



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Health and Wellness Division

**Fresh Fruit and Vegetable Program
Fiscal Year _____ Signature Page**

CERTIFICATION OF SUPPORT

We have reviewed the site specific application and attest to the information provided. If selected, we agree to implement the program as outlined above and to implement the project in a manner consistent with the policies, procedures and regulation established by USDA. Further, we agree to participate in any USDA- sponsored evaluations and to provide the information requested by the specified deadlines.

School Food Authority Name : _____

Site Name : _____

Signature (School Principal)

Date

Print Name: _____

(This person will be involved in overseeing the preparation and distribution of the fruits and vegetables on a daily basis)
Signature (Program Coordinator)

Date

Print Name: _____