

Fresh Fruit and Vegetable Program Application Certification

School Year 2026-27

Upload this form with the Site Application to the Connecticut State Department of Education's (CSDE) [Connecticut Online Application and Claiming System for Child Nutrition Programs \(CNP System\)](#).

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](#). These policies and procedures include the requirements below.

- The FFVP must be offered to every student in the building who is eligible to participate in the National School Lunch Program.
- The FFVP must be offered during the school day outside of the reimbursable meal service periods in the National School Lunch Programs and School Breakfast Program.
- The FFVP must be promoted within the school to staff and students throughout the school year.

The logistics of offering the FFVP in the school have been discussed and all parties below are in full support of the FFVP. Furthermore, we agree to participate in any USDA-sponsored evaluations and to provide requested information to the CSDE by the specified deadlines.

Signatures: 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: _____

Superintendent

Name (print): _____

Signature: _____ Date: _____

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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, audiotope, 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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