

Fresh Fruit and Vegetable Program Application Certification

District name: _____

School name: _____

We have reviewed the Fresh Fruit and Vegetable Program (FFVP) application and attest to the accuracy of the information provided. If selected, we agree to implement the FFVP as outlined in our application and in a manner consistent with the policies and procedures established by the U.S. Department of Agriculture (USDA) and outlined in the USDA's [Fresh Fruit and Vegetable Program Handbook](#). Furthermore, we agree to participate in any USDA-sponsored evaluations and to provide requested information to the Connecticut State Department of Education (CSDE) by the specified deadlines.

Please provide the contacts below or equivalent positions. All four signatures are required. Digital signatures will be accepted.

Site Kitchen Manager

Name (print) Signature Date:

School Principal

Name (print) Signature Date:

Food Service Director

Name (print) Signature Date:

District Superintendent

Name (print) Signature Date:

Upload this document with the Site Application to the [Connecticut Online Application and Claiming System for Child Nutrition Programs \(CNP System\)](#)..

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For more information, visit the Connecticut State Department of Education's (CSDE) [Fresh Fruit and Vegetable Program](#) webpage, or contact the [FFVP coordinator](#) in the CSDE's Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841. This document is available at https://portal.ct.gov/-/media/SDE/Nutrition/FFVP/FFVP_Application_Certification.pdf.

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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