**School Food Authority:**

Please list the school/schools applying to participate in the Fresh Fruit and Vegetable Program (FFVP) and the number of days each school will operate the FFVP *weekly.* NOTE: the USDA **requires** that selected schools operate the FFVP *a* ***minimum of two (2) days weekly***, preferably three (3) days or more weekly.

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| **Name of Elementary School** | **Number of Days FFVP Operates Weekly** |
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The School Food Authority understands that if a participating elementary school *revises* the number of days the FFVP operates weekly, a new form to reflect the *revised* FFVP schedule must be submitted (via e-mail) to the NCDPI Office of School Nutrition ([brenda.watford@dpi.nc.gov](mailto:brenda.watford@dpi.nc.gov)) for approval.

**Signature: Date: School Nutrition Administrator**