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 Scott Egge at segge@nd.gov or fax to 701-328-2319.

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