



RFA – Walk to School Pedometer Pilot Project 2008

APPLICATION FORM

School Name:	
School Address:	
School Phone Number:	

Percentage of students at school site that qualify for free breakfast/lunch program:	
Year(s) participated in a Walk to School Month/activities in the last 3 years:	
Does your school participate in other physical activity initiatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HEAL HEAC HEAL-YA

SPARK POWER PLAY SAFE KIDS

If yes, please check all that apply:

KID HEALTHY School Wellness Committee

CATCH OTHER

If you checked any boxes above, how will the program(s) be engaged with the pedometer project?	
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Project Coordinator(s): (school employee, parent or community volunteer, etc.)	
Coordinator Phone Number(s):	
Coordinator Email address:	
Participating Grade Level(s):	
Number of classes to participate in project:	
Number of pedometers requested (Allow 2 extras per class):	

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Will there be an element of competition between classes at your school or with other schools within your school district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, briefly list the number of classes, school, and grade levels involved:	
Community Partners involved: (include internal partners, School Board, Committees, and PTA, etc. and external partners, e.g. Parks and Recreation, etc.)	

Plan to implement/utilize project: (Describe – include ability/confidence to collect baseline data and to submit data and evaluation to the Center for Physical Activity)

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District Contact Information: Please provide contact information for the district official for whom information on your involvement in this project will be most valuable (e.g. Superintendent, Vice Superintendent, Community/School Liaison, etc.)

School District:	
Contact Name/Title:	
Contact email:	
Contact Phone Number:	
Contact Physical Address:	

I certify that if awarded, all required components of the RFA - Walk to School Pedometer Pilot Project 2008, items 1-8 as listed on page 2, will be completed by the pedometer project school site coordinator(s).

NAME: _____

Date: _____

SCHOOL PRINCIPAL

SIGNATURE: _____

Date: _____