

**CVT School District Based  
Health & Wellbeing Program**

**Grant Application for 2016-17**



District Name:	Application Date:	
District Contact:	Email Address:	Phone:

**2016-17 CVT District Wellness Project Description**

Which of the following does your wellness activity include? (Choose all that apply)

- Physical activity
- Healthy eating and/or weight management
- Tobacco Cessation
- Stress Management
- Improved Sleep
- Other: \_\_\_\_\_

Is there senior level support for this project?  Yes  No  Not sure

Please describe the project:

Start Date: _____	End Date: _____
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Wellness Project Activity Description	Budget Estimates (Example: \$50 for healthy snacks; \$125 for a yoga instructor; \$50 for incentives: total \$225)	Evaluation*: How will this event be evaluated?
	Total Amount Requested: \$ _____	

\*The evaluation will be due 2 weeks after the end date of the event or activity.

By signing below, I attest that the funds for this wellness activity or activities will be spent only for the activity(ies) listed in this application. I also agree to share the outcomes of the event with CVT including but not limited to a brief summary of the outcome to be used on the CVT website or in a newsletter.

Please submit your completed wellness grant application to Robin Wood at [fitforlife@cvtrust.org](mailto:fitforlife@cvtrust.org). If needed, our address is California's Valued Trust, 520 E. Herndon Ave., Fresno, CA 93720 and our Fax is 559-437-2965.

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School District Representative

\_\_\_\_\_

Date

\_\_\_\_\_

School District Representative (please print)

*Thank you for your commitment to creating a culture of wellness for your school district employees!*