



Safe Routes to School

Request for Mini Grant Proposals
for

Safe Routes to School Active Transportation Programs

SECTION J. SIGNATURES

Applicant Signature: _____ Date: _____

Principal Signature: _____ Date: _____

District Administrator Signature: _____ Date: _____

If applying for multiple schools, please use the additional principal signature lines below or principals can send an e-mail conveying their support of the program to ajenks@michiganfitness.org

Principal Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Principal Signature: _____ Date: _____