



# Go!

## Let's Apply

**This section** provides you with a sample of the application packages: one for the Bronze/Silver awards and one for the Gold/Gold of Distinction awards. The complete applications are available to either download from the enclosed CD or from the Internet.

Applications must be submitted as a hardcopy with required signatures. More information and additional resources are available online to assist you as you complete your application.

Please mail completed Application Check-off Sheet with hardcopy application(s), and required documentation in that order in a 3-ring binder to your State Agency.

Visit <http://healthymeals.nal.usda.gov/hsmrs/HUSSC/> to download and complete the application, or print the PDF versions included on the enclosed CD and fill out by hand.



# Sample Bronze and Silver Application

The complete package of these forms is available on the enclosed CD.

## HealthierUS School Challenge Recognizing Excellence in Nutrition and Physical Activity

### Application Cover Sheet

Application for: \_\_\_\_\_ Bronze Award \_\_\_\_\_ Silver Award

PRINT OR TYPE ALL INFORMATION

School Name	
School District	
School Address	
Grades in School	
Contact Person's Name and Title	
Contact Person's Phone Number & Email	
Date Submitted to State Agency	

#### FOR OFFICE USE ONLY

#### State

Approved by State Child Nutrition Director: \_\_\_\_\_  
Signature Date

Reviewed by: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### Regional Office

FNS Region: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Approved by Child Nutrition Director: \_\_\_\_\_  
Signature Date

#### FNS Headquarters (HQ)

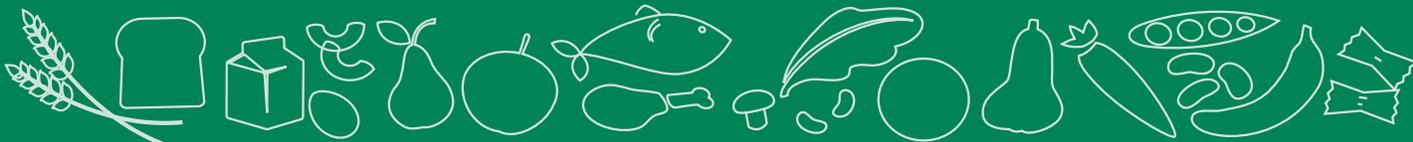
Application received HQ: \_\_\_\_\_  
Decision/Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Award period: \_\_\_\_\_

School Name \_\_\_\_\_

Bronze Award/Silver Award Application

3/17/2010





**HealthierUS School Challenge**  
*Recognizing Excellence in Nutrition and Physical Activity*

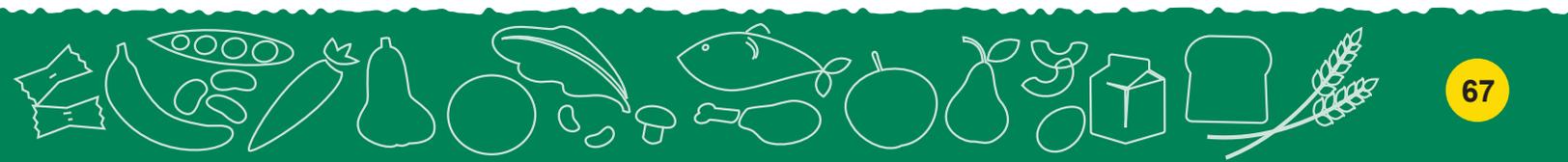
**Application for Bronze or Silver Award**

CRITERIA	Yes	No
<b>1. Are you a Team Nutrition School?</b> (Include print out of Team Nutrition verification from Team Nutrition website: <a href="http://teamnutrition.usda.gov/schoolsdb/srchpage.asp">http://teamnutrition.usda.gov/schoolsdb/srchpage.asp</a> )		
<b>2. If applicable, have all corrective actions from your school's most recent School Meals Initiative (SMI) been completed?</b>		
<b>3. Are all lunches submitted in this application reimbursable?</b>		
<b>4. Do your reimbursable lunches meet or exceed the criteria in the worksheets?</b> (Include forms on pages 4-7 and documentation for menus served.)		
<b>5. Is nutrition education provided to students that meets or exceeds the criteria in the worksheet?</b> (Include worksheet on page 8.)		
<b>6. Is the opportunity for physical education/activity provided to students, that meets or exceeds the criteria in the worksheet?</b> (Include worksheet on page 9/9a.)		
<b>7. Does your school meet the criteria for the award it is seeking?</b> Note: There is no ADP requirement for Bronze level. Elementary and Middle School ADP criteria: 60% Silver, 70% Gold/Gold of Distinction High School ADP criteria: 45% Silver, 65% Gold/Gold of Distinction  List ADP: _____ Month/Year: _____		
<b>8. Does your school serve/sell a la carte foods or have foods or beverages available in vending machines in the school cafeteria and/or other designated school meal area during meal periods? If yes, do these foods and beverages meet the competitive foods criteria listed in the worksheet?</b> (Include printouts from online calculator, food product ingredient labels, Nutrition Facts Labels and/or recipes.)		
<b>9. Does your school meet the School Policies and Practices criteria listed on page 11 of this application?</b> (Include worksheet on page 11.)		

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.

School Name \_\_\_\_\_

3/17/2010  
Bronze Award/Silver Award Application





# HealthierUS School Challenge Application Kit

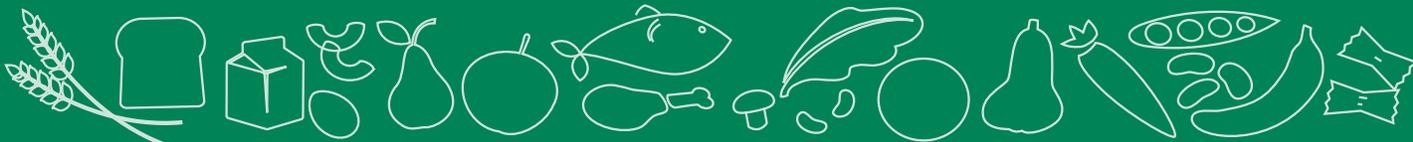
Lunch Menu Worksheet  Bronze Award  Silver Award

Dates Week 1 Menu was served: \_\_\_\_\_

Week 1			
<b>Menu Planning Approach Used:</b> Traditional: <input type="checkbox"/> No Modifications <input type="checkbox"/> Modifications (please explain) _____ Enhanced: <input type="checkbox"/> No Modifications <input type="checkbox"/> Modifications (please explain) _____ <input type="checkbox"/> NSMP <input type="checkbox"/> Assisted NSMP <input type="checkbox"/> Alternative Menu Planning Approach (describe in an application cover letter)			
LUNCH MENU CRITERIA	FOOD ITEM	PORTION SIZE	COMMENTS (OPTIONAL)
<b>Vegetables:</b> Offer a different vegetable every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same vegetable are considered the same, i.e. mashed potatoes and tater tots are both potatoes.</i>	M T W T F	M T W T F	
<b>Dark green or orange vegetables:</b> Offer dark green or orange vegetables on 3 or more days per week. (Of the 3, at least 2 must be different. All must be at least ¼ cup serving size).	1 2 3	1 2 3	
<b>Cooked dry beans or peas (legumes):</b> Offer at least once a week (at least ¼ cup serving size).	1	1	
<b>Fruits:</b> Offer a different fruit every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same fruit are considered the same, i.e. fresh apples and applesauce are both apples.</i>	M T W T F	M T W T F	
<b>Fresh fruit:</b> Offer fresh fruit at least 1 day a week (at least ¼ cup serving size).	1	1	
<b>Whole grain foods:</b> Offer whole grain food at least 3 days/week, and may not be the same one each day.	1 2 3	In oz or grams: 1 2 3	
Does your menu only offer low-fat (1% or less) and fat-free (skim) milk, flavored or unflavored, each day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this week's menu meet the HUSSC menu criteria?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

