***­­­***

****

**OEA WELLNESS GRANT GUIDELINES**

**2023-24 School Year**

OEA Wellness Grants are designed to help locals support member well-being.

**Wellness Grant guidelines**:

* Up to $5/per active member
* Submission and approval of application required
* Activity must be completed between September 1, 2023 - May 31, 2024
* Activity must be completed by May 31, 2024
* Receipts must be submitted for reimbursement by **June 15, 2024**
* Share photos with your LRC to post on OEA Wellness Website
* Contact your LRC for application

**Wellness Grant Funds *cannot* be used for the following:**

* T-shirts
* Gift Cards/Gift Certificates
* Cash Gifts to Members
* Lottery Tickets

**Reimbursement Instructions:**

* Submit a copy of approved application with receipts no later than **June 15, 2024**
* Must provide **itemized** receipts
* Submit documents to your LRC with a copy to their Administrative Secretary for processing
* Reimbursements **will not** be paid for purchases made prior to grant approval
* Questions? Contact your LRC or Regional Director (See below for contact information)

**Regional Directors and Administrative Assistants (AA):**

**Region 1** **Region 2** **Region 3** **Region 4**

Elaine Silveira Tad M. Colbeck Frederick Pruitt Cristina Muñoz-Nedrow

silveirae@ohea.org colbeckt@ohea.org pruittf@ohea.org nedrowc@ohea.org

614.227.3103 614.227.3128 419.448.1498 614.227.3101

Dallas Austin, AA Beth Hudson, AA Arlene Doubledee, AA Linda Hofacker, AA

austind@ohea.org hudsonb@ohea.org doubledee@ohea.org hofacker@ohea.org

****

**OEA WELLNESS GRANT APPLICATION**

**2023-2024**

**Name of Person Making Request** **Name of Local**

Click here to enter text. Click here to enter text.

**Region** **1**[ ]  **2**[ ]  **3**[ ]  **4**[ ]

**Your Position in Local**  **Email Address**

Click here to enter text. Click here to enter text.

**Phone Number** **Labor Relations Consultant**

Click here to enter text. Click here to enter text.

**Current Membership Count** **Activity Planned**

Click here to enter text. Click here to enter text.

**Target Date(s) of Activities** **Amount of Funding Requested**

Click here to enter text. Click here to enter text.

By signing this form, you acknowledge and agree to use any OEA funding solely and expressly for the purpose of covering the specific costs of the activities planned.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Responsible for the Activity Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Director Signature Date