



Application for I AM Wellness Grant

(April 1, 2018 - December 31, 2018)

Name: _____ Date: _____

Mailing Address: _____

County of Residence: _____

E-mail Address: _____ Telephone: _____

Briefly describe the physical activity that would be supported under grant funding.

Please provide the information below so that payments can be sent directly to the facility at which the activities will be performed:

Name of Facility: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of Contact Person (If applicable): _____

Contact Person/Facility Phone Number (If none applies put N/A): _____

- Check here if you would prefer to deliver the facility payment in person rather than have us mail it to them.

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

What is the cost for the activity that you are seeking support for? (Note: No more than 75% of costs for an approved activity will be covered in a calendar month, with a total award amount not to exceed the maximum of \$500. Eligible expenses include costs associated with activities that promote physical movement. These include memberships, user fees, and personal training, as well as expenses related to the pursuit of sports such as equipment rental, lessons, and costs related to events in which the applicant participates. Also covered are holistic practices such as counseling, meditation training, nutrition counseling, massage therapy, and acupuncture. Excluded expense include the purchase of equipment, any kind of physical or occupational therapy, or medical treatment. If you are unsure if expenses are eligible, please use the space provided to make the request and include justification)

\$_____

Is this a:

- Recurring monthly cost
- Fixed one-time cost
- Per session/Per visit cost
- Other (Please explain.) _____

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:

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

Print name

Date

Signature

If you have any questions or concerns about the information we are seeking in this application, please contact us at (570)561-6139.

Mail To:

**Individual Abilities in Motion
107 Commons Drive
Olyphant, PA 18447**