



Frank Edelblut  
Commissioner

Christine M. Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
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### Fresh Fruit and Vegetable Program (FFVP) "Certification of Support" FY24

(Must be completed by **each school** identified on the "Letter of Intent" participating in the FFVP in your SAU).

SAU #: \_\_\_\_\_ School Name: \_\_\_\_\_

We have reviewed and updated the on-line SAU and site applications and attest to the information provided. We agree to implement the program in a manner consistent with the policies, procedures and regulations established by USDA. Further, we agree to participate in any USDA-sponsored evaluations and to provide the information requested by the specified deadlines.

SCHOOL PRINCIPAL	
<i>*Signature of School Principal</i>	<i>(Please print name)</i>
<i>Date Signed</i>	

SCHOOL FOOD SERVICE DIRECTOR	
<i>*Signature of School Food Service Director</i>	<i>(Please print name)</i>
<i>Date Signed</i>	

SCHOOL FOOD SERVICE MANAGER	
<i>*Signature Food Service Manager Signature</i>	<i>(Please print name)</i>
<i>Date Signed</i>	

*\*Signature required.*