

FNS HealthierUS School Challenge: Smarter Lunchrooms

received
5/21
logged

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 Sabetha Middle School
School District Prairie Hills USD 113
School Address 751 Bluejay Blvd., Sabetha, KS 66534
Grades in School (list) 6, 7, 8

more info. Contact Person's Name and Title Brook Brubeck, Food Services Director

Contact Person's Phone Number & Email (785)284-2175 brubeckb@usd113.org

Date Submitted to State Agency 03/10/2015

**Reminder
Save
Your
Work!**

FOR OFFICE USE ONLY State Agency

State Child Nutrition Director Approval: Caery Johnson, MS, RD, LD 5/6/15
Signature Date

Reviewed by: Emily Brinkman Phone: 785-368-8039

Reviewer's Email: ebrinkman@ksde.org

Email of the State Child Nutrition Director: csjohnson@ksde.org

Regional Office

FNS Region: MPRO Reviewed by: Katrine Westphal

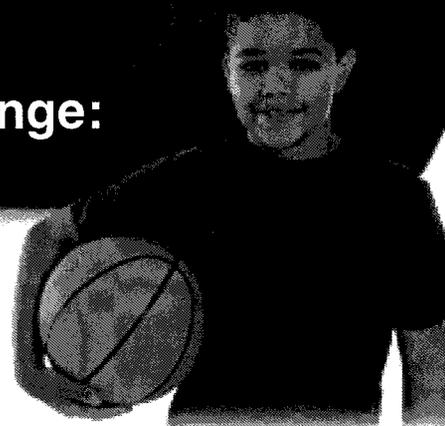
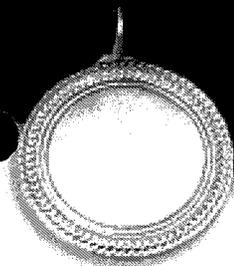
Child Nutrition Director Approval: Darlene Sanchez 10/21/2015
Signature Date

FNS Headquarters

Application received HQ: _____ Reviewed by: _____

Decision/Date: _____ Award period: _____

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Review Committee Verification Form For individual school applications only

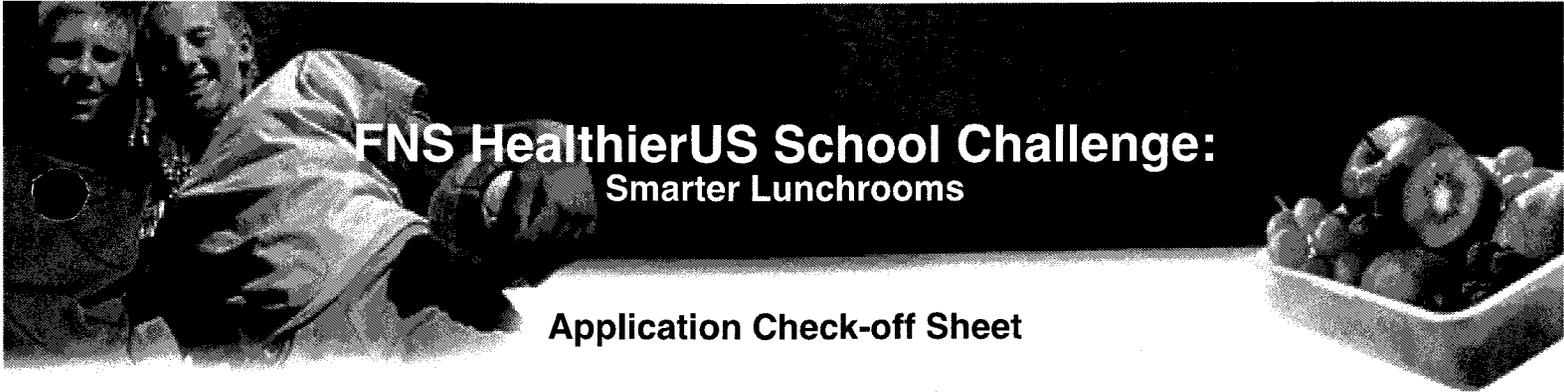
Please read the following statement and add your name and date below if you agree:

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
Brook Brubeck	brubeckb@usd113.org	3/10/15
Team Nutrition Leader's Name	Email Address	Date
Brook Brubeck	brubeckb@usd113.org	3/10/15
District Food Service Authority Name/Address (Foodservice Director)	Email Address	Date
Brook Brubeck	brubeckb@usd113.org	3/10/15
Representative of the School's Parent Organization	Email Address	Date
Anita Meyer	themeyers94@bbwi.net	3/10/15
Physical Education/Health Teacher's Name	Email Address	Date
Megan Glick	glickm@usd113.org	3/10/15
Principal's Name/Address	Email Address	Date
Tom Palmer	palmert@usd113.org	3/10/15

**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 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.



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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: Carol Kuckelman

Email: kuckelmc@usd113.org

Phone Number: (785)284-2175

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