



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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Montessori 31

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	Montessori School #31
RA Code	662300010031
RA Street Address	7 Ravenswood Rd.
City, State, Zip	Yonkers, NY 10710

SCHOOL DATA

Grade levels in the RA: PK - 6 _____	School Building (RA) Enrollment: <u>397</u>	PK-6 Enrollment: <u>397</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 type="checkbox"/> onsite/self-prep <input type="checkbox"/> satellite	<input checked="" 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 type="checkbox"/> Yes <input checked="" 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	Assistant Director Food Service
Submit the monthly claim	Cherise Tafe – Food Service Director
Complete the annual evaluation	Assistant Director
Purchase FFV	Margaret Mucilli – Purchasing Clerk
Prepare the FFV	Cafeteria Staff
Distribute the FFV	Scholl 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 & 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 a variety of fruits and vegetables can improve 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 continuing basis after they eat the fruits and vegetables. Surveying the students likes/dislikes for the 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 checked="" 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	12:10pm, 12:40 pm, 1:10pm, 1:40pm
Wednesday	
Thursday	12:10pm, 12:40 pm, 1:10pm, 1:40pm
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 and vegetable distribution. Teachers will set aside time for students to eat the fruits/vegetables and provide feedback. The will also assure proper disposal of all garbage.

- 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, send notes home, 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 the 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 products which will aid in cost effectiveness. Preplanning will help
 To figure out how much labor will be needed on any 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 (ie: apples, bananas, carrots) that do not require cutting will be ordered, as well as pre-cut and individually packed products. These will be ordered to cut down on prep time, therefore reducing labor costs.

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@yonkerspublicschool s.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
Todd Adelman – Asst. Food Service Director	TAdelman@yonkerspublicsc hools.org	(914) 376-8166

Mandatory Requirements

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

9/27/21 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
Todd Adelman		8/11/21
School Principal		
Name (Print)	Signature	Date
Jane Wermuth		8/25/2021
Food Service Director		
Name (Print)	Signature	Date
Cristina		8/12/21
School District Superintendent or Executive Director		
Name (Print)	Signature	Date
Dr. Fenix Arias		8/11/21

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.

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 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 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.