

Contact Information:

Name	Position	Phone Number	
Mailing Address	City	State	Zip Code
Email address _____			

Signatures of Review Panel:

We have reviewed this application and attest to the accuracy of the information provided. If selected, we agree to maintain the standards and procedures we indicated in this application for the duration of our certification as Silver or Gold awardees. Further, we agree to cooperate with USDA and other organizations upon request to publicize our efforts.

Foodservice Manager's Name	Signature	Date
Team Nutrition Leader's Name	Signature	Date
SFA Director's Name	Signature	Date
Representative of the School's Parent Organization	Signature	Date
Other School Representative	Signature	Date
Principal's Name	Signature	Date

Thank you for applying for the **HealthierUS School Challenge**.
For more information, visit the Team Nutrition Website: www.fns.usda.gov/tn

___ Application Approved ___ Application Denied _____
Reason

State Child Nutrition Director's Name	Signature	Date
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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.