

This form is to be completed by the School Food Authority (SFA) – i.e., the school district or other entity that has oversight of school(s) that participate in the federal School Nutrition Programs. Along with this form, the SFA must collect the FFVP School Application and Certification of Support from each eligible school within its jurisdiction that is applying to FFVP.

A. Sponsor Information

Name of School Food Authority (<i>School District or Sponsor Organization</i>)	RCDT Code
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B. FFVP Contacts

FFVP Coordinator

Each SFA must designate an SFA employee as the FFVP Coordinator. The FFVP Coordinator is responsible for oversight and overall implementation of FFVP in the SFA’s participating schools and serves as the main program contact between its schools and ISBE.

Name	Title	Email	Phone

FFVP Fiscal and Claims Contact

The SFA is responsible for tracking/maintaining documentation of FFVP expenses for each of its participating schools and submitting a monthly claim to ISBE for reimbursement of program expenses. Provide contact information for the person(s) to contact regarding the monthly claim submission and expenses/disbursement of program funds. At least one contact must be listed.

Name	Title	Email	Phone

Additional Contacts

List anyone else who should receive FFVP emails and mark the type of content they should receive.

Name	Title	Email	General Program Communications	Monthly Claim Reminders

C. Eligible School Applications

The SFA is responsible for collecting applications from its eligible schools that want to apply for FFVP and submitting them collectively to ISBE along with this Sponsor Application. In this section, list the schools that are submitting applications.

If there are more than 20 schools applying, you may list the schools on a separate document and attach it to this application.

	School Name	Site Number
1		
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5		
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	School Name	Site Number
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D. FFVP Sponsor – Certification of Support

Successful implantation of FFVP requires support of school officials and staff who believe in working toward a healthy school environment and must have approval and commitment of the administration.

The Superintendent (or equivalent administrator, if the sponsor entity is not a school district) and the school nutrition program Food Service Director for the district are required to certify their support of the eligible schools that are applying to participate in FFVP.

Certification of Support for Participation in the Fresh Fruit and Vegetable Program

As a representative of the school food authority (SFA) and school(s) named on this application, I have reviewed this program application and attest to the information provided. If selected, the SFA and its participating schools must agree to abide by all requirements as stated in Section 19 of the Richard B. Russell National School Lunch Act, as well as adhere to all regulations and guidance of the United States Department of Agriculture (USDA) and the Illinois State Board of Education (ISBE). Further, the SFA and participating schools agree to participate in any USDA-sponsored evaluations and to provide the information requested by the specified deadlines.

School District Superintendent *(or equivalent position)*

Name
Title
Phone
Email

Food Service Director *(or equivalent position)*

Name
Title
Phone
Email

Signature _____ Date _____

Signature _____ Date _____

This application does not constitute the entire agreement between the parties with respect to the subject matter herein. Terms of agreement for the Fresh Fruit and Vegetable Program are incorporated within the School Nutrition Program Permanent Agreement.

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, 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, audiotape, 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.