

Fresh Fruit and Vegetable Program 2014-2015 Equipment Request Form

*Equipment must be approved by Fresh Fruit and Vegetable Program Coordinator prior to requesting reimbursement.
Equipment purchases may not exceed 10% of total grant award per school.*

District: _____ School(s) requesting equipment: _____ Total grant award: _____

Contact Person: _____ Phone () _____ - _____

Column 1-5 to be Completed By FFVP Grant Coordinator					Column 6-8 to be Completed by ADE, CNU FFVP		
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
List each equipment item requested: (Attach 3 quotes to this sheet.)	Justification of need: (Explain need for additional equipment and why current equipment is not sufficient.)	Number Requested	Price Each	Total this Item:	Approved or Denied (circle one)	Approved / Denied By	Date Approved / Denied
					Approved or Denied		
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Please answer the following:

How many times per week do you provide FFVP? _____ Do you receive deliveries weekly or monthly? _____ How many? _____ week _____ month

Will the requested equipment be used solely for the FFVP (check one)? _____ Yes _____ No *If no, what percentage of the time will it be used for the FFVP? _____

*Please note: If equipment will be used for other programs, only a percentage of the cost will be reimbursed.

For ADE/CNU use only:

Date approved/denied faxed to school: _____ Signature: _____ Comments: _____