School Name \_\_\_\_\_

3/17/2010  
Bronze Award/Silver Award Application





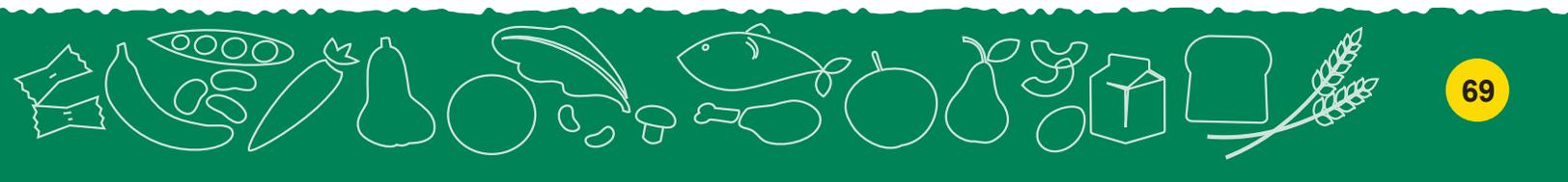
Lunch Menu Worksheet  Bronze Award  Silver Award

Dates Week 2 Menu was served: \_\_\_\_\_

Week 2			
<b>Menu Planning Approach Used:</b> _____ Traditional: _____ No Modifications _____ Modifications (please explain) _____ _____ Enhanced: _____ No Modifications _____ Modifications (please explain) _____ _____ NSMP _____ Assisted NSMP _____ Alternative Menu Planning Approach (describe in an application cover letter)			
LUNCH MENU CRITERIA	FOOD ITEM	PORTION SIZE	COMMENTS (OPTIONAL)
<b>Vegetables:</b> Offer a different vegetable every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same vegetable are considered the same, i.e. mashed potatoes and tater tots are both potatoes.</i>	M T W T F	M T W T F	
<b>Dark green or orange vegetables:</b> Offer dark green or orange vegetables on 3 or more days per week. (Of the 3, at least 2 must be different. All must be at least ¼ cup serving size).	1 2 3	1 2 3	
<b>Cooked dry beans or peas (legumes):</b> Offer at least once a week (at least ¼ cup serving size).	1	1	
<b>Fruits:</b> Offer a different fruit every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same fruit are considered the same, i.e. fresh apples and applesauce are both apples.</i>	M T W T F	M T W T F	
<b>Fresh fruit:</b> Offer fresh fruit at least 1 day a week (at least ¼ cup serving size).	1	1	
<b>Whole grain foods:</b> Offer whole grain food at least 3 days/week, and may not be the same one each day.	1 2 3	In oz or grams: 1 2 3	
Does your menu only offer low-fat (1% or less) and fat-free (skim) milk, flavored or unflavored, each day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this week's menu meet the HUSSC menu criteria?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

School Name \_\_\_\_\_

3/17/2010  
Bronze Award/Silver Award Application





# HealthierUS School Challenge Application Kit

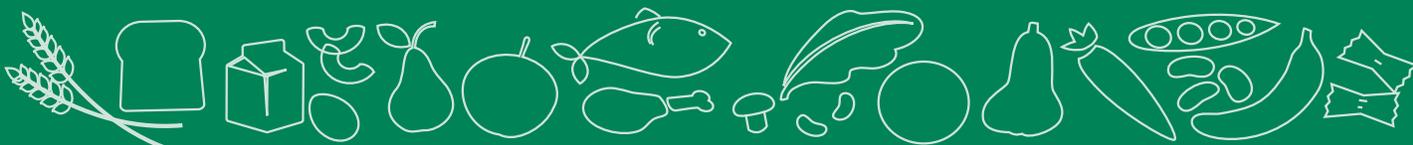
Lunch Menu Worksheet  Bronze Award  Silver Award

Dates Week 3 Menu was served: \_\_\_\_\_

Week 3			
<b>Menu Planning Approach Used:</b> _____ Traditional: _____ No Modifications _____ Modifications (please explain) _____ _____ Enhanced: _____ No Modifications _____ Modifications (please explain) _____ _____ NSMP _____ Assisted NSMP _____ Alternative Menu Planning Approach (describe in an application cover letter)			
LUNCH MENU CRITERIA	FOOD ITEM	PORTION SIZE	COMMENTS (OPTIONAL)
<b>Vegetables:</b> Offer a different vegetable every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same vegetable are considered the same, i.e. mashed potatoes and tater tots are both potatoes.</i>	M T W T F	M T W T F	
<b>Dark green or orange vegetables:</b> Offer dark green or orange vegetables on 3 or more days per week. (Of the 3, at least 2 must be different. All must be at least ¼ cup serving size).	1 2 3	1 2 3	
<b>Cooked dry beans or peas (legumes):</b> Offer at least once a week (at least ¼ cup serving size).	1	1	
<b>Fruits:</b> Offer a different fruit every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same fruit are considered the same, i.e. fresh apples and applesauce are both apples.</i>	M T W T F	M T W T F	
<b>Fresh fruit:</b> Offer fresh fruit at least 1 day a week (at least ¼ cup serving size).	1	1	
<b>Whole grain foods:</b> Offer whole grain food at least 3 days/week, and may not be the same one each day.	1 2 3	In oz or grams: 1 2 3	
Does your menu only offer low-fat (1% or less) and fat-free (skim) milk, flavored or unflavored, each day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this week's menu meet the HUSSC menu criteria?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

School Name \_\_\_\_\_

3/17/2010  
Bronze Award/Silver Award Application





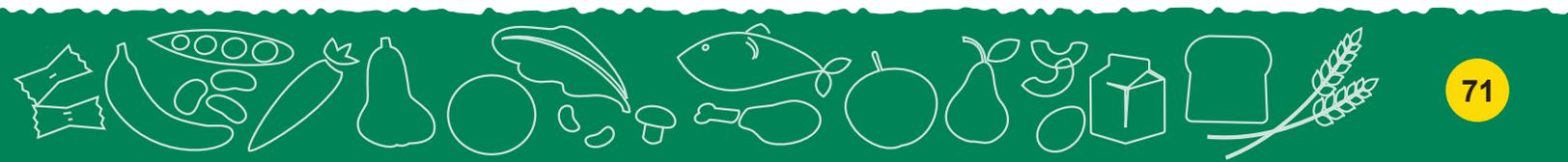
Lunch Menu Worksheet  Bronze Award  Silver Award

Dates Week 4 Menu was served: \_\_\_\_\_

Week 4			
<b>Menu Planning Approach Used:</b> _____ Traditional: _____ No Modifications _____ Modifications (please explain) _____ _____ Enhanced: _____ No Modifications _____ Modifications (please explain) _____ _____ NSMP _____ Assisted NSMP _____ Alternative Menu Planning Approach (describe in an application cover letter)			
LUNCH MENU CRITERIA	FOOD ITEM	PORTION SIZE	COMMENTS (OPTIONAL)
<b>Vegetables:</b> Offer a different vegetable every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same vegetable are considered the same, i.e. mashed potatoes and tater tots are both potatoes.</i>	M T W T F	M T W T F	
<b>Dark green or orange vegetables:</b> Offer dark green or orange vegetables on 3 or more days per week. (Of the 3, at least 2 must be different. All must be at least ¼ cup serving size).	1 2 3	1 2 3	
<b>Cooked dry beans or peas (legumes):</b> Offer at least once a week (at least ¼ cup serving size).	1	1	
<b>Fruits:</b> Offer a different fruit every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same fruit are considered the same, i.e. fresh apples and applesauce are both apples.</i>	M T W T F	M T W T F	
<b>Fresh fruit:</b> Offer fresh fruit at least 1 day a week (at least ¼ cup serving size).	1	1	
<b>Whole grain foods:</b> Offer whole grain food at least 3 days/week, and may not be the same one each day.	1 2 3	In oz or grams: 1 2 3	
Does your menu only offer low-fat (1% or less) and fat-free (skim) milk, flavored or unflavored, each day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this week's menu meet the HUSSC menu criteria?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

School Name \_\_\_\_\_

3/17/2010  
Bronze Award/Silver Award Application





**HealthierUS School Challenge**  
*Recognizing Excellence in Nutrition and Physical Activity*

**Nutrition Education Worksheet**

**Grades in which nutrition education is provided:**

K  1  2  3  4  5  6  7  8  9  10  11  12

**Elementary Schools:**

Is Nutrition Education provided to at least half the grades? \_\_\_\_\_ Yes \_\_\_\_\_ No

Briefly describe below how nutrition education is provided to students in multiple grades and:

- Is part of structured and systematic unit of instruction such as MyPyramid Classroom Lessons from Team Nutrition.
- Involves multiple channels of communication, including the classroom, cafeteria, and home/parents.

**Middle and High Schools:**

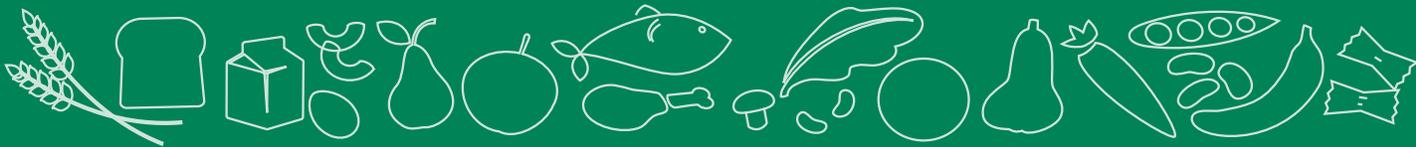
Briefly describe how nutrition education is offered to:

- Middle school students in at least one grade level as part of year round instruction.
- High school students in at least two courses required for graduation.
- Involves multiple channels of communication.

Grades	Description of Nutrition Education Efforts

School Name \_\_\_\_\_

3//17/2010  
Bronze Award/Silver Award Application





**HealthierUS School Challenge**  
*Recognizing Excellence in Nutrition and Physical Activity*

**Physical Education/Activity Worksheet – Elementary Schools**

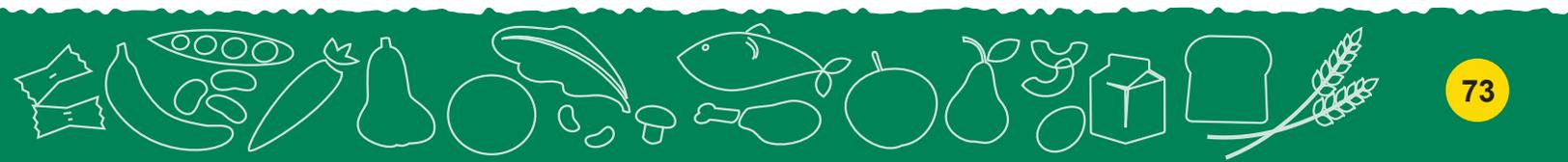
Grades in which physical education classes are provided:

- K  1  2  3  4  5  6  7  8

Physical Education		
Does your school offer physical education classes to <i>all full-day</i> students throughout the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do the physical education classes cover a minimum average of 45 minutes per week? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Activity		
Grades	List the average number of minutes/week that physical education is provided throughout the school year for each grade checked above.	Describe any additional daily physical activity opportunities provided to students (such as recess). Indicate time allotted for any routine activities.

School Name \_\_\_\_\_

3/17/2010  
 Bronze Award/Silver Award Application





**HealthierUS School Challenge**  
*Recognizing Excellence in Nutrition and Physical Activity*

**Physical Education/Activity Worksheet – Middle and High Schools**

Grades in which physical education classes are provided:

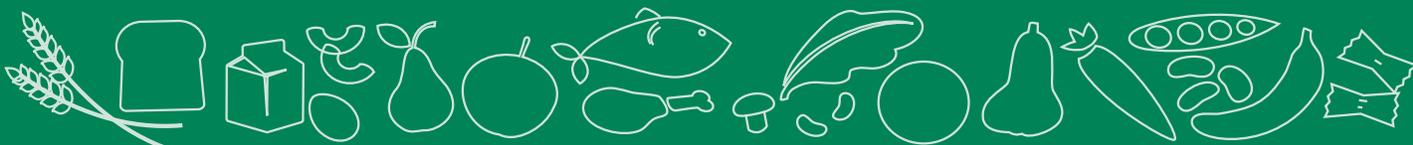
- 5  6  7  8  9  10  11  12

Briefly describe below how your school offers structured physical education classes to at least two grades and provides students in all grades opportunities to participate in physical activity (intramural/interscholastic sports or activity clubs) and actively promotes participation in physical activities to all students throughout the school year. If possible, list the number of minutes per week that physical education is provided throughout the school year for each grade checked above.

Physical Education/Activity	
Grades	

School Name \_\_\_\_\_

3/17/2010  
*Bronze Award/Silver Award Application*





**HealthierUS School Challenge**  
*Recognizing Excellence in Nutrition and Physical Activity*

**Competitive Foods Worksheet**

Does your school sell/serve a la carte or extra foods or beverages during meal periods in the food service area(s), including vending machines or a school store, in competition with school meals?

\_\_\_ Yes \_\_\_ No

If YES, go to the online HUSSC Competitive Foods Calculator  
(<http://healthymeals.nal.usda.gov/hsmrs/HUSSC/calculator.html>)  
to determine if the food and beverages sold as competitive foods meet the HUSSC criteria.

Print out results from the Calculator and include with product ingredient labels,  
Nutrition Facts Labels and/or recipes for each item in the application.

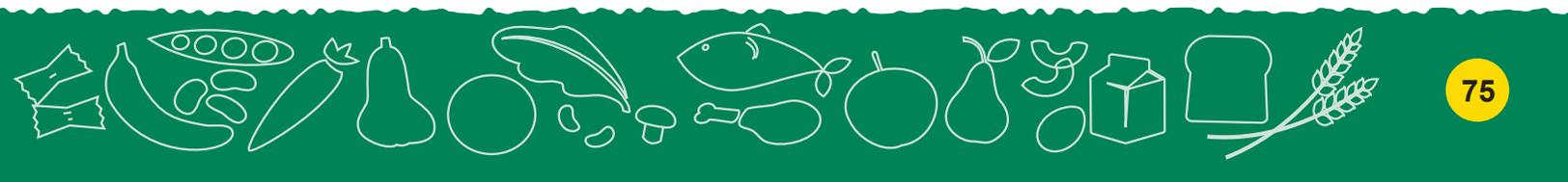
If this is a school made product please submit the recipe with the application.

Seconds or extra sales of entrees offered as part of the day's reimbursable lunches are exempt.

The calculator formulas are at: <http://teamn nutrition.usda.gov/HealthierUS/index.html>

School Name \_\_\_\_\_

3//17/2010  
Bronze Award/Silver Award Application





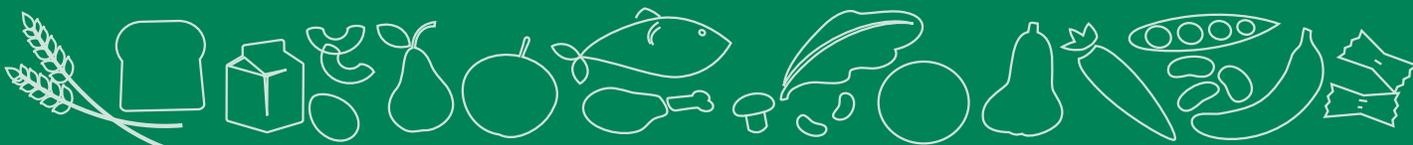
**HealthierUS School Challenge**  
*Recognizing Excellence in Nutrition and Physical Activity*

**School Policies and Practices Checklist**

School Policies and Practices		Yes	No
<b>Fundraising</b>	1. Are primarily non-food items sold through school fundraising activities?  2. Do food items that are sold during the school day meet the guidelines for competitive foods?		
<b>Physical Activity</b>	Does your school demonstrate a commitment to neither deny nor require physical activity as a means of punishment? <i>(For example, students who misbehave are not denied recess.)</i>		
<b>Nutrition</b>	Does your school demonstrate a commitment to prohibit the use of food as a reward? <i>(For example, teachers do not offer candy as a reward to students for good behavior, or for the completion of an assignment.)</i>		
<b>Wellness Policy</b>	Does your school have an approved Wellness Policy included in this application?		
<b>Meal Service</b>	Do students have the opportunity to select a reimbursable meal that meets <u>all</u> of the HUSSC menu criteria? If so, please describe in detail. For example, include: your menu structure [number of entrees and sides, how students have the opportunity to select HUSSC items on serving line(s), etc.] and how Offer vs Serve is implemented, if applicable.		

School Name \_\_\_\_\_

3/17/2010  
 Bronze Award/Silver Award Application





**HealthierUS School Challenge**  
*Recognizing Excellence in Nutrition and Physical Activity*

**Review Committee Verification Form**

Please read the following statement and sign 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, including the criteria for school policies and practices specified on page 11 of this application. We agree to maintain the nutrition excellence and physical education/activity standards and procedures indicated in this application for the duration of our certification as Bronze or Silver awardees. Furthermore, we agree to cooperate with USDA and other organizations upon request to publicize our efforts.***

Foodservice Manager's Name/Address	Signature	Date
------------------------------------	-----------	------

Team Nutrition Leader's Name	Signature	Date
------------------------------	-----------	------

School Food Authority Director's Name/Address	Signature	Date
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Representative of the School's Parent Organization	Signature	Date
--	-----------	------

Physical Education/Health Teacher's Name	Signature	Date
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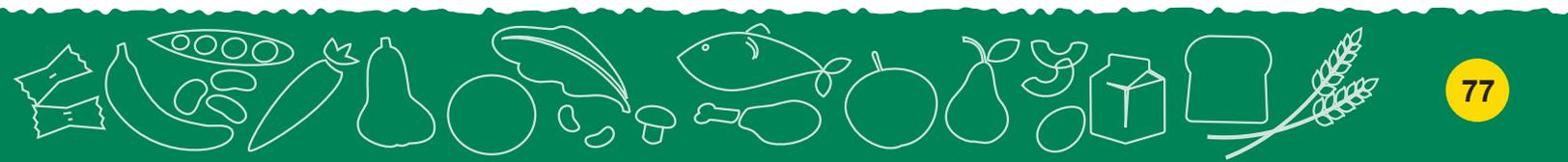
Principal's Name/Address	Signature	Date
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**Please submit your completed application and documentation to your State Child Nutrition Agency.**

Public reporting burden for this collection of information is estimated to average 3 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.

School Name \_\_\_\_\_

3/17/2010  
*Bronze Award/Silver Award Application*





**HealthierUS School Challenge**  
*Recognizing Excellence in Nutrition and Physical Activity*

**Application Check-off Sheet**

**Please include the following information in your Application:**

- \_\_\_\_\_ Cover Sheet (pg 1)
- \_\_\_\_\_ Application for Bronze/Silver Awards (pg 3)
- \_\_\_\_\_ Week 1 Lunch Menu Worksheet (pg 4)
- \_\_\_\_\_ Week 2 Lunch Menu Worksheet (pg 5)
- \_\_\_\_\_ Week 3 Lunch Menu Worksheet (pg 6)
- \_\_\_\_\_ Week 4 Lunch Menu Worksheet (pg 7)
- \_\_\_\_\_ Nutrition Education Worksheet (pg 8)
- \_\_\_\_\_ Physical Education/Activity Worksheet (pg 9/9a)
- \_\_\_\_\_ Competitive Foods Worksheet (pg 10)
- \_\_\_\_\_ School Policies and Practices Checklist (pg 11)
- \_\_\_\_\_ Review Committee Verification Form (pg 12)
- \_\_\_\_\_ Check-off Sheet (pg 13)

**Please submit the following additional documentation:**

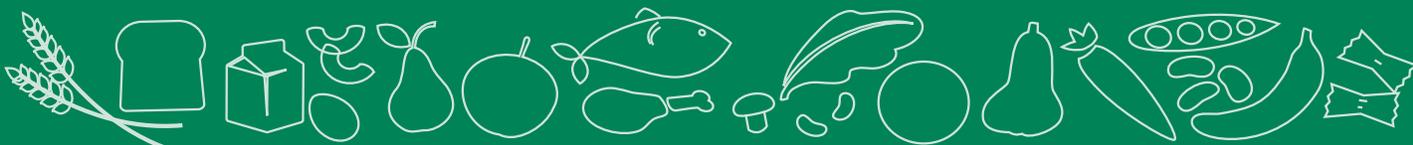
- Copy of the School Wellness Policy and Team Nutrition Verification
- Monthly menus for reimbursable school lunches served in your school (Menus must reflect four consecutive weeks, where each week has at least three days and the total number of days over the 4-week menu is 16 days or more. For example: 3 days week 1; 3 days week 2; 5 days week 3; 5 days week 4 = 16 days)
- Production records for the 4 weeks (not required for Bronze level)
- Documentation including recipes, food product ingredient statements, and/or Nutrition Facts labels to verify that the criteria have been met for the following: Whole-grain products; A la carte, snack bar, and vended items sold anytime, anywhere on the school campus.

**Thank you for applying for the HealthierUS School Challenge.**

**For more information, visit the Team Nutrition Website: [www.teamnutrition.usda.gov](http://www.teamnutrition.usda.gov)**

School Name \_\_\_\_\_

3/17/2010  
*Bronze Award/Silver Award Application*





# Sample Gold Award/Gold Award of Distinction Application

*The complete package of these forms is available on the enclosed CD.*

**HealthierUS School Challenge**  
*Recognizing Excellence in Nutrition and Physical Activity*

**Application Cover Sheet**

**Application for:** \_\_\_\_\_ **Gold Award** \_\_\_\_\_ **Gold Award of Distinction\***

\*To receive the Gold Award of Distinction a school must meet a stricter sodium requirement for competitive foods or meet a stricter physical education/activity requirement.

