

WISCONSIN NUTRITION AND PHYSICAL ACTIVITY PROGRAM STATE PLAN ENDORSEMENT

Please fax or e-mail your endorsement of the *Wisconsin Nutrition and Physical Activity State Plan*. Your endorsement may be publicly acknowledged on the Nutrition and Physical Activity website and in plan-related materials.

Send faxes to the Nutrition and Physical Activity Program at: 608-266-3125. Or return this form by e-mail to: pesikmj@dhfs.state.wi.us.

1. I am endorsing the *Wisconsin Nutrition and Physical Activity State Plan* as an: Individual Organization

2. My full name, or the name of my organization or group:

3. The type of organization I represent (choose up to three):

- | | |
|--|---|
| <input type="checkbox"/> Coalition | <input type="checkbox"/> Communication / Media |
| <input type="checkbox"/> Community Group | <input type="checkbox"/> Faith Community |
| <input type="checkbox"/> Food Service / Restaurant | <input type="checkbox"/> Health Care Delivery |
| <input type="checkbox"/> Health Plan / Insurer | <input type="checkbox"/> Government Agency Non-Profit |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Public Health Department |
| <input type="checkbox"/> Recreational / Sports Setting | <input type="checkbox"/> Research Institution |
| <input type="checkbox"/> Resident | <input type="checkbox"/> Retail / Business Setting |
| <input type="checkbox"/> School | <input type="checkbox"/> University |
| <input type="checkbox"/> Worksite / Employer | <input type="checkbox"/> Other: |

4. I will provide a link from my organization's website to the Wisconsin Nutrition and Physical Activity Program.

Yes No Decision pending

5. I/we can work on the following activities in the *Wisconsin Nutrition and Physical Activity State Plan* to help accomplish its goals.

6. I would like to become a member of the Wisconsin Partnership of Activity and Nutrition. Yes No

CONTACT INFORMATION

Contact Name:	Credentials:		
Organization (if any):	Position/Title:		
Street / PO Box:	City:	State:	Zip:
Telephone:	Fax:		
E-mail:	Website URL:		