



2902 Corporate Place, Chanhassen, MN 55317	
phone 952.229.7226	web ltfoundation.org

**LIFE TIME FOUNDATION PRE-QUALIFICATION FORM.**

Eliminating the Harmful 7 Ingredients of Concern from the School Food Program starts with you. If your School District meets the following qualifications, it is eligible for grant consideration.

- Committed to reducing and removing the Harmful 7 Ingredients of Concern
  - Participates in the USDA National School Lunch Program (NSLP)
  - Support from key stakeholders to include Superintendent, Nutrition Director and parents
  - Self-operating School Food Program
  - District has at least one school within a 20-mile radius of a Life Time destination.
- For locations, please visit [lifetimefitness.com](http://lifetimefitness.com)

School District Name: _____	Number of School Sites: _____
Address: _____	Phone: _____
Enrollment: _____	Free and Reduced %: _____
Superintendent: _____	Phone/Email: _____
Food Service Director: _____	Phone/Email: _____

**Please answer the following questions:**

What is the average number of breakfasts served per day? _____	What is the average number of lunches served per day? _____
Do you participate in the USDA NSLP? Yes_____ No_____	Percentage of scratch-cooked menu items _____%
Is your food service contract managed? Yes_____ No_____	If yes, what is the name of the company? _____

Which, if any, of the Harmful 7 Ingredients of Concern have you removed from your menu? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe past or present efforts to improve the quality of menu offerings. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain any concerns with removing the Harmful 7 Ingredients of Concern. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List key partnerships, parent advocacy and wellness groups your school district is affiliated with. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Share the nutrition goals of your school district. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach a sample of your school's weekly/monthly menus.  
 Attach signatures obtained in support of making healthy change happen at school and at home. A sample form is included for you to print and use.

Mail pre-qualification form, menus and signatures to: Life Time Foundation, 2902 Corporate Place, Chanhassen, MN 55317  
 or email to: [Foundation@lifetimefitness.com](mailto:Foundation@lifetimefitness.com).



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### PLEDGE TO REMOVE THE HARMFUL 7 INGREDIENTS OF CONCERN.

As an advocate of \_\_\_\_\_ School District, I support a partnership with the Life Time Foundation to remove the Harmful 7 Ingredients of Concern from the school food program. In addition, I will make every effort to practice healthy choices at home and encourage others to do the same.

Please collect signatures from your school community to show support of a partnership with the Life Time Foundation.

Food Service Director \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

Superintendent: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

Parent Name \_\_\_\_\_  
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Parent Name \_\_\_\_\_  
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