



Fresh Fruit and Vegetable Program Sponsor Certification and Signatures

Please obtain signatures from your district’s superintendent and food service director to indicate their knowledge and support for this program. Please obtain the required signatures and upload this document into your sponsor’s Fresh Fruit and Vegetable Program (FFVP) application in the Cyber-Linked Interactive Child Nutrition System (CLiCS) website.

District/Organization Name: _____

District Superintendent (school may determine equivalent position)	
Name and Title:	
Address:	
Phone Number:	
Email:	
Signature and Date (Required)	

District Food Service Manager (school may determine equivalent position)	
Name and Title:	
Address:	
Phone Number:	
Email:	
Signature and Date (Required)	

Certification of Support

We have reviewed this application and attest to the information provided. If selected, we agree to implement the program as outlined in the FFVP Handbook and to implement the project in a manner consistent with the policies, procedures and regulation established by the U.S. Department of Agriculture (USDA). Further, we agree to participate in any USDA-sponsored evaluations and to provide the information requested by the specified deadlines.