

Live Well St. Joe (LWSJ) is a partnership of community organizations working together to make St. Joseph a healthier place to live, learn, work and play. We welcome the opportunity to review your event or project plan to determine how it aligns with the basic goals of LWSJ and how our organization can best support your event or project. To best utilize LWSJ resources, all events and projects must be approved by the LWSJ Leadership Team to reserve personnel, fiscal and/or promotional support.

Please complete this form and return it to the LWSJ Leadership Team at sandra.pettit@heartland-health.com. Applications will be reviewed within 2 weeks, at which time you will be notified regarding approval. All applications must be submitted and approved prior to invoicing LWSJ for reimbursement.

Name of Event or Project			
Host Organization			
Contact Person		Phone Number	
Email	Date of Event	Date Approval Needed	
For the following questions, attachments are acceptable			
1. Describe this event or project and include how it promotes the Live Well St. Joe goals of			
encouraging citizens to "eat healthy,	get moving, breathe cl	ean air".	
2. What does your marketing plan include?			
3. How many attendees do you antic	ipate and what is the c	ost per participant?	

4. Please include the event or project budget, in expected expenses.	cluding revenue source	es (sponsors or grants) and
Expense	Amount	Revenue Source
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
5. What type of support are you requesting from	LWSJ (financial, market	ting, people power)?
The following criteria must be met in order for you so the following criteria must be met in order for you so the following criteria must be met in order for you so the following criteria must be met in order for which will be provided, as re-print items in order to include LWSJ, but to provide a final report of the number of participants and submitted to sandra.pettit@heartland-health.co to be a formal document, just a summary of the set forth as well as how the involvement of LWSJ. Print name of Signature in order for your summary of the set forth as well as how the involvement of LWSJ.	coverage, etc.) shall in much as possible. You we mote LWSJ as new mar and the outcome of your m within 30 days of cor event or project and he	corporate Live Well St. Joe will not be expected to keting/items are developed. event or project will be mpletion. This does not need ow it met or missed the goals
responsible party		
For use by LW	SJ Leadership Team	
Approved Denied Comments	Budget Line Item: _	

Signature of LWSJ authorizing final decision