

Request for Mini Grant Proposals for

**Safe Routes to School Active Transportation Programs**

 **SECTION G. 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** **epaskus@michiganfitness.org**

Principal Signature:

Date:

Principal Signature:

Date:

Principal Signature:

Date:

Principal Signature:

Date:

rev. 1/15/2020 1