



**OREGON  
DEPARTMENT OF  
EDUCATION**  
*Oregon achieves... together!*

## FRESH FRUIT AND VEGETABLE PROGRAM Equipment Request Form

E-mail completed Equipment Request forms to [FarmtoCNP@ode.state.or.us](mailto:FarmtoCNP@ode.state.or.us)

### SCHOOL INFORMATION

Name of school district	Name of school
Street Address	City and ZIP code

### FFVP CONTACT INFORMATION

Name		Title	
Phone Number		Email	

### REQUEST TO PURCHASE EQUIPMENT

**1.** Please describe the equipment you need to purchase including justification of need. With this justification include why the current equipment is not sufficient for FFVP operations and how many times the FFVP will be offered each week. Add additional pages if necessary.

**2.** Will this equipment be used exclusively for FFVP?  Yes  No

**3.** If you answered **No** to question 2, what percentage of the time will the equipment be used by the FFVP? (The cost of equipment used by the FFVP and other meal programs must be prorated among the programs).

**4.** How much does the equipment cost? If applicable, list the prorated cost to the FFVP as well. (You can spend a maximum of 10% of your total grant award on equipment. Please note, if you spend all of your administrative dollars on equipment you will not have funds for other administrative costs).

**SIGNATURES**

Printed Name of Person Requesting Equipment	Signature	Date
State Agency Authorization	Signature	Date

Approved    Denied