



# RMS WELLNESS GRANT PROPOSAL FOR FUNDING SMALL 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.

Manager/administrator signature \_\_\_\_\_

**PLEASE CHECK AND COMPLETE MENU ITEM REQUESTS 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 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.)

\_\_\_ Other requests \_\_\_\_\_