

HealthierUS School Challenge: Smarter Lunchrooms

Checklist for Dual Recognition for HSP Recognized Schools for SY 2014-15 or Later

Schools recognized by the Alliance for a Healthier Generation's Healthy Schools Program (HSP) for SY 2014-15 or later are eligible for recognition at the HUSSC: SL Bronze level from USDA's HealthierUS School Challenge: Smarter Lunchrooms (HUSSC: SL) award program.

HSP schools recognized in SY 2014-15 or later should complete the following steps for HUSSC: SL Bronze level recognition:

Indicate on page 1 of the HUSSC: SL Application Form that the school is seeking dual recognition from HSP and the Bronze level award of HUSSC: SL by checking the box at the bottom of the page.

Complete* page 3. Indicate at top of page 3 that school is applying at the Bronze level

Complete the first 4 questions on the top of page 5.

Complete* page 16, and only the School District Financial Manager information at the bottom of page 18.

If applying as a district, or for multiple schools, please submit the [District School List Form](#), and complete page 17 in place of page 16.

*Very important to complete pages with accurate information to assure timely recognition.

Scan or photocopy Alliance for a Healthier Generation's Healthy Schools Program Certificate

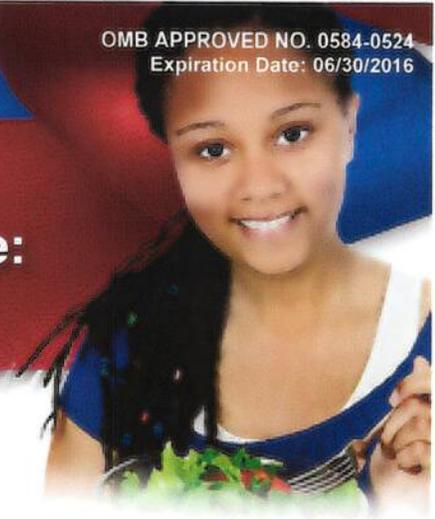
*Email notification of HSP recognition can be submitted if certificate is unavailable; however, once you receive the HSP certificate, a copy for each school seeking dual recognition is required for payment and recording purposes.

Submit pages 1, 3, 5, 16, and 18 (page 17 when appropriate) of the HUSSC: SL application and a copy of the HSP certificate to your State agency.

For additional questions on the dual recognition process, please contact your State agency or email cnpntab@fns.usda.gov.



Food and Nutrition Service HealthierUS School Challenge: Smarter Lunchrooms



General Information

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0524). Do not return the completed form to this address.

The HealthierUS School Challenge:Smarter Lunchrooms (HUSSC: SL) is a voluntary certification initiative recognizing those schools enrolled in Team Nutrition that have created healthier school environments through promotion of smarter lunchrooms, nutrition, and physical activity. Schools receiving a HUSSC award will commit to meeting the criteria throughout their 4-year certification period. Recognized schools receive a plaque with a certificate signed by the Secretary of Agriculture, a display banner, recognition on the Team Nutrition Website, and a monetary incentive.

After being awarded, schools should work with their school district's financial management/budget staff to verify their DUNS Number and District's Tax ID (EIN) Number within the System for Awards Management (SAM) <https://www.sam.gov>. Monetary incentives are awarded on a quarterly basis and once the school is formally announced as an award winner, a banking information request form will be sent for the school district to complete by the end of that quarter. Submit the complete and accurate form to USDA/FNS Team Nutrition staff for information verification and payment processing via electronic funds transfer to the award-winning school(s). **Incorrect or inadequate information and the failure to ensure the information contained in the SAM is correct and current will delay the processing of the funds payment to your district, and may even result in the elimination of your ability to receive the award funds.**

Recognized as a Healthy Schools Program school in SY 2014-2015 or later.

Awardee should submit a copy of their HSP recognition certificate with their HUSSC: SL application in lieu of completing application ONLY if they want to be automatically awarded at the HUSSC: SL Bronze level.



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Application Cover Sheet

Application for: Bronze Silver Gold Gold Award of Distinction

* The school name on the Award Certificate will be typed exactly as written in the School Name section below. Please ensure that the entire name with any appropriate punctuation is clearly indicated. Award Certificates will not be re-printed due to an incorrect or illegible school name.

