of students that qualified for <u>Free</u> and <u>Reduced-Price</u> meals on <b>October 1, 2019</b> (FTE 2020-1)
12. Total number of enrolled students reported on <b>October 5, 2021</b> (FTE 2022-1):	<input style="width: 100px;" type="text"/>
13. Please select the appropriate box below:	
<input type="checkbox"/> This school <b>DID NOT</b> receive an FFVP grant in <b>SY 2021-2022</b> . <i>Proceed to Section B.</i>	
<input type="checkbox"/> This school <b>DID</b> receive an FFVP grant in <b>SY 2021-2022</b> . <i>Proceed to Section C.</i>	

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## SECTION B

Please refer to “Instructions for Completing FFVP Application.” **Section B is mandatory for schools that did not receive an FFVP grant in SY 2021-2022.**

### 1. School Needs and Benefits for USDA FFVP

A. Identify 2-3 reasons why your school should be chosen to participate in the USDA FFVP.

B. What community/school/student needs are present?



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**SECTION B (continued)**

C. Describe how students in your school will benefit from this program.

**2. Effective and Efficient Use of Existing Personnel and School Cafeteria Resources to Support the USDA FFVP**

A. Identify your school's use of existing School Nutrition resources such as labor, experience, storage, equipment (*minimum required is a dedicated vegetable and fruit preparation sink, worktable, and adequate refrigeration*), and others to effectively participate in the FFVP.



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## SECTION B (continued)

B. Describe the support and commitment of each of the following relative to the FFVP:

- School Nutrition Staff
- School Administration
- Faculty/Teachers

### 3. Partnerships (Internal and External)

Briefly describe any past community partnerships that will also be in place for the upcoming school year to support or enhance this program if your school is selected to participate.

(It is recommended that schools establish partnerships with organizations funded from *non-federal resources* for additional resources to implement the program. However, partnerships with agencies such as the local health department, Cooperative Extension, etc. are also encouraged for contributing to the educational aspect.)



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## SECTION B (continued)

Partnerships (Internal and External)

### 4. Promotion/Marketing of Fresh Fruits and Vegetables to Students and Informing Parents and the Community of the Program

A. Describe your plan for effectively marketing/promoting the USDA FFVP and fresh fruits and vegetables within the school (students, teachers, administration, etc.).

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## SECTION B (continued)

- B. Detail how families of the students and the community will be initially notified of the program and how the program and fresh fruits and vegetables will be promoted/marketed on an on-going basis.

## 5. Nutrition Education Activities

- A. Describe the nutrition education activities that will be planned in the classroom to coordinate with fresh fruits and vegetables being served to students participating in the USDA FFVP. Emphasis on more locally grown or sourced fresh fruits and vegetables is encouraged.

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## SECTION B (continued)

- B. Identify any past nutrition education successes that will support or enhance the implementation of the FFVP, if selected to participate in the program.

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## SECTION C

### SIGNATURES (All four signatures are required)

Your signature below indicates you have reviewed the application, attest to the information provided, and certify your support for the FFVP. If selected, you agree to implement the program as outlined in your application and in a manner consistent with the policies and procedures established by the USDA. Further, you 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 System Name \_\_\_\_\_ School Name \_\_\_\_\_

School Nutrition Manager		
Name (Print)	Signature	Date

School Principal		
Name (Print)	Signature	Date

District School Nutrition Director		
Name (Print)	Signature	Date

District Superintendent		
Name (Print)	Signature	Date

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### USDA Non-Discrimination Statement

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) 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 Ave, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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