



# ACWA JPIA Wellness Grant Application

Deadline: **Friday, June 24, 2022**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Wellness Coordinator: \_\_\_\_\_

Wellness Champion (Management): \_\_\_\_\_

Grant Application Contact Phone: \_\_\_\_\_

Grant Application Contact Email: \_\_\_\_\_

Number of Active Full-Time (benefits eligible) Employees\*: \_\_\_\_\_

*\* Do include those waiving medical. Do not include Retirees or Board Members.*

Maximum Grant Formula: # Employees \_\_\_\_\_ x \$40 = \$ \_\_\_\_\_ \*\*

**\*\* Regardless of size, Grant minimum is \$200, Grant maximum is \$2,000**

Requested JPIA Grant Amount: \_\_\_\_\_ \$

Agency Contribution (optional): \_\_\_\_\_ \$

Total Budget for Wellness Initiative: \$ \_\_\_\_\_

*Application process:*

Please complete this application, the attached W9, and attach an explanation of what your agency plans to do to increase employee wellness, and how this grant will help accomplish your agency's goals.

**Email completed grant applications to Jackie Rech at [jrech@acwajpia.com](mailto:jrech@acwajpia.com) by **Friday, June 24, 2022**.**

Agencies who received 2021 Wellness Grant funds and have not submitted complete receipts are **not** eligible to receive 2022 Wellness Grant funds. **All grant funds from the prior wellness program year need to be spent and all receipts received by **June 30, 2022**.**

Wellness Programs are solely the product of the member agency and are not affiliated or endorsed by the JPIA or the JPIA health plans. Wellness programs are not intended to, nor should they be construed as efforts to, diagnose, treat, or prescribe for any human disease, pain, injury, deformity or physical condition. Under no circumstances shall the JPIA or its employees be liable to a program participant for any damages or injury arising out of or related to the member agency's Wellness Program, including but not limited to, the participant's use or reliance upon, or the participant's inability to use or rely upon, information provided by or obtained from the Wellness Program.

\_\_\_\_\_  
Signature of Wellness Program Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and title