

Minneapolis Healthy Restaurant Program: Assessment of General Interest, Capacity, and Commitment

Restaurant Information

Restaurant Name:	
Restaurant Address:	
Owner/Manager Name (main contact):	
Owner/Manager Contact Information:	
# of years owning this restaurant:	Approx. # of customers/week:
☐ Yes ☐ No	ed (non-chain) business licensed by the City of Minneapolis?
Is this restaurant located in a priority geometric neighborhood and/or population is served.	graphic or cultural community? Please indicate which d by the restaurant:
□ Near North□ Phillips□ Powderhorn□ Cedar Riverside□ Northeast	☐ African American ☐ Latino ☐ Somali ☐ Southeast Asian/Pacific Islander ☐ American Indian
(Restaurant owners may volunteer this in	g citations or violations with the City of Minneapolis? Iformation or MHD project staff can check official records).
4. What is the owner currently doing, or wheelthy food options in their restaurant?	at have they tried in the past, to increase the amount of

5.	What is the owner willing or interested in trying as part of the program? For examples of each healthy practice and additional details, see Menu of Healthy Practices. (Select all that apply)
	 ☐ Modifying existing recipes to improve nutritional value ☐ Substituting healthier staple ingredients for unhealthy options ☐ Using healthier food preparation techniques ☐ Adding new healthy menu items
	☐ Eliminating unhealthy items or changing default items ☐ Offering a healthy substitution at no extra cost ☐ Using smaller plates to encourage healthy portion sizes
	 ☐ Offering carry-out containers as part of "Pack Half" concept ☐ Labeling healthy items on menus and listing healthy options first ☐ Displaying signage to promote healthy menu items ☐ Other (please describe):
6.	What type of assistance or support does the owner need to implement the healthy practices outlined above?
7.	In general, how interested is the owner in making changes to their menu items, food preparation techniques, pricing, and promotional materials in order to increase the availability, visibility, and affordability of healthy foods?
	 □ Not at all interested □ Somewhat interested □ Very interested
8.	In general, how committed is the owner to participating in the program and working with the health department to increase healthy food options in their restaurant?
	□ Not at all committed □ Somewhat committed □ Very committed
9.	Why is this restaurant interested in participating in the program? Why would they be a good fit?
Ad	ditional comments, observations, or questions: