

Evaluation for Wellness Grants *To be submitted within 30 days of wellness activity/program/event completion. Include a photo/s of program or event, if applicable.*

Name _____

Unit Name _____

Number of Participants: _____

- Number of Staff: _____
- Number of Faculty: _____
- Number of Students: _____
- Other: _____

Amount of funds used for program/event from Wellness Grant and other sources.
Please itemize or attach receipts for auditing purposes.

Measurable Results or Outcomes from program/event:

Sustainability of program (how will this continue to exist or be used by workgroup):

Feedback for UI Wellness on grant application process (pros, cons, suggestions for those considering applying):

Please include any additional highlights or outcomes from the activity or attach photos if available.

Submit evaluation and photos to uiwellness@uiowa.edu

Questions regarding the Wellness Grant evaluation can be directed to megan-hammes@uiowa.edu or 335-5424.