

**Fresh Fruit and Vegetable Program 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 requesting equipment: \_\_\_\_\_ Total grant award: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone (        ) \_\_\_\_\_ - \_\_\_\_\_ Fax (        ) \_\_\_\_\_ - \_\_\_\_\_

Column 1-5 to be Completed By School 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		
					Approved or Denied		
					Approved or Denied		
					Approved or Denied		
					Approved or Denied		
					Approved or Denied		

**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.

Return Form to: [ADE.FFVP@ade.arkansas.gov](mailto:ADE.FFVP@ade.arkansas.gov)

*For ADE/CNU use only:*

Date approved/denied faxed to school: \_\_\_\_\_ Signature: \_\_\_\_\_ Comments: \_\_\_\_\_