

**LRTA MEMBER WELLNESS GRANT APPLICATION FORM**

**As part of our mission to safeguard the welfare of teachers, the LRTA is exploring ways to promote member wellness during the school year.**

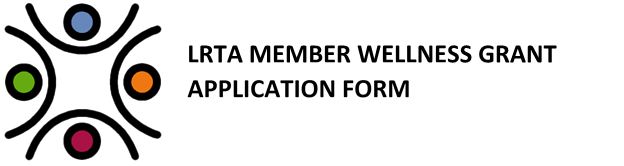
**Given that the nature, needs, and composition of each workplace is distinct, the Association would like to offer the opportunity for members to access funds to provide wellness events within their worksite that promote stress reduction, physical activity, and life management/work-life balance.**

**LRTA Member Wellness Grant Criteria**

* Funding to a maximum of $400.
* Funding is for group events to offset the costs for LRTA members, including teachers, principals/vice-principals, and clinicians.
* **Funding shall be allocated on a first come, first served basis.**
* **Funding can be used to offset the cost of facilitators, location rentals and event supplies. Food and snacks may be covered as a portion of the event cost.**
* Applications received less than three weeks in advance of the wellness event may not be approved by the committee. Contact [vp-cb@lrta.mbteach.org](mailto:vp-cb@lrta.mbteach.org) if your application is time sensitive.
* **One application per worksite per school year will be considered.**
* 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-cb@lrta.mbteach.org](mailto:vp-cb@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 | |  | | | | | | | |
| 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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