

# LVSD Education Foundation Wellness Project Request Form



**Project Name:**

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Date Requested:

School Site:

Department:

Project Title	
Requested By	
Point(s) of Contact	
Project Description	

Goals and Benefits: Who is Project serving (group benefiting from project)	
Project Timeline	
Estimated Funds Requested	
Project Status: (Where in the planning phase is the project)	
Success Measurements: (How will you measure the successful roll out of the project- checks and balances)	

## Additional Contact Information

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**Project Manager:**

Phone Number:

Email:

**LVSDEF Wellness Champion:**

Phone Number:

Email:

## Project Abstract

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Add a brief project summary/pictures here.