

**Frank Edelblut Christine M. Brennan**

Commissioner Deputy Commissioner

STATE OF NEW HAMPSHIRE

**DEPARTMENT OF EDUCATION**

**101 Pleasant Street**

**Concord, NH 03301**

**TEL. (603) 271-3495**

**FAX (603) 271-1953**

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

***“Certification of Support”***

*(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** | |
|  |  |
| ***\*Signature of School Principal*** | ***(Please print name)*** |
|  |  |
| ***Date Signed*** |

|  |  |
| --- | --- |
| **SCHOOL FOOD SERVICE DIRECTOR** | |
|  |  |
| ***\*Signature of School Food Service Director*** | ***(Please print name)*** |
|  |  |
| ***Date Signed*** |

|  |  |
| --- | --- |
| **SCHOOL FOOD SERVICE MANAGER** | |
|  |  |
| ***\*Signature Food Service Manager Signature*** | ***(Please print name)*** |
|  |  |
| ***Date Signed*** |

***\*Signature required.***