



Application for Staff Wellness Grants

Requestor's Name:

Requestor's Email:

Requestor's Phone Number:

Unit Name:

Unit Address:

Number of staff to be impacted by the grant:

Number of faculty to be impacted by the grant:

Number of others (i.e. student employees or interns) impacted by the grant:

Amount requested:

(Maximum request is \$500; cannot exceed \$10/per person)

If grant is awarded, transfer the funds to this MFK:

FUND	ORG	DEPT	SDEPT	GRNT/PRG	IACCT	OACCT	DACCT	FN	CCTR
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Provide a brief description (350 words or less) describing the wellness grant proposal and how it will be implemented within the department. Things to consider are communication plan, dates, locations, responsible person/s for scheduling/coordinating efforts among group, as well as intended outcomes. If you have questions, contact UI Wellness Manager at megan-hammes@uiowa.edu or 335-5424.

Proposed budget: TOTAL:

PER PERSON:

Proposed timeline:

Supervisor's signature: _____

HR Representative's signature: _____

Wellness Ambassador's signature*: _____

**If applicable. If you don't know if you have a Wellness Ambassador, call 319-353-2314 or email uiwellness@uiowa.edu*

Submit application to uiwellness@uiowa.edu or fax (319-335-5487) or Campus Mail/Drop Off to E119 (Wellness Services) Campus Recreation and Wellness Center ATTN: Megan Hammes