PRINT OR TYPE ALL INFORMATION

? School Name

School District

School Address

Grades in School (list)

more info. Contact Person's Name and Title

Contact Person's Phone Number & Email

Date Submitted to State Agency

**Reminder
Save
Your
Work!**

FOR OFFICE USE ONLY State Agency

State Child Nutrition Director Approval: _____
Signature Date

Reviewed by: _____ Phone: _____

Reviewer's Email: _____

Email of the State Child Nutrition Director: _____

Regional Office

FNS Region: _____ Reviewed by: _____

Child Nutrition Director Approval: _____
Signature Date

FNS Headquarters

Application received HQ: _____ Reviewed by: _____

Decision/Date: _____ Award period: _____



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General Criteria Worksheet

Yes

No

Are you a Team Nutrition School? (check our Team Nutrition directory at: <http://teamnutrition.usda.gov/schoolsdb/srchpage.asp>) Print and enclose a copy of each school(s) Team Nutrition enrollment form. If your school is not a Team Nutrition School, complete the [Online Enrollment Form](#) and submit a copy with your HUSSC application.

Have all corrective actions from your school's most recent State review of your school meals program been completed? If not, please contact your [State Agency](#).

Is your school currently meeting school meal pattern requirements for the National School Lunch Program and School Breakfast program as specified in 7 CFR 210 and 220?

Is your School Food Authority certified to receive the additional six cent performance-based reimbursement (Healthy Hunger-Free Kids Act 2010)?

Is your school implementing Smarter Lunchroom techniques in six areas (Fruits, Vegetables, Entrees, Milk, Sales of Reimbursable Meals, and School Synergies) as defined on the [Smarter Lunchrooms Self-Assessment Scorecard](#)? The number of techniques from the scorecard that the school must implement is dependent upon the award level. Documentation that the school is meeting this criteria shall include a copy of the completed score card and a brief summary with 2-3 photos describing the school's overall Smarter Lunchroom effort.

-Bronze applicants must select at least 30 action items.

-Silver/Gold applicants must select 50 action items.

-Gold Award of Distinction applicants must select 70 action items.

Does your school meet the Average Daily Participation (ADP) criteria for breakfast and lunch?

No ADP requirement for Bronze.

Breakfast: Elementary and Middle School ADP: 35% Gold and Gold Award of Distinction, 20% Silver

High School ADP: 25% Gold and Gold Award of Distinction, 15% Silver

Lunch: Elementary and Middle School ADP: 75% Gold and Gold Award of Distinction, 60% Silver

High School ADP: 65% Gold and Gold Award of Distinction, 45% Silver

Both the breakfast and the lunch ADPs should be reported for the same month.

List ADP for Breakfast calculated based on attendance: [more info.](#)

Month/Year: _____

**Reminder
Save
Your
Work!**

List ADP calculated for Lunch based on attendance: [more info.](#)

Month/Year: _____

The State Agency and FNS reserve the right to verify all information on the application and reject applications that are incomplete or otherwise fail to provide factual information.



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Application Check-off Sheet

Please include the following information in your Application:

- Application Cover Sheet (pg 3)**
- Table of Contents (pg 4)**
- General Criteria Worksheet (pg 5)**
- Smart Snacks Worksheet (pg 6-7)**
- Nutrition Education Worksheet (pg 8)**
- Physical Education Worksheets (pg 9-10)**
- Physical Activity Worksheet (pg 11)**
- School Wellness Policy Worksheet (pg 12)**
- Other Criteria for Excellence Checklist (pg 13-15)**
- Review Committee Verification Form (pg 16-17)**
- Check-off Sheet (pg 18)**

Please submit the following additional documentation:

- Copy of the School Wellness Policy (if school does not have its own and follows a District Wellness Policy, please submit a copy).
- Smart Snacks documentation including Alliance for a Healthier Generation Smart Snacks Calculator results, along with product nutrition fact labels and ingredient statements or recipes to verify that the Smart Snacks criteria have been met.
- Completed Smarter Lunchrooms Scorecard and Documentation

School District Financial Manager

**more
info.**

Name: _____

Email: _____

Phone Number: _____

Thank you for applying for the HealthierUS School Challenge: Smarter Lunchrooms
For more information, visit the Team Nutrition Website: www.teamnutrition.usda.gov



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Review Committee Verification Form For individual school applications only

Please read the following statement and add your name and date below if you agree:

We have reviewed this application, and we agree that our school meals are healthy and appealing to our students. We attest to the accuracy of the information provided in this application. We agree to maintain the nutrition excellence, physical education/activity, and other criteria for excellence standards and procedures indicated in this application for the duration of our certification as HUSSC: SL awardees. Furthermore, we agree to cooperate with USDA and other organizations upon request to publicize our efforts.

Foodservice Manager's Name/Address	Email Address	Date
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Team Nutrition Leader's Name	Email Address	Date
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District Food Service Authority Name/Address (Foodservice Director)	Email Address	Date
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Representative of the School's Parent Organization	Email Address	Date
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Physical Education/Health Teacher's Name	Email Address	Date
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Principal's Name/Address	Email Address	Date
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**Please submit your completed application and documentation to your
State Child Nutrition Agency.**

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