**PRINT OR TYPE ALL INFORMATION**

School Name	
School District	
School Address	
Grades in School	
Contact Person's Name and Title	
Contact Person's Phone Number & Email	
Date Submitted to State Agency	

**FOR OFFICE USE ONLY**

**State**

Approved by State Child Nutrition Director: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Regional Office**

FNS Region: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Approved by Child Nutrition Director: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

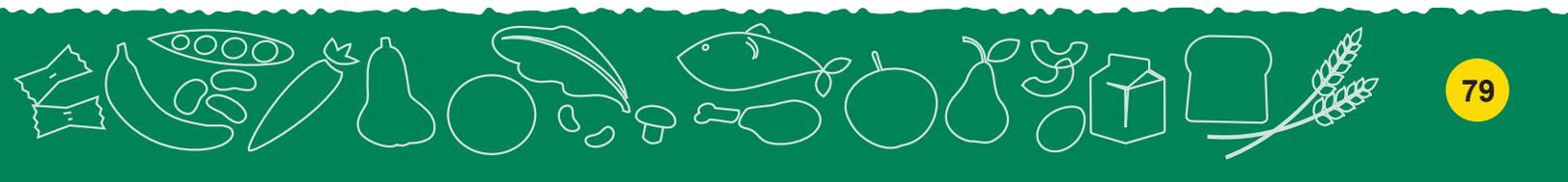
**FNS Headquarters (HQ)**

Application received HQ: \_\_\_\_\_ Reviewed by: \_\_\_\_\_  
Decision/Date: \_\_\_\_\_ Award period: \_\_\_\_\_

School Name \_\_\_\_\_

*Gold Award/Gold Award of Distinction Application*

3/17/2010





**HealthierUS School Challenge**  
*Recognizing Excellence in Nutrition and Physical Activity*

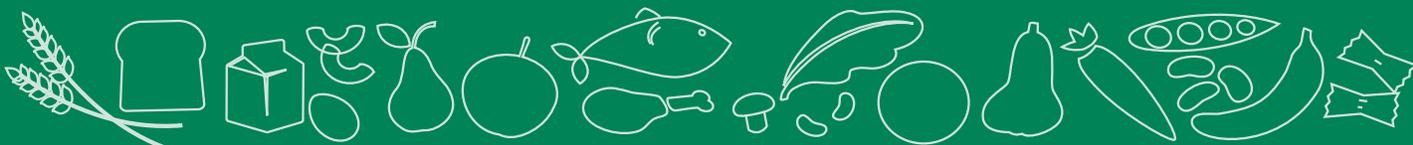
**Application for Gold Award or Gold Award of Distinction**

Criteria	Yes	No
<b>1. Are you a Team Nutrition School?</b> (Include print out of Team Nutrition verification from Team Nutrition website: <a href="http://teamnutrition.usda.gov/schoolsdb/srchrpage.asp">teamnutrition.usda.gov/schoolsdb/srchrpage.asp</a> )		
<b>2. If applicable, have all corrective actions from your school's most recent School Meals Initiative (SMI) been completed?</b>		
<b>3. Are all lunches submitted in this application reimbursable?</b>		
<b>4. Do your reimbursable lunches meet or exceed the criteria in the worksheets?</b> (Include forms on pages 4-7 and documentation for menus served.)		
<b>5. Is nutrition education provided to students that meets or exceeds the criteria in the worksheet?</b> (Include worksheet on page 8.)		
<b>6. Is the opportunity for physical education/activity provided to students, that meets or exceeds the criteria in the worksheet?</b> (Include worksheet on page 9/9a.)		
<b>7. Does your school meet the criteria for the award it is seeking?</b> Note: There is no ADP requirement for Bronze level. Elementary and Middle School ADP criteria: 60% Silver, 70% Gold/Gold of Distinction High School ADP criteria: 45% Silver, 65% Gold/Gold of Distinction  <b>List ADP: _____ Month/Year: _____</b>		
<b>8. Does your school serve/sell a la carte foods or have foods or beverages available in vending machines or a school store any time throughout the school day (including meal periods) and any place throughout the school campus? If yes, do these foods and beverages meet the competitive foods criteria listed in the worksheet?</b> (Include printouts from the HUSSC Competitive Foods Online Calculator and product ingredient labels, Nutrition Facts Labels and/or recipes for each item.)		
<b>9. Does your school meet the School Policies and Practices criteria listed on page 11 of this application?</b> (Include worksheet on page 11.)		

**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.**

School Name \_\_\_\_\_

3/17/2010  
 Gold Award/Gold Award of Distinction Application





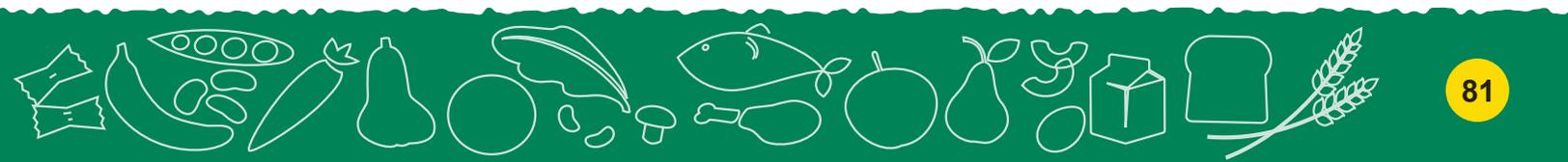
Lunch Menu Worksheet  Gold Award  Gold Award of Distinction

Dates Week 1 Menu was served: \_\_\_\_\_

Week 1			
<b>Menu Planning Approach Used:</b> Traditional: <input type="checkbox"/> No Modifications <input type="checkbox"/> Modifications (please explain) _____ Enhanced: <input type="checkbox"/> No Modifications <input type="checkbox"/> Modifications (please explain) _____ <input type="checkbox"/> NSMP <input type="checkbox"/> Assisted NSMP <input type="checkbox"/> Alternative Menu Planning Approach (describe in an application cover letter)			
LUNCH MENU CRITERIA	FOOD ITEM	PORTION SIZE	COMMENTS (OPTIONAL)
<b>Vegetables:</b> Offer a different vegetable every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same vegetable are considered the same, i.e. mashed potatoes and tater tots are both potatoes.</i>	M T W T F	M T W T F	
<b>Dark green or orange vegetables:</b> Offer dark green or orange vegetables on 3 or more days per week. (Of the 3, at least 2 must be different. All must be at least ¼ cup serving size).	1 2 3	1 2 3	
<b>Cooked dry beans or peas (legumes):</b> Offer at least 1 serving per week (at least ¼ cup serving size).	1	1	
<b>Fruits:</b> Offer a different fruit every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same fruit are considered the same, i.e. fresh apples and applesauce are both apples.</i>	M T W T F	M T W T F	
<b>Fresh fruit:</b> Offer fresh fruit at least 2 days a week (at least ¼ cup serving size).	1 2	1 2	
<b>Whole grain foods:</b> Offer at least 1 serving of whole grain food every day, and may not be the same one each day.	M T W T F	In oz or grams: M T W T F	
Does your menu only offer low-fat (1% or less) and fat-free (skim) milk, flavored or unflavored, each day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this week's menu meet the HUSSC menu criteria?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

School Name \_\_\_\_\_

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Gold Award/Gold Award of Distinction Application





# HealthierUS School Challenge Application Kit

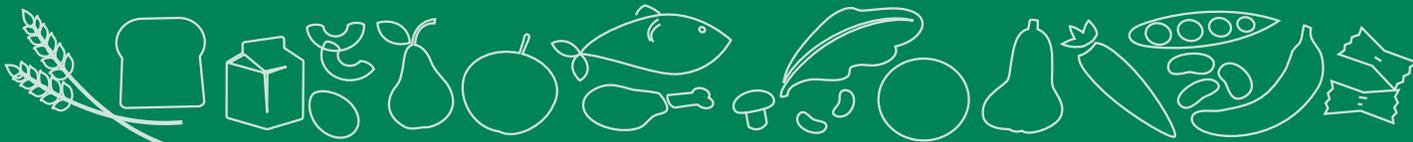
Lunch Menu Worksheet  Gold Award  Gold Award of Distinction

