

# CVT School District Based Health & Wellbeing Program



- ☐ **Grant Application**
- ☐ **Sponsorship Application (one day event)**

<b>District Name:</b>	<b>Application Date:</b>	
<b>District Contact:</b>	<b>Address:</b>  <b>Email Address:</b>	<b>Phone:</b>

## CVT District Wellbeing Project Description

**Grants must include components that demonstrate wellbeing, a description of the program/activity and an evaluation of the results. Which of the following does your wellbeing activity include? (Choose all that apply)**

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

**Please describe the project:**

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**Describe how district administration and union chapter leaders will be involved in the success of the project including planning and/or promotion to their employees/members.**

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Start Date:

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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 the success or outcome of the event be measured and evaluated?
	Total Amount Requested: \$ _____	

If approved, describe any specific district accounting policies or procedures that CVT will need to follow when issuing the funds.

By signing below, I attest that the funds for this wellbeing 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 a brief summary of the event that may be used on the CVT website or in a newsletter.

Please submit your completed application to Robin Wood at [fitforlife@cvtrust.org](mailto:fitforlife@cvtrust.org) or fax at 559-437-2965. Physical address: California's Valued Trust, 520 E. Herndon Ave., Fresno, CA 93720

\_\_\_\_\_  
School District Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District Representative (please print)