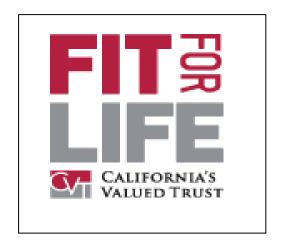
## CVT School District Based Health & Wellbeing Program

**Grant Application for 2017-18** 



District Name:	Application Date:	
District Contact:	Address:	Phone:
	Email Address:	
2016-17 CVT District Wel	Iness Project Description	
Which of the following does your wellness activ	vity include? (Choose all that app	y)
☐ Physical activity	☐ Stress Management	
☐ Healthy eating and/or weight management	☐ Improved Sleep	
☐ Tobacco Cessation	☐ Other:	
Is there senior level support for this project?  Please describe the project:	⊔ Yes ⊔ No ⊔ Not sure	

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 b evaluated?
	Total Amount Requested: \$	
only for the activity(ies) listed	the funds for this wellness activity I in this application. I also agree to s not limited to a brief summary of ther.	share the outcomes of the
fitforlife@cvtrust.org. If need	d wellness grant application to Robi ded, our address is California's Value CA 93720 and our Fax is 559-437-29	ed Trust,
School District Representative		Date
School District Representative	e (please print)	

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