Dates Week 2 Menu was served: \_\_\_\_\_

Week 2			
<b>Menu Planning Approach Used:</b> _____ Traditional: _____ No Modifications _____ Modifications (please explain) _____ _____ Enhanced: _____ No Modifications _____ Modifications (please explain) _____ _____ NSMP _____ Assisted NSMP _____ Alternative Menu Planning Approach (describe in an application cover letter)			
LUNCH MENU CRITERIA	FOOD ITEM	PORTION SIZE	COMMENTS (OPTIONAL)
<b>Vegetables:</b> Offer a different vegetable every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same vegetable are considered the same, i.e. mashed potatoes and tater tots are both potatoes.</i>	M T W T F	M T W T F	
<b>Dark green or orange vegetables:</b> Offer dark green or orange vegetables on 3 or more days per week. (Of the 3, at least 2 must be different. All must be at least ¼ cup serving size).	1 2 3	1 2 3	
<b>Cooked dry beans or peas (legumes):</b> Offer at least 1 serving per week (at least ¼ cup serving size).	1	1	
<b>Fruits:</b> Offer a different fruit every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same fruit are considered the same, i.e. fresh apples and applesauce are both apples.</i>	M T W T F	M T W T F	
<b>Fresh fruit:</b> Offer fresh fruit at least 2 days a week (at least ¼ cup serving size).	1 2	1 2	
<b>Whole grain foods:</b> Offer at least one serving of whole grain food every day, and may not be the same one each day.	M T W T F	In oz or grams: M T W T F	
Does your menu only offer low-fat (1% or less) and fat-free (skim) milk, flavored or unflavored, each day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this week's menu meet the HUSSC menu criteria?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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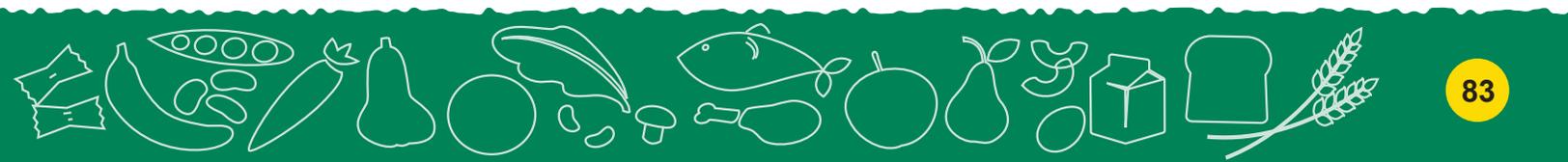
Lunch Menu Worksheet  Gold Award  Gold Award of Distinction

Dates Week 3 Menu was served: \_\_\_\_\_

Week 3			
<b>Menu Planning Approach Used:</b> _____ Traditional: _____ No Modifications _____ Modifications (please explain) _____ _____ Enhanced: _____ No Modifications _____ Modifications (please explain) _____ _____ NSMP _____ Assisted NSMP _____ Alternative Menu Planning Approach (describe in an application cover letter)			
LUNCH MENU CRITERIA	FOOD ITEM	PORTION SIZE	COMMENTS (OPTIONAL)
<b>Vegetables:</b> Offer a different vegetable every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same vegetable are considered the same, i.e. mashed potatoes and tater tots are both potatoes.</i>	M T W T F	M T W T F	
<b>Dark green or orange vegetables:</b> Offer dark green or orange vegetables on 3 or more days per week. (Of the 3, at least 2 must be different. All must be at least ¼ cup serving size).	1 2 3	1 2 3	
<b>Cooked dry beans or peas (legumes):</b> Offer at least 1 serving per week (at least ¼ cup serving size).	1	1	
<b>Fruits:</b> Offer a different fruit every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same fruit are considered the same, i.e. fresh apples and applesauce are both apples.</i>	M T W T F	M T W T F	
<b>Fresh fruit:</b> Offer fresh fruit at least 2 days a week (at least ¼ cup serving size).	1 2	1 2	
<b>Whole grain foods:</b> Offer at least 1 serving of whole grain food every day, and may not be the same one each day.	M T W T F	In oz or grams: M T W T F	
Does your menu only offer low-fat (1% or less) and fat-free (skim) milk, flavored or unflavored, each day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this week's menu meet the HUSSC menu criteria?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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# HealthierUS School Challenge Application Kit

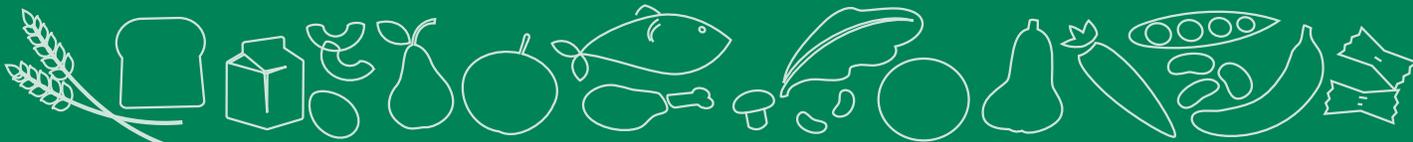
Lunch Menu Worksheet  Gold Award  Gold Award of Distinction

Dates Week 4 Menu was served: \_\_\_\_\_

Week 4			
<b>Menu Planning Approach Used:</b> _____ Traditional: _____ No Modifications _____ Modifications (please explain) _____ _____ Enhanced: _____ No Modifications _____ Modifications (please explain) _____ _____ NSMP _____ Assisted NSMP _____ Alternative Menu Planning Approach (describe in an application cover letter)			
LUNCH MENU CRITERIA	FOOD ITEM	PORTION SIZE	COMMENTS (OPTIONAL)
<b>Vegetables:</b> Offer a different vegetable every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same vegetable are considered the same, i.e. mashed potatoes and tater tots are both potatoes.</i>	M T W T F	M T W T F	
<b>Dark green or orange vegetables:</b> Offer dark green or orange vegetables on 3 or more days per week. (Of the 3, at least 2 must be different. All must be at least ¼ cup serving size).	1 2 3	1 2 3	
<b>Cooked dry beans or peas (legumes):</b> Offer at least 1 serving per week (at least ¼ cup serving size).	1	1	
<b>Fruits:</b> Offer a different fruit every day of the week (at least ¼ cup serving size). <i>Note that various preparations of the same fruit are considered the same, i.e. fresh apples and applesauce are both apples.</i>	M T W T F	M T W T F	
<b>Fresh fruit:</b> Offer fresh fruit at least 2 days a week (at least ¼ cup serving size).	1 2	1 2	
<b>Whole grain foods:</b> Offer at least 1 serving of whole grain food every day, and may not be the same one each day.	M T W T F	In oz or grams: M T W T F	
Does your menu only offer low-fat (1% or less) and fat-free (skim) milk, flavored or unflavored, each day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this week's menu meet the HUSSC menu criteria?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**HealthierUS School Challenge**  
*Recognizing Excellence in Nutrition and Physical Activity*

**Nutrition Education Worksheet**

**Grades in which nutrition education is provided:**

- K 
  1 
  2 
  3 
  4 
  5 
  6 
  7 
  8 
  9 
  10 
  11 
  12

**Elementary Schools:**

Is Nutrition Education provided to at least half the grades? \_\_\_\_\_ Yes \_\_\_\_\_ No

Briefly describe below how nutrition education is provided to students in multiple grades and:

- Is part of structured and systematic unit of instruction such as MyPyramid lessons from Team Nutrition.
- Involves multiple channels of communication, including the classroom, cafeteria, and home/parents.

