



CLARK COUNTY WELLNESS COMMITTEE

APPLICATION FOR EVENT, PROGRAM, AND PRESENTATION FUNDING

It is the mission of the Clark County Wellness Committee to encourage employee personal and professional productivity, support employee physical and mental well-being, and to promote a worksite culture that is conducive to healthy lifestyle choices.

Through the Office of Personnel, the Wellness Committee may have funds available to support employee-centered educational presentations, programs, and/or events. All departments requesting funding *must* complete this form in its entirety and submit it to the Director of Human Resources--who will, in turn, deliver it to the Wellness Committee chairperson. Applications will then be reviewed and voted on at the following Wellness Committee meeting (typically bi-monthly) if a quorum is present.

GENERAL INFORMATION

Department(s) Requesting Funding: _____

Name(s) of Individual(s) Submitting This Application: _____

Potential Event/Presentation Date(s): _____

Title of Event/Presentation: _____

Intended Event/Presentation Location(s): _____

Are Other Departments Welcome to Participate? YES NO

If "YES," which departments?: _____

Anticipated Total Number of Attendees: _____



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FUNDS

Total Amount Requesting: _____

Is your department willing to “match” or “share”
the costs? (i.e., Wellness Committee covers 50% of
total cost; your department covers other 50%) YES NO

*If “YES,” up to what percent is your
department willing to contribute?:* _____

Describe, in specific detail, how funds will be used. If applicable, include all mileage, hotel, and meal estimates.

STATEMENT OF NEED

This statement should describe the problem that the event/presentation will attempt to address. Also, describe the staff that will be served.

EVENT/PRESENTATION DESCRIPTION:

Describe the event or presentation and provide information on how it will be implemented. Include information on what will be accomplished and the desired outcome.



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ADDITIONAL INFORMATION

Please submit any brochures, flyers, and/or presenter information with this application.

EVENT/PRESENTATION SURVEY

In providing funds, the Wellness Committee reserves the right to evaluate the impact of the proposed event/presentation.

By signing this, you agree to distribute the attached evaluation (see last page) during the event/presentation and return all partially completed & completed forms to the Director of Human Resources.

Signature: _____

Date: _____



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Thank you for completing the post-survey. This will help yield valuable quantitative data to improve future trainings.

Honest responses are appreciated. ☺

What I Expected ...	What I Got ...
What I Valued ...	What I Still Need/Want ...

Additional Comments:
