



2024-25 Fresh Fruit & Vegetable Program
Application - Amendment
Division Food and Nutrition

District/School Information

District Name:

School Name:

School Address:

Staffing Information

Grant Writer Contact Information. This person is responsible for submitting the grant.		
Name/Title	Email Address	Telephone Number
Site Manager Contact Information. This person is involved in overseeing the preparation and distribution of the fruits and vegetables on a daily basis.		
Name/Title	Email Address	Telephone Number
Claim Contact Information. This person is responsible for submitting claims.		
Name/Title	Email Address	Telephone Number

School Enrollment Data

Enrollment as of March 31, 2024: _____

SY2023-24 Free and Reduced Lunch percentage as listed on the

[Free and Reduced Lunch Report](#): _____

*Applications must be **emailed** to taylor.jones@agri.nv.gov. All applications must be submitted by **5:00pm** on **August 30, 2024**. Any late submissions or improperly filled out applications will be denied.

Amendment

I hereby certify that the above information is correct. By signing below, I wish to rollover the Fresh Fruit and Vegetable Program application from the FY2023-24 grant year for the above-mentioned site. (Must be signed in [blue ink](#) or electronically signed with certificate)

Principal Signature: _____ Date: _____

Food Service Director Signature: _____ Date: _____