

InBody Request Form

Grant Sponsor: Wellness Committee

PURPOSE

Projects related to wellness within the branches

CRITERIA GUIDELINES

A list of possible presenters/ facilitators to assist branches in making a choice is available through the Wellness Committee.

POTENTIAL PARTICIPANTS

Includes retired teachers, regular branch members, regular ARTA members, affiliate ARTA members and community members.

FUNDING AVAILABLE

\$1,000 for presenter/facilitator and travel expenses.

CONCLUDING REPORT

Report to Wellness Committee

FUTURE APPLICATIONS

May apply annually

APPLICATION EVALUATION CRITERIA	Yes	No
InBody Clinic expenses will be paid directly to HumanaCare by the Wellness Committee		

InBody Clinic Request Form

Branch Name

Event Contact Name

Telephone Number

Email

Specify which one of the following grants this application is for (only **one** grant per activity).

Wellness Grant

DESCRIPTION OF ACTIVITY

PURPOSE OF GRANT

Project/Initiative Name _____

Location _____ Date _____

Anticipated Attendance _____ Branch/ARTA Members _____ Non-Members _____

Cost to Participants _____

Specify how this activity will benefit the following:

- **Participants**

- **Your branch**

- **ARTA**

Identify how ARTA will be recognized at this event.

Applicant's Signature _____ Date _____

Branch President's Signature _____ Date _____

Eligible expenses for a grant include **venue** and **speaker expenses**. Grants are not intended for the purchase of tangible assets (equipment) or participant meal costs.

	Budget	Actual
Projected Expenses		
Venue		
HumanaCare costs covered directly by ARTA		
Total , (should be equal or greater than ARTA contribution)		
Amount requested from ARTA		

OFFICE USE ONLY

Committee:

Code:

Chair:

Chair email: