

# Department of Family Medicine

## Wellness and Resiliency Activity Fund Request Form

\*\* The request must be submitted in advance before the event and before the expenses

<b>Section 1: To Be Completed by Representative of the local Program Submitting the Request</b>		
Representative Full Name:	Representative Email:	
Local Program Submitting the Request:		
Please include other Local Program(s) if it is a joined event if applicable:		
Date of Wellness / Resiliency Activity or Event:	Number of Learners:	Amount Requested to withdraw:
<p>Please check "O" for activity(s) on the pre-approved list below: ** The current approved baseline is \$30/learner/academic year <i>(subject to changes)</i></p> <ul style="list-style-type: none"> <li>Group activity: Invited speakers/instructors for wellness (i.e. financial planning/budgeting sessions with experts, meditation, etc...)</li> <li>Group activity: Food / Drink (non-alcohol) related to group bonding activities (i.e. group study sessions, journal club, other social/team bonding or building activities, book clubs, spiritual activities)</li> <li>Group activity: Group Fitness (i.e. yoga, jogging, cycling, kickboxing, etc...)</li> <li>Group activity: Group Therapy (i.e. pet therapy, art therapy, music therapy, etc...)</li> <li>Group activity: Virtual sessions (i.e. virtual speaker, online games, etc...)</li> <li>Group activity: Social events (**alcohol is not part of reimbursement)</li> </ul> <p>Justification for the the activity/amount that is NOT on the above pre-approved list / above the baseline:</p> <p><b>Representative's Submission:</b> I confirm the above information is correct &amp; submitted to the best of my knowledge</p> <p>Date Form Submitted: _____ Representative's Initials: _____</p>		

<b>Section 2: To Be Completed by Chair of the Resident Wellness and Resilience Subcommittee / MPAS Program Director</b>
Chair of the Resident Wellness and Resilience Subcommittee / MPAS Program Director (for MPAS) Reviewed & Approved
Reasons if Not Approved:
Notes:

<b>Section 3: ** For Department of Family Medicine (DFM) Finance and Administrative Services Office Use Only **</b>
DFM Finance and Administrative Services Office Reviewed & Approved
Reasons if Not Approved:
Notes:
DFM Finance and Administrative Services Office Notified Local Program of the Decision
Date DFM Finance and Administrative Services Office Notified Local Program of the Decision
Any changes to the request must be made in writing. All parties must be notified of the change with a minimum of four weeks notice.