

**LRTA MEMBER WELLNESS GRANT APPLICATION FORM**

**As part of our mission to safeguard the welfare of teachers, the LRTA is exploring new ways to promote member wellness during these unique and challenging times.**

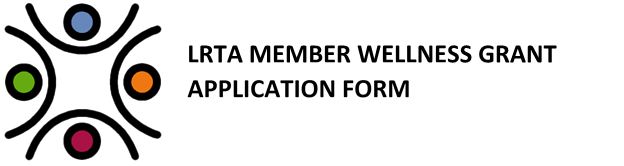
**Given that the nature, needs, and composition of each workplace is distinct, the Association would like to offer the opportunity for members to put forward proposals for LRTA member wellness events that promote stress reduction, physical activity, nutrition, and life management/work-life balance.**

**LRTA Member Wellness Grant Criteria**

* Funding to a maximum of $400.
* Funding is for group events.
* **Funding shall be allocated on a first come, first served basis.**
* **Funding can be used to offset the cost of facilitators, location rentals, event supplies, and snacks.**
* Applications must be received three weeks in advance of the wellness event, exclusive of winter and spring breaks.
* **One application per worksite will be considered.**
* Events must be held locally and in accordance with Manitoba Public Health Protocols.
* Applications received after the wellness event will not be considered.
* Reimbursement will be paid after receipts and a completed evaluation form have been submitted to the LRTA Office.
* Applications can be sent to [vp-pd@lrta.mbteach.org](mailto:vp-pd@lrta.mbteach.org).

**All inquiries can be directed to** [**laurie.tyndall@lrsd.net**](mailto:laurie.tyndall@lrsd.net)**.**

**Applications will be accepted from October 1st until April 30th.**



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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s Date | | Enter Date | | | | | | | |
| **Contact Information** | | | | | | | | | |
| LRTA Member | |  | | | | | | | |
| School | |  | | | | | | | |
| Personal Email | |  | | | | | | | |
| Telephone | |  | | | | | | | |
| **Event Details** | | | | | | | | | |
| Event Date | | Enter Date | | | | | | | |
| Planned Activities | |  | | | | | | | |
| How will the event promote long-term teacher wellness? | |  | | | | | | | |
| Name(s) of Facilitator(s) | |  | | | | | | | |
| Facilitator(s) Source/Employer | |  | | | | | | | |
| Event Location | |  | | | | | | | |
| Target Number of LRTA Members Participating | | | | |  | | | | |
| Is the event | Flat Rate | |  | Per Participant Fee | | |  |  | |
| **Cost Estimate** | | | | | | | | | |
| Facilitator(s) Cost | |  | | | | | | | |
| Facility Cost | |  | | | | | | | |
| Supply Cost Estimate | |  | | | | | | | |
| Other Cost Estimate | |  | | | | | | | |
| Requested Amount | | | | | | | | | $0.00 |
| **LRTA Office Use** | | | | | | | | | |
| Application Number | | |  | | |  | | | |
| Grant Approved Amount (#5545) | | |  | | |  | | | |
| Date | | |  | | |  | | | |
| Signature | | |  | | |  | | | |
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