District Name: _____ School Name: _____ LEA # _ _ _ _ _ _ _

Arkansas Fresh Fruit and Vegetable Program Application – SY 2026-2027

Please submit a **separate application** for each school in your district that desires the program.
A **physical signature** is required. Electronic, e-sign, or digital signatures will **NOT** be accepted.

Elementary School Name: **The Division of Elementary and Secondary Education (DESE) defines elementary as grades K-6.**	
Primary Email Address: (This is where you will receive grant award announcements and all correspondence related to FFVP)	
New Applicant or Renewal Applicant? **Did you have FFVP in SY 25-26? If Yes, please check Renewal Applicant; If No, please check New Applicant**	**New Applicant** ☐ **Renewal Applicant** ☐

CERTIFICATION OF APPROVAL (ALL SIGNATURES ARE REQUIRED)

We, the undersigned, have reviewed this application and attest to the information provided.

If_____ school is selected, we agree to implement the Arkansas Fresh Fruit and Vegetable Program (FFVP) in a manner consistent with the policies and procedures established by United States Department of Agriculture (USDA) and the Arkansas Department of Agriculture (ADA), Food and Nutrition Division (FND). We agree to participate in any USDA or CNU sponsored evaluations and to provide the information requested by the specified deadlines. We understand that FFVP funding is from federal funds thus contingent upon the federal budget process. The Child Nutrition Director is considered the FFVP Contact Person and is encouraged to collaborate with other stakeholders within the district and community.

School Cafeteria Manager (signature): _____ **Date:** _____

Print name: _____ **E-mail Address:** _____ **Phone Number: (____)** _____

School Principal (signature): _____ **Date:** _____

Print name: _____ **E-mail Address:** _____ **Phone Number: (____)** _____

Child Nutrition Director (signature): _____**Date:** _____

Print name: _____ **E-mail Address:** _____ **Phone Number: (____)** _____

Alternate Number: (if applicable) (_____) _____

Superintendent (signature): _____ **Date:** _____

Print name: _____ **E-mail Address:** _____ **Phone Number: (____)** _____

Please do NOT complete this section. **FND will complete the following using data from October 1, 2025:**

Official School Enrollment: _____

Percentage of Students Eligible for Free and Reduced Price Meals: _____

If the school previously received a FFVP Grant, were there documented issues that might prevent successful implementation of FFVP in the future? Yes ☐ or No ☐

District Name: _____ School Name: _____ LEA # _ _ _ _ _ _ _

Please complete the questionnaire below:

This schools grade levels (Ex: K-3)

_____

Are there any changes to grade configuration for SY 2026-2027? **YES** ☐ or **NO** ☐ (If yes, enter new grade levels) _____

Are you a charter school with contracted meals? **YES** ☐ or **NO** ☐

Are you a school that has a Food Service Management Company (FSMC)? **YES** ☐ or **NO** ☐

What days of the week do you plan to serve FFVP? **(a minimum of 2 days a week is recommended)**

_____

Where and how do you plan to distribute FFVP to the students? Who will be responsible for distributing FFVP?

_____

_____

How do you plan to ensure proper food safety during distribution and service of FFVP to students?

_____

_____

How do you plan to promote FFVP at your school?

_____

_____

Who is responsible for monitoring the FFVP budget, ensuring approximately 10% of the grant awarded funds are spent monthly? _____

Who is responsible for monitoring FFVP **allowable** expenses, minimal labor including pay confirmations and accurate time sheets?

_____

The monthly claims are **due by the 10th of the following month**. The claims need to be completed within a **timely manner with accuracy and efficiency.** Who will be responsible for completing and submitting the monthly FFVP claims?

_____

Do you have enough storage space to accommodate the additional produce required to implement the program?

YES ☐ or **NO** ☐

District Name: _____ School Name: _____ LEA # _ _ _ _ _ _ _

List at least one organization or entity you plan to partner with to provide additional resources to implement the program:

_____

Nutrition education is an important component of FFVP. Please provide a **description** of two (2) examples of nutrition education activities you will implement with the service of FFVP throughout the school year**. (no need to submit examples with application or monthly claims)**

_____

_____

Applications not received by 4:30 PM on August 28, 2026, will be disqualified.

Please scan and send the signed application as an attachment to:
ade.ffvpapp@ade.arkansas.gov
(applications embedded, and/or jpeg/png's will NOT be accepted)

Type the word "APPLICATION," and indicate the "District and School Name" in the subject line of the email.

Please note this email is only for FFVP applications.
This is NOT the monthly FFVP claim email address.

Applications will not be returned. Keep a copy for your files.

Applications will ONLY be accepted via email (scanned with signatures).