

**Turnip the Beet: High-Quality Summer Meals Award Program
2025 State Agency and Regional Office Checklists**

Sponsor Name: _____

Section 1: State Agency Checklist and Signature

- ☐ The nominated sponsor participated in either the Summer Food Service Program or the Seamless Summer Option in Summer 2025.
- ☐ The nominated sponsor is in good standing (i.e., the sponsor had no major findings and program violations or completed and implemented all corrective actions from the last compliance review, was not found seriously deficient in the past two years as of the time of the nomination and has never been terminated from the Summer Food Service Program [SFSP] or Seamless Summer Option [SSO]).
- ☐ Through the documentation submitted, the nominated sponsor has demonstrated compliance with meal pattern requirements per FNS regulations and policy, based on the type of program (SFSP or SSO).
- ☐ The sponsor's name and address on the application are complete, legible, and correct. P.O. Box addresses are not acceptable.

As the State agency reviewer, your signature hereby confirms that the attached nomination packet is complete, and all the above statements are true and complete to the best of your knowledge.

Signature

Date

Printed Name: _____

Job Title: _____

State Agency: _____

Email Address: _____

OMB Burden Disclosure Statement: This information is being collected to assist the Food and Nutrition Service (FNS) in recognizing high quality summer meals. This is a voluntary collection and FNS will use the information to determine Turnip the Beet award winners. This collection does request personally identifiable information under 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 0584-0658. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. 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 Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0658). Do not return the completed form to this address.

Section 2: Regional Office Checklist and Signature

- ☐ The nomination packet is complete, including:
- ☐ Sponsor name and contact information (P.O. Box addresses are not acceptable)
 - ☐ Responses to short answer questions
 - ☐ One-month menu (one calendar month or four consecutive weeks) per service type **OR** an explanation of why a one-month menu is not available
 - ☐ Sufficient menu documentation to evaluate based on award criteria
 - ☐ Completed and signed State agency checklist

Signature

Date

Printed Name: _____

Regional Office: _____

Date submitted to RO: _____