NORTH CAROLINA nclm LEAGUE OF MUNICIPALITIES RISK MANAGEMENT SERVICES

RMS WELLNESS GRANT PROPOSAL FOR FUNDING LARGE TOWNS AND CITIES WELLNESS PROGRAM ACTIVITIES

Return to:
Lisa Battaglia, Health/Wellness and EAP Consultant
NCLM Risk Management Services
P.O. Box 1310, Raleigh, NC 27602-1310

Questions?
Call Lisa at (919) 715-2911 or (800) 228-0986

From:

YOUR NAME _____ TITLE _____

GOVERNMENTAL UNIT _____ CURRENT # OF FULLTIME EMPLOYEES _____

ADDRESS/CITY/STATE/ZIP _____

PHONE _____ FAX _____

The management of the governmental unit of _____ is pleased to present, for your approval, the following request for MIT and/or NCIRMA participant grant funding to be used solely for the purposes of employee wellness program activities for the next twelve month period. **The RMS dollar maximum is $30 per employee per year, up to a $3,000 annual grant limit for towns and cities with more than 100 employees.**

Manager/administrator signature/date _____

PLEASE CHECK AND COMPLETE MENU ITEM REQUESTS BELOW:
Attach vendor pricing sheet(s) to support funding below:

_____ Back injury prevention Cost projected _____

_____ CPR (re)certification Cost projected _____

_____ Stress management Cost projected _____

_____ Weight control Cost projected _____

_____ Nutrition Cost projected _____

_____ Smoking cessation Cost projected _____

_____ Walking club Cost projected _____

_____ Fitness classes Cost projected _____

_____ Fitness equipment Cost projected _____

_____ Lunch 'n learns Cost projected _____

_____ Consumer self-care Cost projected _____

_____ Screening programs Cost projected _____
(cholesterol, blood pressure, cancer, healthy heart or diabetes, glaucoma, etc.)

_____ Health fairs Cost projected _____
(please list health fair needs on separate page and attach)

_____Team activities Cost projected _____

Type of team _____ Number participating _____
(softball, bowling, basketball, golf, etc.)

_____ Incentives/other (specify) _____