



District-Based Health/Wellness Program *Request for Start-Up Funds*

District Name:	Application Date:	
District Contact	Email address	Phone
<i>Note: Amount Requested cannot exceed 25% of Total Grant Funds</i>		
START-UP FUNDS REQUESTED:		
TOTAL FUNDS AVAILABLE TO DISTRICT:		
Submitted by:	Signature:	
Approved by:	Signature:	
Date Payment Made	Amount of Check Mailed to District:	