



Find the fun in being healthy!

**2008-2009 Summer Harvest of the Month Program Application Checklist**  
(Attach to the top of your Application)

**Type or Print Clearly:**

School: \_\_\_\_\_ Location Code: \_\_\_\_\_ Local District: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Lead Teacher: \_\_\_\_\_ Employee Number: \_\_\_\_\_

**Check-off that you have completed and included all of the required documents listed below.**

*(Applications with incomplete or missing documents will not be considered for funding)*

**Summer Harvest of the Month Program**

- Original Intent to Participate**  
Intent to participate is legible and free of duplicates and ineligible participants, and lines are sequentially numbered. Each participant has included the number of students in his/her classroom and has initialed that they have read the Roles and Responsibilities for Participants.
- Leadership Team Contract Agreement**  
The contract is signed and complete.
- Copy of the Application Packet**  
Make a copy of the Intent to Participate and Leadership Team Contract for your files before submitting the originals to the *Network*.

