

**RFA 16-0003**

**For *Component 1* only**

**Task Force Partners:**

I will be participating in the planning, development and implementation of this grant and agree to support and participate in the activities outlined in this application.

<b>Print Name</b>	<b>Signature</b>	<b>Date</b>	<b>Task Force Roles and Responsibilities</b>
			School designated coordinator

Do the members identified as the Task Force reflect members of the district's wellness committee?

If so, please indicate with an \* by their name.