**Kentucky Fresh Fruit and Vegetable Program (FFVP) Application**

**Signature Page**

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

**Signatures: (All original signatures are required to be in ink)**

|  |  |  |  |
| --- | --- | --- | --- |
| District  Nutrition Program Director |  |  |  |
|  | (Print Name) |  |  |
|  |  |  |  |
|  | (Signature) |  | Date |
| School Cafeteria Manager |  |  |  |
|  | (Print Name) |  |  |
|  |  |  |  |
|  | (Signature) |  | Date |
| School Principal |  |  |  |
|  | (Print Name) |  |  |
|  |  |  |  |
|  | (Signature) |  | Date |
| District Superintendent |  |  |  |
|  | (Print Name) |  |  |
|  |  |  |  |
|  | (Signature) |  | Date |
|  |  |  |  |

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