

# 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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