



Fresh Fruit and Vegetable Program Equipment Justification Form

Any equipment over the cost of \$250 that is purchased with FFVP funds must receive approval. Please complete the below form and submit to Sara Rose Foreman at fax: 303-866-6133 or foreman_s@cde.state.co.us. Pre-approval is recommended prior to purchase of equipment. No equipment will be approved for reimbursement without a completed justification form.

School District	
School Name	
Contact Person	
Equipment Requested	
Total Cost of Equipment	\$
Justification of Equipment	
Will this piece of equipment be used exclusively for FFVP? If no, what percent of cost will be prorated to FFVP?	_____ Yes _____ No _____% Prorated to FFVP \$ _____(Cost attributed to FFVP)
Why is the current equipment not sufficient for needs?	

CDE USE ONLY			
Cost Approved	Cost Denied	Signature	Date

