



## Application for I AM Wellness Grant

(May 1, 2019 - December 31, 2019)

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

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

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

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Briefly describe the nature of the service that would be supported under grant funding. Please include specific details such as: experience level participating in activity (never before, routinely, etc.), how often you will engage in activity (once a week, monthly, etc.), equipment or professional services to be used.

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Why do you want to pursue this activity and what are your expected outcomes from participation? Please include specifics such as: increased fitness, mental wellbeing, etc.

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All funds will be mailed to the address as designated on the application with the check made payable to the provider, except in the case of reimbursement where a check will be sent to the individual after providing proof of expenses. Please provide the following information:

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): \_\_\_\_\_

I would prefer to deliver the facility payment in person rather than have us mail it to them.

I will be seeking reimbursement after submitting the necessary receipts/documentation.

What is the cost for the service for which you are seeking support? \$ \_\_\_\_\_

Is this a:

Recurring monthly cost

Fixed one-time cost

Per session/per visit cost

Other (Please explain) \_\_\_\_\_

What percentage of the service cost would you like covered? \_\_\_\_\_

*Note: Requests for up to 75% of costs in a calendar month will be considered with a total award amount not to exceed the maximum of \$500.00. Eligible expenses include costs associated with activities that promote physical movement. These include memberships, user fees, 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 expenses 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.*

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 for

*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: \_\_\_\_\_ Sex: \_\_\_\_\_ Racial/Ethnic identity: \_\_\_\_\_

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

Physical Impairment:  Only upper extremity impaired  
 Only lower extremity impaired  
 Upper and lower extremities impaired  
 Other(Please explain) \_\_\_\_\_

I confirm that I have read, understand, and agree to honor the terms and conditions outlined in the grant guidelines and will use any grant money only for the purpose for which it was intended

I confirm that I am a member of Individual Abilities in Motion

I confirm that I will participate in a minimum of one I AM activity or meeting over the course of the grant period

I confirm that I will participate in fundraising for I AM in some capacity as outlined in grant guidelines

I consent to allow I AM to use any photos submitted for promotional purposes

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Thank you for taking the time to fill out the application! We will review the information provided and get back to you regarding its approval status. Please feel free to contact us if you have any questions.