



**2025-26 Fresh Fruit & Vegetable Program  
Application - Amendment Division  
Food and Nutrition**

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**District/School Information**

District Name:

School Name:

School Address:

**Staffing Information**

Grant Writer Contact Information. This person is responsible for submitting the grant.		
Name/Title	Email Address	Telephone Number
Site Manager Contact Information. This person is involved in overseeing the preparation and distribution of the fruits and vegetables on a daily basis.		
Name/Title	Email Address	Telephone Number
Claim Contact Information. This person is responsible for submitting claims.		
Name/Title	Email Address	Telephone Number

**School Enrollment Data**

Enrollment as of March 31, 2025: \_\_\_\_\_

SY2024-25 Free and Reduced Lunch percentage as listed on the

[Free and Reduced Lunch Report](#): \_\_\_\_\_

\*Applications must be **emailed** to [taylor.jones@agri.nv.gov](mailto:taylor.jones@agri.nv.gov). All applications must be submitted by **5:00pm** on **August 29, 2025**. Any late submissions or improperly filled out applications will be denied.

**Amendment**

I hereby certify that the above information is correct. By signing below, I wish to rollover the Fresh Fruit and Vegetable Program application from the FY2024-25 grant year for the above-mentioned site. (Must be signed in [blue ink](#) or electronically signed with certificate)

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Food Service Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_