

Fresh Fruit and Vegetable Program

Justification of Equipment Purchase

- 1. Name of District:**
- 2. Name of School:**
- 3. FFVP Contact Name:**
- 4. FFVP Contact E-mail:**
- 5. FFVP Contact Phone:**
- 6. How many times per week are fresh fruit and vegetables offered?**
- 7. Equipment to be purchased and why purchasing it:**

- 8. Percent of cost of equipment to be claimed under FFVP:**

If claiming 100% under FFVP, please explain how the equipment will not be shared with other school feeding programs. If claiming less than 100%, please specify the percentage breakdown and explain with which other school feeding programs the equipment will be shared.

Signature of FFVP contact:

Date:

Please scan and email to Kellen Leier at knleier@nd.gov or fax to 701-328-9566.