



Louisiana Team Nutrition School Mini-Grant Application



GENERAL INFORMATION

School Name: <i>[Full School Name]</i>	School System Name: <i>[Full School System Name]</i>
School Contact's name: <i>[First, Last Name]</i>	Job Title: <i>[Job Title]</i>
School Contact's email: <i>[Email]</i>	School Contact's phone number: <i>[Phone #]</i>
School Cafeteria Manager's name: <i>[First, Last Name]</i>	
Cafeteria Manager's email: <i>[Email]</i>	Cafeteria Manager's phone number: <i>[Phone #]</i>

GRANT REQUIREMENTS

Is your school participating in the United States Department of Agriculture National School Lunch Program and School Breakfast Program?	<input type="radio"/> Yes <input type="radio"/> No
Is your school a Team Nutrition School? To confirm your school's enrollment or to enroll for free, visit https://www.fns.usda.gov/tn/join-team-become-team-nutrition-school .	<input type="radio"/> Yes <input type="radio"/> No
At least one representative from the applicant school will attend regional trainings?	<input type="radio"/> Yes <input type="radio"/> No
Does your school have a School Health Advisory Council (SHAC)/ Wellness Committee that can assist with implementing the mini-grant strategies?	<input type="radio"/> Yes <input type="radio"/> No
Did your school receive approval from a district administrator to apply for the grant (i.e. Child Nutrition Director, District Wellness Coordinator, District Grant Coordinator, etc.)?	<input type="radio"/> Yes <input type="radio"/> No
District Administrator Name: <i>[Name]</i> District Administrator Title: <i>[Title]</i>	

GRANT NARRATIVE QUESTIONS

In space below, please describe your school's past and/ or present initiatives to support healthier students and/ or staff.

Insert response here.

ADDITIONAL QUESTIONS ON THE NEXT PAGE

In the space below, please describe why your school is committed to creating healthy school environments and what your school hopes to achieve through the Team Nutrition grant.

Insert response here.

Has your school implemented a competitive grant in the past? If yes, please provide examples of lessons learned from prior grant experience. If not, please provide examples of strategies that would be beneficial to successful grant implementation at your school. Please use the space below.

Insert response here.

School Principal's Signature

Date

School Contact's Signature

Date

*Please submit the application by emailing a PDF attachment of the completed application to stephen.guccione@la.gov. Please title the file name using the following template: **Team Nutrition_Your School Name**.*



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