Instructions:

- 1. Fill in all highlighted cells.
- 2. Print this cover sheet and include in package with the surveys to be scanned.
- 3. Include only one coversheet for each package.

| Complete | all | inform | ation | helow |
|----------|-----|--------|---------|-------|
| Complete | uп | | IUIIOII | DEIOW |

| Date: | | |
|-----------------------|--------------|--------------------------------|
| Organization name: | | |
| Project type: | Subrecipient | Community Impact Project (CIP) |
| Project title: | | |
| Contact person: | | |
| Contact person email: | | |
| Form #(s) included*: | | |

Reminders:

- Please check to make sure there are no staples on surveys.
- Do not fold surveys.
- Do not send photocopies. Photocopies will not scan.
- Do not place overlapping barcode labels on surveys.

| Mail surveys to: | <u>Using USPS</u> | Using UPS or FedEx* | |
|----------------------|---|---|--|
| | Michigan Fitness Foundation P.O. Box 27187 Lansing, Michigan 48909 attn: Scanning Services | Michigan Fitness Foundation 2843 Eyde Parkway East Lansing, MI 48823 attn: Scanning services | |
| Additional informati | ion: | | |
| | | | |
| *Office is moving to | this address. Verify mailing a | ddress before labeling package. | |
| | _ | · | |

| MFF Office Use | | | |
|-------------------|-------|--|--|
| Agency code: | | | |
| Project code: | | | |
| Data files: | | | |
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| | Notes | | |
| Date received: | | | |
| Scanner initials: | | | |
| Archive info: | | | |
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^{*}The form number is the three-digit code located at the upper-right corner of the form.