

**Application for I AM Wellness Grant**

(July 1, 2017 - December 31, 2017)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

e-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Briefly describe the physical activity that would be supported under grant funding. Include details about the facility and the nature of the activities in which you will engage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to pursue this activity and what are your expected outcomes from participation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of grant funding requested and specific expenses to be partially covered by grant (*Note: Eligible expenses include costs associated with activities that promote physical movement, such as memberships, user fees, equipment rental, lessons, and personal training. Excluded expenses include purchase of equipment, massage, any kind of therapy or medical treatment, meditation or alternative medicine. If you are unsure if expenses are eligible, make the request and include justification*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate how you wish to submit receipts and forms as part of the reporting process:

Using I AM's website \_\_\_\_\_

By mail, using paper forms \_\_\_\_\_

*Note: the following information will only be used for the purposes of program assessment and to describe program participants as a group. This information will have no bearing on grant awards. No individual information will be shared with outside entities.*

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Racial/Ethnic identity: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

- Physical Impairment:  Only upper extremity impaired  
 Only lower extremity impaired  
 Upper and lower extremities impaired

Please describe your current level of physical activity:

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I confirm that I am a member of I AM and will use any grant money only for the purpose for which it was intended and agree to honor the terms and conditions outlined in the grant overview:

\_\_\_\_\_  
Signature Date