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**OEA WELLNESS GRANT APPLICATION**

**2022-2023**

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 Name of 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.

**AVAILABLE BEGINNING SEPTEMBER 5, 2022**

* *Up to $5 per active member*
* *Activity must be completed by May 31, 2023*
* *Receipts must be submitted for reimbursement by June 15, 2023*

\**Funds cannot be used to purchase gift cards*

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.

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Signature of Person Responsible for the Activity Date

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Regional Director Signature Date