



Vermont FEED Farm-to-School Technical Assistance Application

For Office Use:

Name of Lead Applicant _____ Email _____

Name of Applying School/District _____

Mailing Address _____

Town _____, VT Zip _____ Telephone _____

Please fill in your school/district information:

Number of students _____ Number of classroom teachers _____

Number of other teaching staff _____ Number of food service staff _____

Number of students on free and reduced breakfast/lunch program _____

What are the prices for: Student lunch _____ Adult lunch _____

Do you have a summer feeding lunch program? ____ NO ____ YES

If yes, how many children take part in it? _____

On average, how many student lunches do you serve in a day? _____

On average, how many adult lunches do you serve in a day? _____

Please check the assistance options you might be interested in receiving from Vermont FEED: (this helps identify where your school's interest is, does not limit you or tie you to that option)

<input type="checkbox"/> Further Developing a Food/Wellness Council/Committee <input type="checkbox"/> Food Council Support/Consultation <input type="checkbox"/> Taste Test Plan <input type="checkbox"/> Taste Test Ongoing Consulting <input type="checkbox"/> Food Service Professional Development <input type="checkbox"/> Food Service Ongoing Consulting <input type="checkbox"/> Teacher Professional Development <input type="checkbox"/> Local Farm-based Field Studies for students	<input type="checkbox"/> Teacher Ongoing Consulting <input type="checkbox"/> Parent/Volunteer Training Program <input type="checkbox"/> Ongoing Consulting for Volunteer Program <input type="checkbox"/> Local Purchasing Connections <input type="checkbox"/> Other _____ _____ _____ _____
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Please return completed form to:

Kim Norris, VT-FEED Shelburne Farms 1611 Harbor Rd. Shelburne, VT 05482 FAX: 802-985-8123
 Email: knorris@shelburnefarms.org

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Does your school/community have a committee dedicated to food, nutrition, and/or wellness issues? If so, identify members and their role on the committee. ___ NO ___ YES and the members are:

NAME	EMAIL/PHONE	ROLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When was this committee formed? _____

How often does this committee meet? _____

Do you have any other in-school partners that are involved in your school food change efforts (not listed on committee)? ___ NO ___ YES, and they are:

NAME	EMAIL/PHONE	ROLE/INTERESTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Do you have any other community partners that are involved in your school food change efforts (not listed on council)? NO YES, and they are:

NAME	EMAIL/PHONE/ADDRESS	ROLE/INTERESTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any other farm/farmer partners that are involved in your school food change efforts (not listed on council)? NO YES, and they are:

NAME	EMAIL/PHONE/ADDRESS	ROLE/INTERESTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your committee had a FEED presentation before? NO YES If yes, when? _____
If no, would you be interested in a short presentation? NO YES

Has your committee filled out a FEED Needs Assessment Tool? NO YES . IF no, would you be willing to? NO YES