

SAMPLE
SCHOOL PROFILE FOR FRUIT AND VEGETABLE PROGRAM

* Required data element

SCHOOL INFORMATION

*School Name _____

*Address _____

*Name of District _____

Web Address (School or District) _____

Agreement Number _____

SCHOOL DATA

*Enrollment from October, 200(previous October data)___ _____

Grade Levels _____

Meals offered (check all that apply): SBP ___ NSLP ___ Afterschool snacks ___

*Would you describe your school location as (check one):

Urban___ Rural___ Suburban ___

Percent (approximately) of student enrollment who are:

White _____ African American _____ Hispanic _____

American Indian or Alaskan Native _____ Other Race/Ethnic Group _____

*Free/reduced price meal data:

From March 200_:

Number of free lunches claimed _____

Number of reduced price lunches claimed _____

Number of paid lunches claimed _____

Total lunches claimed _____

Average Daily Participation (lunches) _____

From October 200_:

Number of children approved for free meals _____

Number of children approved for reduced price meals _____

Team Nutrition School? Yes ___ No ___

Food Preparation Method (on-site, satellite, vended, other--explain)

Does your school use a food service management company? Yes ___ No ___

Before school care available? Yes ___ No ___

After school care available? Yes ___ No ___

***PROPOSAL**

Tell us briefly how your school intends to implement the program. For example, are you planning to have carts or stands in the hallways, offer fruits and vegetables in the classrooms or have free vending machines? What times of day would the fruits and vegetables be made available? Please discuss any partnerships your school will have to support the program.

We have reviewed this application and attest to the information provided. If selected, we agree to implement the program as outlined above and to implement the project in a manner consistent with the policies and procedures established by USDA. Further, we agree to participate in any USDA-sponsored evaluations and to provide the information requested by the specified deadlines. Please provide the contacts shown below or equivalent positions as determined by the school.

*School Food Manager (signature) _____ Date _____

*(please print name & title) _____

*Phone Number _____ Fax Number _____

*E-Mail Address _____

*School Principal _____ Date _____

*Food Service Director _____ Date _____

*District Superintendent _____ Date _____

(For the above positions, school may determine equivalent positions.)

*State Child Nutrition Director _____ Date _____