



Idaho Department
of Education

Fresh Fruit and Vegetable Program

Application Information and Submission Instructions

APPLICATION INFORMATION

Idaho Department of Education (IDE) Child Nutrition Programs (CNP) is accepting applications for 2025-2026 Fresh Fruit and Vegetables Grants! **Although the federal funds have not yet been allocated**, Idaho elementary schools may apply for grant awards to participate in USDA's Fresh Fruit and Vegetable Program (FFVP) for school year 2025-2026.

FFVP schools are required to provide free, fresh fruits and vegetables during the school day. The goals of the FFVP are:

- to increase students' consumption of fresh fruits and vegetables
- to expand the variety of fruits and vegetables that children experience
- to positively impact their present and future health
- to create healthier school environments by providing healthier choices for students

To be eligible for the FFVP, schools must meet the following criteria:

- Be an elementary school (enrolled students in **1st through 6th** grade)
- Operate the National School Lunch Program
- Have more than 40% enrolled students eligible for free and reduced price meals.
- Submit a complete application, including signed *Certification of Support*

Selected schools will be awarded between \$50.00 and \$75.00 per student based on Grades 1-6 full-time enrollment for the school year to purchase and serve fresh fruits and vegetables.

Idaho is seeking Sponsors that have a high free and reduced enrollment and demonstrate the willingness and capability to run a successful FFVP based on implementation strategies, use of complementary nutrition education and promotion activities, and the support and commitment provided by school food service, school administration, teachers, and outside organizations. The degree to which an application demonstrates a high likelihood of success will improve the chance of selection. The criteria rating below will be used in the selection process. Scoring will be based on free and reduced enrollment totals and the quality of responses to application questions.

IDE Scoring Criteria

Criteria	Points
School Enrollment Data	10 Points
Free and reduced percentage 0 – 39%	0 points
Free and reduced percentage 40 – 74%	5 points
Free and reduced percentage 75 – 100%	10 points
Proposal Narrative	36 Points
Grades served	1 – 6 points
Days per week served	1 – 5 points
Distribution	0 – 5 points
Plan to promote / publicize the FFVP	0 – 5 points
Nutrition Education integration	0 – 5 points
Administration and staff support	0 – 5 points
Site training plan	0 – 5 points
Previously Awarded	5 Points
Yes, however, FFVP AR Findings during last review cycle and/or unsuccessful management of grant funds were identified.	0 points
No, FFVP grant award not received within the past review cycle.	5 points
Yes, with no AR findings and/or successful management of grant funds	5 points
Total Possible Points	51 Points

APPLICATION SUBMISSION INSTRUCTIONS

The complete application package can be found on [IDE Awards, Grants & Recognition Programs](#) home page.

A separate application must be filled out and submitted for EACH school site. Full-time enrollment and free-and-reduced claiming percentage data will be identified by IDE.

Complete Applications (two-part) are DUE Wednesday, May 21, 2025. **All grant awards are contingent upon available USDA funds.**

TWO-PART APPLICATION PROCESS:

FFVP online **Application** and the signed **Certification of Support** must be received by the close of business on Wednesday, May 21, 2025. Both of these documents are **required** and must be submitted according to the instructions below in order to be considered a complete application:

Part One: The [online Application form](#)

Part Two: The [Certification of Support](#), with required original signatures

PART ONE: Step-by-step instructions for filling out and submitting the Application:

1. **Open** the Online Application
2. **Fill out** the Application
3. **Click** on the Submit button at the end of the form. Print for your records.

PART TWO: Step-by-step instructions for the *Certification of Support* form:

1. **Open** the document titled "**Part 2-Certification of Support**"
2. **Obtain** the required original signatures
3. **Submit** the signed document. Print for your records.

OR print form, obtain signatures, scan, and email to: ffvpgrant@sde.idaho.gov

OR Mail to: Idaho State Department of Education
Child Nutrition Programs – FFVP
PO Box 83720
Boise, ID 83720-0027

We will send an email confirmation when we have received both PART ONE and PART TWO of each application.

