

REQUEST FOR EQUIPMENT PURCHASE FOR THE FRESH FRUIT AND VEGETABLE PROGRAM

Instructions: Complete this form. Retain a copy for your files. **Do not** purchase equipment until approval is received from Kansas Department of Education.

District/Sponsor:

School(s):

School FFVP Contact Name:

E-mail:

Phone:

1. What is the piece of equipment to be purchased? Please describe what this is and its function.
2. What is the estimated cost of the requested equipment?
3. Why is this piece of equipment needed and why will current equipment not suffice?
4. If the purchase is 100% paid for with FFVP funds, explain why this equipment cannot be split with other program? If the purchase is to be split among schools or with other programs, state which schools and programs and the percentage each is paying. (The cost must be prorated among all programs using the equipment).
5. How many times do you serve fresh fruits and vegetables each week?

Name of person completing request: _____

Date: _____

Please return this form to Karen Seymour by e-mail: kseymour@ksde.org, fax: (785)296-0232, or mail:

Child Nutrition and Wellness
Kansas State Department of Education
Landon State Office Building
900 SW Jackson St, Suite 251
Topeka, KS 66612-1212