



Wellness Grant Application

RETTA is exploring new ways to promote member wellness during these unique and challenging times.

Given that the nature, needs, and composition of each workplace are distinct, the Association would like to offer the opportunity for members to put forward proposals for RETTA member wellness events that promote stress reduction, physical activity, nutrition, and work-life management.

GRANT CRITERIA

1. Funding is for RETTA member group events.
2. Funding shall be allocated on a first-come, first-served basis.
3. Separate worksites may combine funds to use towards a joint wellness event.
4. Worksites may only access the funds once per school year.
5. Applications must be received two weeks in advance of the wellness event, exclusive of winter and spring breaks.
6. Applications must be submitted between September 19/22 and June 9/23.
7. Applications received after the wellness event will not be considered.
8. Events must be held within the City of Winnipeg and East St. Paul and in accordance with Manitoba Public Health Protocols.
9. Reimbursement will be paid after receipts and a completed evaluation form have been submitted to the RETTA office no later than thirty (30) days following the event.
10. Grant monies shall not be used for the purchase of food or prizes.

FUNDING GUIDELINES

Each worksite will receive a base amount of \$200 for the first 10 FTE and a supplementary \$3.00 for every additional FTE at the site.

Applications and inquiries can be directed to Jeff Hoeppe at vicepresident@retta.mbteach.org.

**RETTA WELLNESS GRANT
APPLICATION FORM 2022-2023**

Today's Date: _____

Contact Information

Contact Person: _____ Worksite: _____

Personal Email: _____ Contact Number: _____

Number of RETTA FTE at your worksite? _____

Event Information

Event Date: _____

Event Location: _____

Name(s) of Facilitators: _____

Facilitator Source: _____

Planned Use of Funds:

How will this event promote teacher wellness?

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Cost Estimate

Facilitator Cost Estimate	
Supply Cost Estimate	
Other Costs (please specify)	
Total Estimated Cost	
Requested Amount	

RETTA Office Use

Application Number	
Grant Approved Amount	
Date	
Signature	