**Middle and High Schools:**

Briefly describe how nutrition education is offered to:

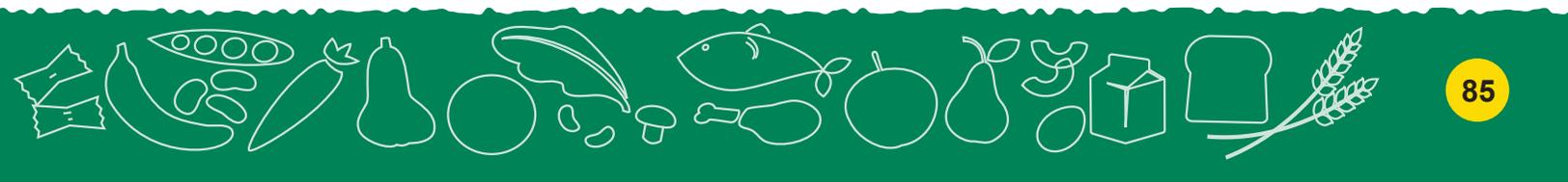
- Middle school students in at least one grade level as part of year round instruction.
- High school students in at least two courses required for graduation.

Involves multiple channels of communication.

Grades	Description of Nutrition Education Efforts

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HealthierUS School Challenge
Recognizing Excellence in Nutrition and Physical Activity

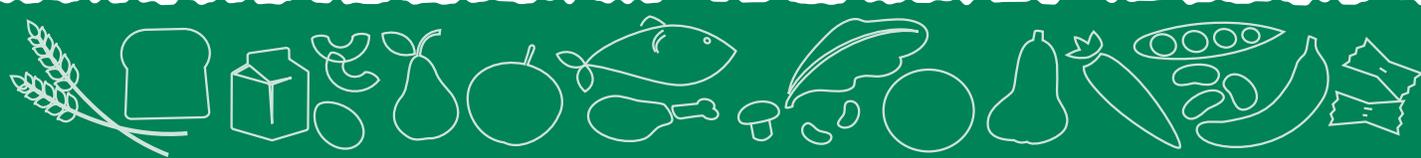
Physical Education/Activity Worksheet – Elementary Schools

Grades in which physical education classes are provided:
K 1 2 3 4 5 6 7 8

Physical Education
Does your school offer physical education classes to all full-day students throughout the school year? Yes No
Both Gold Awards: A minimum average of 90 minutes physical education per week.
Gold Award of Distinction: A minimum average of 150 minutes physical education per week.
Physical Activity
Grades | List the average number of minutes/week that physical education is provided throughout the school year for each grade checked above. | Describe any additional daily physical activity opportunities provided to students (such as recess). Indicate time allotted for any routine activities.

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**HealthierUS School Challenge**  
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**Physical Education/Activity Worksheet – Middle and High Schools**

Grades in which physical education classes are provided:

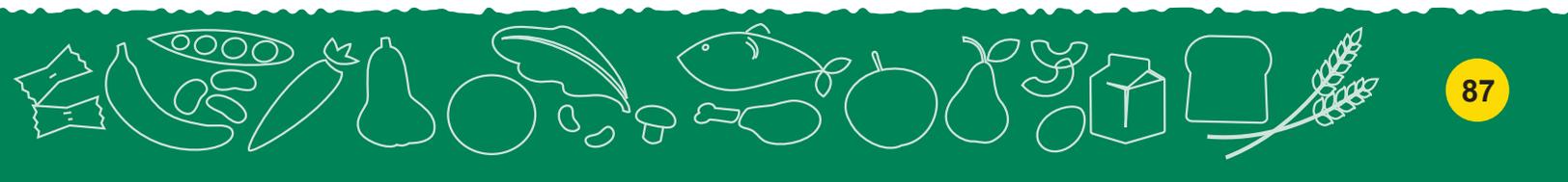
- 5  6  7  8  9  10  11  12

Briefly describe below how your school offers structured physical education classes to at least two grades and provides students in all grades opportunities to participate in physical activity (intramural/interscholastic sports or activity clubs) and actively promotes participation in physical activities to all students throughout the school year. If possible, list the number of minutes per week that physical education is provided throughout the school year for each grade checked above.

Physical Education/Activity	
Grades	

School Name \_\_\_\_\_

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**HealthierUS School Challenge**  
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**Competitive Foods Worksheet**

Are any foods or beverages outside the NSLP sold at your school anytime during the school day?  
This includes in the cafeteria (a la carte or extra sales) or any other place (vending machines or school stores, etc.).

\_\_\_ Yes \_\_\_ No

If YES, go to the online HUSSC Competitive Foods Calculator  
(<http://healthymeals.nal.usda.gov/hsmrs/HUSSC/calculator.html>)  
to determine if the food and beverages sold as competitive foods meet the HUSSC criteria.

Print out results from the Calculator and include with product ingredient labels, Nutrition Facts Labels and/or recipes for each item in the application.

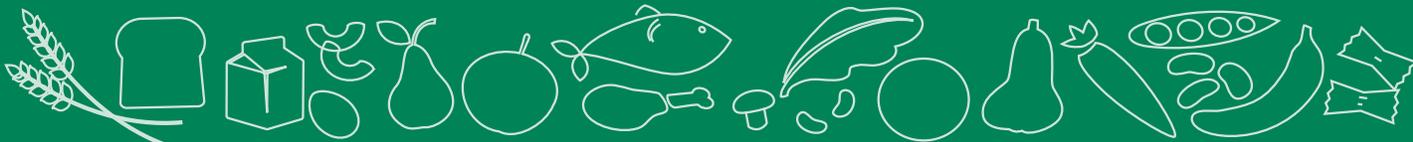
If this is a school made product please submit the recipe with the application.

Seconds or extra sales of entrees offered as part of the day's reimbursable lunches are exempt.

The calculator formulas are at: [teamn nutrition.usda.gov/HealthierUS/index.html](http://teamn nutrition.usda.gov/HealthierUS/index.html)

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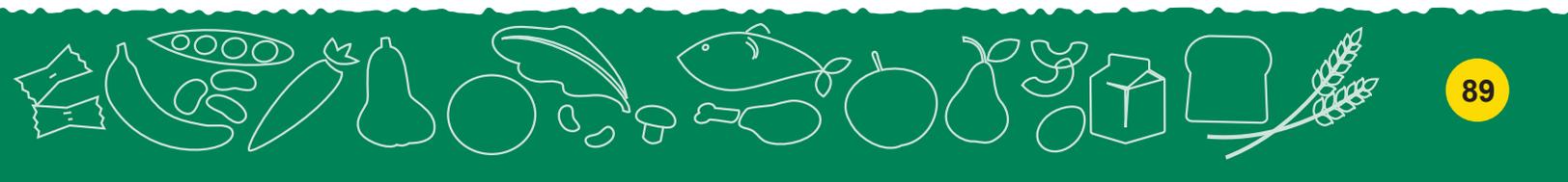
**HealthierUS School Challenge**  
*Recognizing Excellence in Nutrition and Physical Activity*

**School Policies and Practices Checklist**

School Policies and Practices		Yes	No
<b>Fundraising</b>	1. Are primarily non-food items sold through school fundraising activities?  2. Do food items that are sold during the school day meet the guidelines for competitive foods?		
<b>Physical Activity</b>	Does your school demonstrate a commitment to neither deny nor require physical activity as a means of punishment? <i>(For example, students who misbehave are not denied recess.)</i>		
<b>Nutrition</b>	Does your school demonstrate a commitment to prohibit the use of food as a reward? <i>(For example, teachers do not offer candy as a reward to students for good behavior, or for the completion of an assignment.)</i>		
<b>Wellness Policy</b>	Does your school have an approved Wellness Policy included in this application?		
<b>Meal Service</b>	Do students have the opportunity to select a reimbursable meal that meets <u>all</u> of the HUSSC menu criteria? If so, please describe in detail. For example, include: your menu structure [number of entrees and sides, how students have the opportunity to select HUSSC items on serving line(s), etc.] and how Offer vs Serve is implemented, if applicable.		

