

# LiveWell Mini-Grant Application

Project Title \_\_\_\_\_ Today's Date \_\_\_\_\_

Applicant(s) Name(s) \_\_\_\_\_

Primary Contact Name (if different from above) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Other project sponsors/collaborators? (depts, organizations, etc.) Please list \_\_\_\_\_

Amount Requested (\$200 max) \_\_\_\_\_ Date(s) of Project Implementation \_\_\_\_\_

Project Description (attach extra sheets if needed, not to exceed 250 words)

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Describe how this project will help to create a healthy culture at PVHS. Live *Well* focuses on physical activity, nutrition and weight management, stress management, smoking cessation, and medical self-care.

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Who is the target population?

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How will the grant funds be used? Be specific.

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How will you evaluate the success of the project?

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Return this application along with necessary attachments to Nate Sassano, Wellness Coordinator, [nws1@pvhs.org](mailto:nws1@pvhs.org) or [livewell@pvhs.org](mailto:livewell@pvhs.org)