For Questions Contact

Child Nutrition Programs
Idaho Department of Education

650 W State Street, Boise, ID 83702
208 332 6831 | www.sde.idaho.gov

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

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Debbie Critchfield, Superintendent of Public Instruction
(208) 332-6800 | 650 W. State St., Boise, ID 83702 | sde.idaho.gov



PART TWO: THE CERTIFICATION OF SUPPORT, WITH REQUIRED ORIGINAL SIGNATURES

1. Click on the link [Certification of Support](#)
2. Enter the School Name and the School District Name
3. Either 'draw' or 'type' the signature of the person mentioned in the signature box.
Note: If you are the authorized person for more than one signature, you may sign in more than one signature box.
4. If you are the 1st, 2nd or 3rd person signing the document, please click on 'Save'

Part 2- Certification of Support SY25-26

This is Part 2 of the application. It must be signed and created by Wednesday, May 21, 2025.
For questions please email: FFVP@doe.idaho.gov

Certification of Support

We have received the Fresh Fruit and Vegetable Program (FFVP) grant application and affirm that the information we provided on our application. If awarded, we agree to implement the Program as established by IDEIA and the Idaho Department of Education (IDE) and will follow the FFVP guidelines as outlined in the IDEIA, Fresh Fruit and Vegetable Program Handbook for Schools.

Consent and support by all levels of administration are required for successful implementation of the FFVP. Please ensure the district superintendent and foodservice director accept jurisdiction and the school site principal and the kitchen manager are committed to the promotion of the FFVP and understand Program responsibilities.

All food service directors from the School Food Authority (SFA) will be required to complete the mandatory State agency online training through the Idaho CFP Training Portal. The SFA will train for possible and document site training to all school staff involved in implementing, distributing, and serving the FFVP which may include administrators, teachers, non-staff, and food service staff. A "FFVP Training Check Sheet" and a "FFVP Training Agenda & Sign-In" is available in Download Forms for use to guide and document staff training.

Requirement of Affidavit
We certify by signing this form that we support the FFVP and intend to implement the Program, and agree to the permission and handling requirements above.

School Name* **School District name***

FFVPWS Website URL*

District Superintendent Signature* **District Superintendent name***

District Food Service Director Signature* **District Food Service Director name***

School Principal Signature* **School Principal name***

School Kitchen Manager Signature* **School Kitchen Manager name***

5. A pop-up box will appear as below

✕

Your progress has been saved.

Copy or email the link below and return to your form to complete your submission.

Copy your form link:

Email me my link:

6. Enter the email address of the next person for signing the document.
7. Follow Step 4 and Step 5 until you have all signatures.
8. The last person signing the document can click 'Submit Part 2' button

Part 2- Certification of Support SY25-26

This is Part 2 of the application. It must be signed and completed by Wednesday, May 21, 2025.
For questions please email: FFVP@nj.gov

Certification of Support

We have reviewed the Part 2 Form and the eligible Program FFVP grant conditions and affirm that the information we provided on the application is correct and we agree to implement the Program in accordance with the State Department of Education (SDE), and will follow the FFVP guidelines as outlined in the LREIS Part 2 and Eligible Program Handbook for Schools.

Continuation and support by all levels of government are required for successful implementation of any FFVP. Please ensure that school, district, and state-level support and resources are available for the program and that the necessary management is available to the program and the FFVP and eligible Program responsibilities.

All school-level signatories from the School Food Authority (SFA) will be required to complete the necessary State agency online training through the State SFA Training Portal. The SFA will receive requests to provide and coordinate the training and will coordinate with the state SFA Training Portal and the FFVP grant to ensure that all necessary training is completed.

Additional information is available at: www.nj.gov/education/ffvp and www.nj.gov/education/ffvp/ffvp-training-agency-requirements.

Witnessed by all parties:
We certify that we have read and agree to the FFVP, understand the Program, and agree to the permission and liability associated with it.

School Name*	School District name*
<input type="text"/>	<input type="text"/>
APPLICABLE SIGNATURES	
District Superintendent Signature*	District Superintendent date*
<input type="text"/>	<input type="text"/>
District Food Service Director Signature*	District Foodservice Director date*
<input type="text"/>	<input type="text"/>
School Principal Signature*	School Principal date*
<input type="text"/>	<input type="text"/>
School Nutrition Manager Signature*	School Nutrition Manager date*
<input type="text"/>	<input type="text"/>