

**Notification: Confirmation for Application Submission**

OMB BURDEN STATEMENT: The Food and Nutrition Service (FNS) is collecting this information to help track School Food Authorities' (SFAs) application progress for the Healthy Meals Incentives Recognition Awards. The application is a voluntary collection and FNS will use the information to recognize SFAs for their significant improvements to the nutritional quality of school meals by exceeding the transitional school meal pattern requirements for sodium and whole grains and by taking steps to reduce added sugars. This collection does not request personally identifiable information that is subject to the privacy requirements outlined at 5 U.S.C. §552a(e)3 of the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXX. The time required to complete this information collection is estimated to average 30 minutes (0.5 hour) 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.

Thank you for applying for the Healthy Meals Incentives Recognition Awards. We have received your application.

For questions regarding your application, please contact us at XXX.

Sincerely,

The Healthy Meals Incentives Team

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights

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1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

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### **Notification: Incomplete Application**

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After reviewing your application, we have found the following item(s) which requires further action to complete your application:

- Missing documentation
- Incorrect documentation
- Further clarification needed

For questions regarding your application, please contact us at XXX.

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### Notification: Final Award Status

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**Template #1:** Congratulations! You have received a Healthy Meals Incentives Recognition Award for the XXX award. Our team reviewed your application and found that all required criteria was met successfully. Attached please find your recognition awards including a digital badge, XXX, XXX.

Our team will send two follow-up emails to:

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1. Request the names and contact information for two of your team members that would like to attend the Healthy Meals Summits. During the summits, award recipients will be recognized and attendees will share best practices and strategies for accomplishing and sustaining your achievement.
1. Gather more information from you about your achievement, lessons learned and/or best practices used to apply for Healthy Meals Incentives Recognition Award(s).

We look forward to learning more about your program.

### Template #2:

Our team reviewed your application and we regret to inform you that you did not receive the XXX Award. Please contact our customer service team at XXX for assistance in resubmitting your application.

Sincerely,

The Healthy Meals Incentives Team

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**Feedback: Customer Service and Technical Assistance**

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Please complete this brief survey to provide us with information about the application process for the Healthy Meals Incentives Recognition Awards. We appreciate your feedback.

1. Did you utilize the customer service team when completing your application?

Yes  No

Comments:

If so, did you find the customer service team to be helpful?

Yes  No

2. Were the technical assistance and training resources helpful when completing your application?

Yes  No

Comments:

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### **Feedback: Survey for Healthy Meals Summits**

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1. Your School Food Authority name and contact information
2. List the Healthy Meals Incentives Recognition Award(s) you received

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3. List two members from your team that will attend the Healthy Meals Summits. During the summits, award recipients will be recognized and attendees will share best practices and strategies for accomplishing and sustaining your achievement.

Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:

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### Feedback: Success Stories

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1. List the Healthy Meals Incentives Recognition Award(s) you received
2. How did the Healthy Meals Incentives Recognition Award(s) affect your school meals program?
3. Did you create new practices in order to apply for an award?
4. How did you promote your achievement of receiving the Healthy Meals Incentives Recognition Award(s)?
  - a. A sample of social media posts, such as a tweet – if applicable.
5. Provide a brief description (1-3 paragraphs) that summarizes highlights of your success story including:
  - a. Lessons learned, or best practices used to apply for the Healthy Meals Incentives Recognition Award(s)?
  - b. Any pertinent statistics or measurable outcomes you want to highlight?

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