School Name \_\_\_\_\_

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HealthierUS School Challenge
Recognizing Excellence in Nutrition and Physical Activity

Review Committee Verification Form

Please read the following statement and sign 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, including the criteria for school policies and practices specified on page 11 of this application. We agree to maintain the nutrition excellence and physical education/activity standards and procedures indicated in this application for the duration of our certification as Gold Award or Gold Award of Distinction awardees. Furthermore, we agree to cooperate with USDA and other organizations upon request to publicize our efforts.

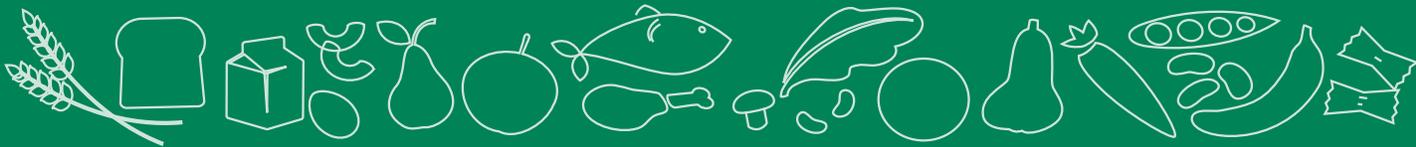
Signature lines for: Foodservice Manager's Name/Address, Team Nutrition Leader's Name, School Food Authority/Director's Name/Address, Representative of the School's Parent Organization, Physical Education/Health Teacher's Name, and Principal's Name/Address.

Please submit your completed application and documentation to your State Child Nutrition Agency.

Public reporting burden for this collection of information is estimated to average 3 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.

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**HealthierUS School Challenge**  
**Recognizing Excellence in Nutrition and Physical Activity**

**Application Check-off Sheet**

**Please include the following information in your Application:**

- \_\_\_\_\_ Cover Sheet (pg 1)
- \_\_\_\_\_ Application for Gold Award/Gold Award of Distinction (pg 3)
- \_\_\_\_\_ Week 1 Lunch Menu Worksheet (pg 4)
- \_\_\_\_\_ Week 2 Lunch Menu Worksheet (pg 5)
- \_\_\_\_\_ Week 3 Lunch Menu Worksheet (pg 6)
- \_\_\_\_\_ Week 4 Lunch Menu Worksheet (pg 7)
- \_\_\_\_\_ Nutrition Education Worksheet (pg 8)
- \_\_\_\_\_ Physical Education/Activity Worksheet (pg 9/9a)
- \_\_\_\_\_ Competitive Foods Worksheet (pg 10)
- \_\_\_\_\_ School Policies and Practices Checklist (pg 11)
- \_\_\_\_\_ Review Committee Verification Form (pg 12)
- \_\_\_\_\_ Check-off Sheet (pg 13)

**Please submit the following additional documentation:**

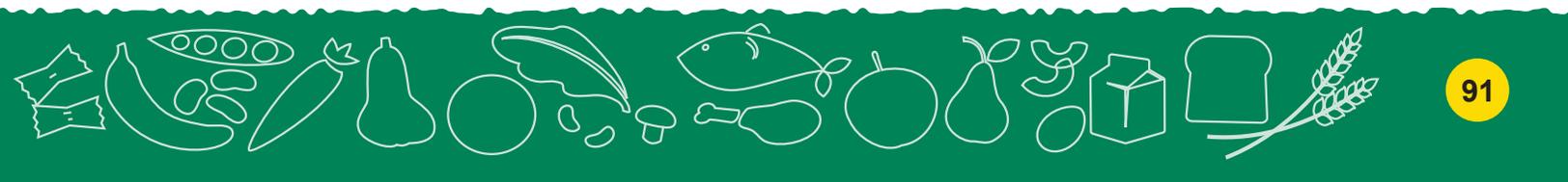
- Copy of the School Wellness Policy and Team Nutrition Verification
- Monthly menus for reimbursable school lunches served in your school (Menus must reflect four consecutive weeks, where each week has at least three days and the total number of days over the 4-week menu is 16 days or more. For example: 3 days week 1; 3 days week 2; 5 days week 3; 5 days week 4 = 16 days)
- Production records for the 4 weeks
- Documentation including recipes, food product ingredient statements, and/or Nutrition Facts labels to verify that the criteria have been met for the following: Whole-grain products; A la carte, snack bar, and vended items sold anytime, anywhere on the school campus.

**Thank you for applying for the HealthierUS School Challenge.**

**For more information, visit the Team Nutrition Website: [www.teamnutrition.usda.gov](http://www.teamnutrition.usda.gov)**

School Name \_\_\_\_\_

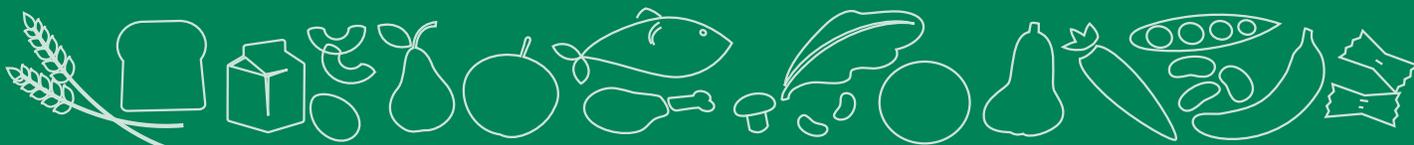
3/17/2010  
Gold Award/Gold Award of Distinction Application





## Notes

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# Acknowledgements

We would like to thank the following persons who have contributed their time and hard work to this project:

## Food, Nutrition & Consumer Services

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Clare Miller, NFSMI Consultant  
Virginia Webb, NFSMI Consultant

## A special thanks to:

Deputy Under Secretary Janey Thornton, who provided input in her prior role as Director, School Food Service, Hardin County, KY and continues to provide insight and support.



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or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

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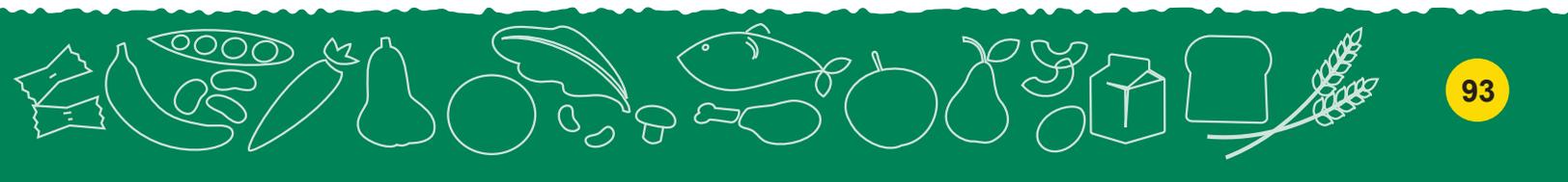


U.S. Department of Agriculture  
Food and Nutrition Service  
FNS-412  
March 2010



## Notes

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## Notes

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