



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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<http://www.cn.nysed.gov>

School 17

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 SCHOOL DISTRICT
LEA Code	662300010017
Recipient Agency (RA)/Site Name	SCHOOL 17
RA Code	662300010017
RA Street Address	745 MIDLAND AVE
City, State, Zip	YONKERS NY 10704

SCHOOL DATA

Grade levels in the RA: <u>PreK-5</u>	School Building (RA) Enrollment: <u>344</u>	PK-6 Enrollment: _____ 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 type="checkbox"/> School Breakfast Program <input type="checkbox"/> Afterschool Snack Program <input type="checkbox"/> Breakfast After the Bell	<input 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 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 type="checkbox"/> No		
Will the school be using a vended meal service for the FFVP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the name of the vendor: _____		
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	Halima Anderson, Assistant Director
Submit the monthly claim	Cherise Tafe, Director of Food Services
Complete the annual evaluation	Food Service Managers
Purchase FFV	Food Service Department
Prepare the FFV	Food Service Staff
Distribute the FFV	Food Service Staff and School 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.

The Fresh Fruit and Vegetable program will expose students to a variety of fruits and vegetables students may not usually consume at home.

- 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.

The success of the program will be measure by tracking fruit and vegetables intake by students. We will ask, School admin and Teachers to assist with introducing fruits and vegetables to the students of School 17. If possible, we can meet with students Regarding healthy food choices and explain the importance of eating a well-balanced meal which includes fruits and veggies.

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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 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 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	9:30 before lunch
Wednesday	
Thursday	1:30 after lunch
Friday	

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

Time will be set aside before and after lunch periods for each participating grade.

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

We will promote the program through advertisement on Yonkers Public School website. We will also request for the Principals to either make announcements over the intercom or post signage.

OVERCOMING CHALLENGES

- a. What major barrier(s) to success are anticipated? How will major barrier(s) be addressed?

Barrier(s)	Solution(s)
Service in the hallways	Create a holding area or the fruits and veggies.
Service time and availability	Work with school admin to make time feasible for the staff and students.
Cleaning and disposing of waste	School admin will coordinate with School 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?

A portion of the funding will go towards labor, cleaning, preparing and packaging product and disposal of waste.

Another portion will go towards purchasing product.

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.

Labor cost are negotiated through union contracts. Staff preparing breakfast, lunch and snacks will also prepare and package FFVP for the students. In most schools, this will add 2-3 hours of prep per day keeping labor cost to a minimum.

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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.).

Schools were chosen for the program based on storage space, refrigeration space and cooperative School administration. We met with The school admin and custodial prior to making final decision and chose designated holding areas. No additional equipment is Needed for this site.

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

Projected labor hours per month:	Projected labor costs per month:
3 Hours per week 12 Hours per month	Show breakdown: Washing, bagging , cupping and distribution=3 hours weekly. 3 employees @1/2 hour each day of service.

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 School's Wellness Committee. We also plan to collaborate with Food Service Department to ensure the FFVP is an educational and practical Success.

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STAFFING INFORMATION

Primary Contact Information. This should be the school food service director.		
Name/Title	E-mail Address	Phone Number
Cherise M. Tafe Director of Food Services	Ctafe@yonkerspublicschools	914-376-8166
	.org	

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
Cherise M. Tafe, Director of Food Services	Ctafe@yonkerspublicschools	914-376-8166
	.org	

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) Halma Anderson	Signature 	Date 8/11/2021
School Principal		
Name (Print) Jonathan A. Carter	Signature 	Date 8/27/21
Food Service Director		
Name (Print) CMTate	Signature 	Date 8/12/21
School District Superintendent or Executive Director		
Name (Print) Dr. Fenix N. Arias	Signature 	Date 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: _____

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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.