

CVT School District Based Health & Wellbeing Program



- Grant Application
- Sponsorship Application (one day event)

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

CVT District Wellbeing Project Description

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: _____

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

Please describe the project:

Start Date:

End Date:

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: \$_____	

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 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 wellbeing grant application to Robin Wood at 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.

School District Representative

Date

School District Representative (please print)

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