***Fresh Fruit and Vegetable Program SY 2020***

**By signing below, we will support the activities necessary for a successful Fresh Fruit and Vegetable Program in our school.** If selected, we agree to implement the program as outlined and to implement the project in a manner consistent with the policies and procedures established by USDA. Further, we agree to participate in any USDA-sponsored evaluations and to provide the information requested by the specified deadlines.

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| --- | --- | --- |
| Project/Site Manager | | |
| Name (Print) | Signature | Date |
|  |  |  |
| School Principal | | |
| Name (Print) | Signature | Date |
|  |  |  |