



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

Office for Prekindergarten through Grade 12
Education School Operations and Management
Child Nutrition Program Administration
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*Family
32*

Fresh Fruit and Vegetable Program Application SY 2021-2022

Due: May 17, 2021

Submit by email to:

Laura.Speranzi@nysed.gov

Fresh Fruit and Vegetable Application
 SY 2021-2022

INSTRUCTIONS

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. **The application must be postmarked by May 17, 2021 and sent to: Laura.Speranzi@nysed.gov**

GENERAL INFORMATION

School Food Authority (SFA) Name	Yonkers Public Schools
LEA Code	662300010000
Recipient Agency (RA)/Site Name	Family School 32
RA Code	662300011000
RA Street Address	1 Montclair Place
City, State, Zip	Yonkers, NY 10710

SCHOOL DATA

Grade levels in the RA: <u>PreK-8</u>	School Building (RA) Enrollment: <u>596</u>	PK-6 Enrollment: <u>421</u> We can only award PK-6 grade students in the RA you are applying for. Please list the October 2019 enrollment which should match the October 2019 submitted claim(s).
Check meals offered:	<input checked="" type="checkbox"/> School Breakfast Program <input type="checkbox"/> Afterschool Snack Program <input checked="" type="checkbox"/> Breakfast After the Bell	<input checked="" type="checkbox"/> National School Lunch Program <input type="checkbox"/> Extended Day Snack Program <input type="checkbox"/> Child and Adult Care Food Program (CACFP) <input type="checkbox"/> CACFP At Risk Supper
Current food preparation method:	<input checked="" type="checkbox"/> onsite/self-prep <input type="checkbox"/> satellite	<input type="checkbox"/> satellite-prep <input type="checkbox"/> vended
Does the school use a food service management company?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the school be using a vended meal service for the FFVP?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify the name of the vendor: <u>Brophy Brothers</u>		
If you are going to be using a vended meal service 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.		

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	Kristen DesMarais – Asst. Director Food Service
Submit the monthly claim	Cherise Tafe – Food Service Director
Complete the annual evaluation	Kristen DesMarais – Asst. Director Food Service
Purchase FFV	Margaret Mucilli – Purchasing Clerk
Prepare the FFV	Cafeteria Staff
Distribute the FFV	School Aides/Staff

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.

To provide and introduce fruit and vegetable items to students who may not have been exposed to a variety of different fruits and vegetables before. The students will have the opportunity to try new items and decide if they like or dislike these items while also learning how eating fruits and vegetables can improve their overall health.

- 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.

Success will be measured by student enthusiasm on a weekly basis for the fruit and vegetable choices that are offered.
Success will also be measured by student feedback on a weekly basis after they eat the offered fruits and vegetables.
Surveying the student's likes/dislikes for fruit and vegetable items can help determine whether or not students would be more willing to choose those items outside of the school environment.

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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 checked="" type="checkbox"/> fruits and vegetables will be prepared by staff or volunteers <input type="checkbox"/> other method (please describe) _____
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d. Where will fresh fruits and vegetables be served:

Check all that apply:	<input type="checkbox"/> classrooms (trays and baskets) <input checked="" type="checkbox"/> hallways (kiosks, carts, stands) <input type="checkbox"/> cafeteria outside of meal hours
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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	10:45, 11:25, 12:00, 12:45
Wednesday	
Thursday	10:45, 11:25, 12:00, 12:45
Friday	

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

Principals will decide on service times and locations in their buildings for fruit/vegetable distribution. Teachers will set aside time for students to eat fruits/vegetables and will assure proper disposal of all waste.

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

A request will be made for Principals to make announcements and/or post signage to promote the program to 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)
<ul style="list-style-type: none"> • Service in the hallways • Service times and availability • Storage and holding space • Cleaning and disposing of waste 	<ul style="list-style-type: none"> • Create a holding area for fruits and vegetables in hallways • Work with school administration to more adequately define available times • Coordinate with custodial staff to create a plan for food disposal

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

To use monthly menus that help in planning to use seasonal product which will help with cost effectiveness. Pre-planning will help to figure out how much lobar will be needed on a given day.

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.

Whole fruits and vegetables (i.e. apples, bananas, carrots) that do not require cutting will be ordered, as well as pre-cut and individual packed products will be ordered to cut down on prep time, therefore reducing labor costs.

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- b. Describe how existing resources (building space and storage) will be used to implement the program. List any anticipated equipment purchases needed to operate the FFVP (carts, kiosks, tables, etc.).

Existing refrigeration in the school will be used for fruit and vegetable storage when necessary. Existing carts will be used to transport fruit from kitchen to the point of distribution. No additional equipment will be needed for this site.

- c. Itemize the anticipated labor costs on the following chart

Projected labor hours per month:	Projected labor costs per month:
12 hours per month	<p><u>Show breakdown:</u> Washing, cutting, bagging/cupping, distribution = 3 hours weekly 3 employees @ ½ hour each day of service</p>

PARTNERSHIPS

- a. Discuss partnership activities undertaken or planned that will assist your school in implementing the FFVP. Include organizations that will assist your school with fruit and vegetable acquisition, handling, promotion, distribution, nutrition education, and/or other activities that contribute to the goals of the FFVP.

The entire school community will work together to implement the FFVP. We will encourage classroom teachers and support staff to educate the students about healthy eating habits. The PTA will assist with publicizing the program as well as the schools Wellness Committee. Local fresh produce company will provide timely services to assure the students are receiving excellent quality fruits and vegetables.

STAFFING INFORMATION

Primary Contact Information. This should be the school food service director.		
Name/Title	E-mail Address	Phone Number
Cherise Tafe – Food Service Director	CTAFE@yonkerspublicschools.org	(914)376-8166

Project/Site Manager Information. 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
Kristen DesMarais – Asst. Food Service Director	KDESMARAIS@yonkerspublicschools.org	(914)376-8166

Mandatory Requirements

If the school is selected to participate in the FFVP for the 2021-2022 school year:

9/27/2021 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 FFV 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?



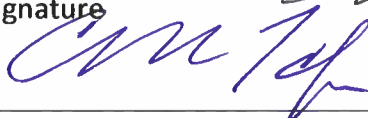
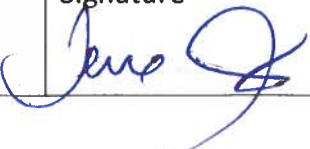
Yes No If you are a nonpublic school and choose to participate in the FFVP you must be willing to undergo an agency wide audit. Any recipient that expends \$750,000 or more in Federal funds must conduct a Single Audit in accordance with A-133. The additional audit requirement may require you to reconsider your interest in applying for or accepting these funds. Do you agree to this audit?

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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.

Project/Site Manager		
Name (Print)	Signature	Date
KRISTEN DESMARAIS		8/10/2021
School Principal		
Name (Print)	Signature	Date
DR Meriam Digno		8/31/21
Food Service Director		
Name (Print)	Signature	Date
CMTAIE		8/12/21
School District Superintendent or Executive Director		
Name (Print)	Signature	Date
Dr. Fenix Arias		8/11/2021

PLEASE SEND COMPLETED APPLICATIONS TO:

Laura.Speranzi @nysed.gov

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SED USE ONLY: Date Received: ___/___/___
Previously awarded FFVP Grant: ___ YES ___ NO If yes, have any findings
been made against the administration of the FFVP: ___ YES ___ NO
List
Findings: _____
If yes, % of FFVP funds used: _____
CEP Percentage: _____ F/R Percentage: _____
Total Award: _____

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.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: 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 Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.